

SPECIAL EVENT PRIVATE RESALE LIQUOR LICENCE - ANNUAL

In order to be considered for a liquor licence, the following items must be submitted:

- Payment of the total licence fee (cash, cheque drawn on the applicant organization's bank account or money order made payable to AGLC).
- An Application for Private Resale-Annual (Form 5218).
- A floor plan of the site including measurements of areas to be licensed. Show all entrances/exits, liquor and consumption areas. Occupant Load Certificate(s) are required if measurements are not indicated. Hand drawn is acceptable.
- A Lease, Rental Agreement or Certificate of Title for the site (lease or rental agreement must cover the same period of time that the licence is being requested).
- A copy of Proof of Active Annual Return filed with Corporate Registry.
- List of dates which the applicant plans to hold liquor functions, in order that appropriate fees can be determined.

ONLY COMPLETED APPLICATION PACKAGES WILL BE PROCESSED

- You may be contacted by an AGLC Inspector in order to arrange a meeting to discuss requirements and regulations of a Special Event Private Resale-Annual licence.

A SPECIAL EVENT LIQUOR LICENCE WILL NOT BE ISSUED UNTIL ALL OF THE ABOVE STEPS HAVE BEEN COMPLETED

Return your completed package to the address below **OR phone to schedule an appointment:**

AGLC

Attention: Liquor/Cannabis Licensing
50 Corriveau Avenue
St. Albert, Alberta T8N 3T5
Ph: 780-447-8846
sel@aglc.ca

OR Attention: Liquor/Cannabis Licensing
310, 6715 - 8 Street NE
Calgary, Alberta T2E 7H7
Ph: 403-292-7300
liquorapplications.calgary@aglc.ca

ALLOW 4 TO 6 WEEKS FOR PROCESSING

NAME OF APPLICANT:
(Organization/Service Club) _____

MAILING ADDRESS:
Street/PO Box: _____
City/Town: _____ Postal Code: _____
Phone: _____

The organization is:
 Incorporated Chartered Registered

LICENCE COORDINATOR

Name: _____
E-Mail Address: _____
Phone: _____ Contact Day _____ Cell _____

LOCATION

Name: _____
Address: _____
City/Town: _____ Postal Code: _____

Location is:
 Owned Leased Rented

Liquor Storage:
 At Location At Member's Home (specify address): _____

LICENCE FEE CALCULATION

Total Number of scheduled dates: _____

X \$4.00 each (maximum \$200.00)

Total Payment Due _____

SIGNING AUTHORITIES

We certify that all information and documents supplied are correct, and the group has authorized us to make this application.

President's Name: _____
Please Print

Contact Phone:(_____)

Treasurer's Name: _____
Please Print

Contact Phone:(_____)

Secretary's Name: _____
Please Print

Contact Phone:(_____)

We hereby acknowledge that this application is made on the understanding and agreement that if a Special Event Licence - Private Resale - Annual is issued, it is so issued and accepted by the organization in accordance with the Gaming, Liquor and Cannabis Act, Gaming Regulations and Board policies.

SIGNATURES:

Licence Coordinator: _____

Date: _____

President: _____

Date: _____

SCHEDULE OF DATES

PLEASE PRINT CLEARLY OR TYPE, AS THIS PAGE OF THE APPLICATION WILL BECOME PART OF YOUR LIQUOR LICENCE

	DATE (Month, Day, Year)	LIQUOR SERVICE (Start Time)	LIQUOR SERVICE (End Time)	CONSUMPTION (maximum 1 hour) (not to exceed 3:00 am.)	TYPE OF FUNCTION
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2					
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