

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: _____

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

DATE: _____  _____
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