

PARTICULARS OF PARTNERSHIP

Operating/Trade Name:	_____		
Street Address:	_____		
City/Town:	_____	_____	Postal Code
	- -	- -	
	Telephone	Fax	Email
Name of Registered Partnership:	_____		
	Date of Registration		Date of Registration in Alberta (if applicable)

DIRECTORS:

Name	Address	Phone Number	Position Held

PARTNERS: (both general and registered)

as of the _____ day of _____, 20____

Name	Address	Type of Partner

CERTIFIED CORRECT by an authorized director of the Corporation, and by a Lawyer or CPA, as of the

_____ day of _____, 20____

 (Signature)
 LAWYER or CPA

 (Signature of Director)

 (Firm)

 (please print name)

ANY CHANGE IN DIRECTORS OR SHAREHOLDERS MUST BE IMMEDIATELY REPORTED TO THE AGLC.
NOTE: PERSONS WHO ARE FINANCIALLY INVOLVED IN A LIQUOR SUPPLIER OR LIQUOR AGENCY ARE PROHIBITED FROM BECOMING LICENSEES OR SHAREHOLDERS IN LICENSEE COMPANIES (SEE SECTION 82, GAMING, LIQUOR AND CANNABIS REGULATION) UNLESS, ON APPLICATION TO THE AGLC, THE SPECIFIC CIRCUMSTANCES ARE APPROVED (SEE SECTION 83 or 84, GAMING, LIQUOR AND CANNABIS REGULATION).

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, 50 Corrivue Avenue, St. Albert, Alberta T8N 3T5

Telephone: 780-447-8600 Toll-free: 1-800-272-8876.

PROTECTED A WHEN COMPLETED