



# APPLICATION FOR LIQUOR AGENCY REGISTRATION

NAME OF REGISTRANT:  
(e.g., Company, Partnership or Individual) \_\_\_\_\_

OPERATING NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

BY SIGNATURE I / WE CERTIFY THE ABOVE INFORMATION IS CORRECT.

DATE: \_\_\_\_\_

X

\_\_\_\_\_  
SIGNATURE OF REGISTRANT

The information you are providing on this application form is collected under the authority of the *Gaming, Liquor and Cannabis Act*, *Gaming, Liquor and Cannabis Regulation*, and the *Freedom of Information and Protection of Privacy (FOIP) Act*, section 33(c). The information is strictly for the use of the Alberta Gaming, Liquor and Cannabis Commission in assessing your eligibility.

Your personal information is protected by Alberta's FOIP Act and can be reviewed upon request. If you have any questions about the collection or use of the information, please contact: Alberta Gaming, Liquor and Cannabis Commission, 50 Corriveau Avenue, St. Albert, Alberta T8N 3T5  
Telephone: 780-447-8600 Toll-free: 1-800-272-8876 Fax: 780-447-8911