

SPECIAL EVENT PUBLIC RESALE – COMMERCIAL LIQUOR LICENCE

To be considered for a liquor licence, submit the following:

1. \$500 licence fee (cash, cheque drawn on the applicant's bank account or money order made payable to AGLC).
2. Application for Public Resale-Commercial Event (Form 5308).
3. Detailed description of the event (concert, tournament, rodeo).
4. Floor plan of the event site including measurements of areas to be licensed. Show all entrances/exits, liquor service and consumption areas. Occupant Load Certificate(s) are required if measurements are not indicated. In the case of an outside event, the plan will show the location of the licensed and related areas. Hand drawn is acceptable.
5. Certificate of Incorporation for the applicant.
6. Lease, rental agreement or certificate of title for the event site.
7. Current criminal record check (original and obtained within the last 90 days) provided by RCMP or local police for all directors and shareholders of the applicant company. If the applicant is an individual, that individual must provide the check.
8. Particulars of Individual (Form 5013) completed by all directors and shareholders.
9. A detailed security plan (included emergency preparedness, security assessment and mitigation strategies) is required.
10. For tasting style events a letter of request to operate on-site from the Class D Retail Liquor Store licensee.

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 Public Resale Commercial licence.
- Everyone involved in the sale and service of liquor, must be ProServe certified and all security staff must be ProServe and protect certified.

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

Return your completed package to:

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 FOUR TO SIX WEEKS FOR PROCESSING

NAME OF APPLICANT:
(Company/Partnership/Individual) _____

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

LICENCE COORDINATOR/MANAGER

Name: _____
E-Mail Address: _____
Phone: _____ () _____ | yy | mm | dd |
Contact Day Cell Birthdate

EVENT

Name of Event: _____
Date(s) of Event: _____
Location of Event (City/Town): _____
Maximum Attendance Expected in Licensed Area: Location #1 _____ Location #2 _____
Licensed area(s) will be designated as: Minors Allowed OR Minors Prohibited
Type of Advertising (newspaper, poster, online): _____

LOCATION #1

Name of Building/Room: _____
Street Address: _____
City/Town: _____
Location is: Owned Leased Rented Occupant Load: _____

DATE(S) FOR LOCATION #1

Date: _____	Service Hours: _____	start	end	consumption to
Date: _____	Service Hours: _____	start	end	consumption to
Date: _____	Service Hours: _____	start	end	consumption to
Date: _____	Service Hours: _____	start	end	consumption to

SUPERVISION FOR LOCATION #1

- Minimum 1 supervisor for every 50 patrons, plus each entrance and exit.

Number of Supervisors/Security Staff: _____ Number of Entrances/Exits: _____ Total: _____
Type of Identification (t-shirt, lanyard): _____

LOCATION #2

Name of Building/Room: _____
Street Address: _____
City/Town: _____
Location is: Owned Leased Rented Occupant Load: _____

DATE(S) FOR LOCATION #2

Date: _____	Service Hours: _____	start	end	consumption to
Date: _____	Service Hours: _____	start	end	consumption to
Date: _____	Service Hours: _____	start	end	consumption to
Date: _____	Service Hours: _____	start	end	consumption to

SUPERVISION FOR LOCATION #2

- Minimum 1 supervisor for every 50 patrons, plus each entrance and exit.

Number of Supervisors/Security Staff: _____ Number of Entrances/Exits: _____ Total: _____
Type of Identification (t-shirt, lanyard): _____

FOOD SERVICE List all food items:

LIQUOR PURCHASES

Name of Liquor Store: _____

Phone: () _____

LIQUOR STORAGE

Describe how and where liquor will be stored: _____

I/We hereby acknowledge that this application is made on the understanding and agreement that if a Special Event Public Resale-Commercial licence is issued, it is so issued and accepted by the licensee in accordance with the *Gaming, Liquor and Cannabis Act*; Gaming, Liquor and Cannabis Regulation; and AGLC Policies.

SIGNATURES:

Licence Coordinator: _____ Date: _____

Name: _____
Please Print

Licensee: _____ Date: _____

Name: _____
Please Print

NOTE: The licensee is responsible for ensuring compliance with all legislation, policies and requirements governing the sale and consumption of liquor.

