

NAME	Surname	First Name	Middle Name(s) (in full)			
MAIDEN NAME	OTHER NAMES					
DATE OF BIRTH	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Year</td> <td style="width: 33%; 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:					
EMAIL ADDRESS						

**Please check (✓)**

Licensee/Registrant    
  Director/Officer    
  Shareholder    
  General Manager    
  Manager

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 or cannabis licensed premises, liquor agency or registered cannabis representative.

\_\_\_\_\_

Signature
Date

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