

NAME	Surname	First Name	Middle Name(s) (in full)				
MAIDEN NAME			OTHER NAMES 				
DATE OF BIRTH	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-right: 1px solid black; text-align: center;">Year</td> <td style="width: 25%; border-right: 1px solid black; text-align: center;">Month</td> <td style="width: 25%; border-right: 1px solid black; text-align: center;">Day</td> <td style="width: 25%;"></td> </tr> </table>	Year	Month	Day		<input type="checkbox"/> CANADIAN CITIZEN <input type="checkbox"/> LANDED IMMIGRANT	
Year	Month	Day					
PLACE OF BIRTH			TELEPHONE Res ()				
HOME ADDRESS			Bus ()				
	City	Postal Code	Cell ()				
			Fax ()				
EMAIL ADDRESS							

Please check (✓)

Licensee/Registrant
 Director
 Shareholder
 General Manager
 Manager

General Manager/Manager ProServe Certification #: _____

NAME OF APPLICANT: (Company, Partnership)	
NAME OF PREMISES/AGENCY: (Operating/Trade Name)	
STREET ADDRESS	
	City
	Postal Code

I hereby authorize Alberta Gaming, Liquor & Cannabis to undertake a criminal record check, with any police agency, to determine my eligibility to be involved in liquor licensed premises and liquor agencies.

Signature

Date

A privacy statement for the collection of personal information may be found at www.aglc.ca.