

NAME	Surname	First Name	Middle Name(s) (in full)			
MAIDEN NAME			OTHER NAMES <span style="border-bottom: 1px solid black;"></span>			
DATE OF BIRTH	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-right: 1px solid black; text-align: center;">Year</td> <td style="width: 33%; border-right: 1px solid black; text-align: center;">Month</td> <td style="width: 33%; text-align: center;">Day</td> </tr> </table>	Year	Month	Day	<input type="checkbox"/> CANADIAN CITIZEN <input type="checkbox"/> LANDED IMMIGRANT	
Year	Month	Day				
PLACE OF BIRTH			CONTACT PHONE: <span style="border-bottom: 1px solid black;"></span>			
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](http://www.aglc.ca).