



This form may be obtained from our website:  
www.aglc.ca

# REQUEST FOR CASINO LICENCE

50 Corriveau Avenue  
St. Albert, Alberta T8N 3T5

Phone: 780-447-8600 Toll-Free: 1-800-272-8876  
Fax: 780-447-8911 or 447-8912 Email: [gaming.licensing@aglc.ca](mailto:gaming.licensing@aglc.ca)

Application Completed Date:    yy |    mm |    dd

I hereby confirm that the: \_\_\_\_\_ **AGLC ID#** \_\_\_\_\_  
Organization's Name (as it appears on the Certificate of Incorporation)

held a casino on: \_\_\_\_\_

**Please Note:** This form cannot be submitted until after your casino has been completed, and must be completed by a member of the organization with signing authority.

We hereby request to be considered for another casino licence.

**Location of casino (please check one):**

- Edmonton       Red Deer       Camrose       Grande Prairie       Calgary Rural
- Calgary Urban       Medicine Hat       St. Albert       Fort McMurray       Lethbridge

**Please indicate quarter that is NOT suitable:**

- Jan/Feb/Mar       Apr/May/June       July/Aug/Sept       Oct/Nov/Dec

Is the organization willing to conduct a casino on:

Sunday?  Yes  No      Easter?  Yes  No      Christmas/New Year's (excluding Christmas Day)?  Yes  No

*(Note: Casinos are NOT open on Christmas Day)*

**To be completed by President or Treasurer (please circle)**

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Residence Phone #      Business Phone #      Fax #

**To be completed by Casino Chairperson**

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Residence Phone #      Business Phone #      Fax #

A privacy statement for the collection of personal information may be found at [www.aglc.ca](http://www.aglc.ca).