

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 organization's bank account or money order made payable to AGLC).
2. Application for Public Resale-Commercial Event (Form 5308).
3. 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.
4. Lease, rental agreement or certificate of title for the event site.
5. 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

The AGLC may determine that a detailed security plan (included emergency preparedness, security assessment and mitigation strategies) is required.

An Inspector may contact you to arrange a meeting to discuss requirements and regulations of a Special Event Public Resale Commercial licence.

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: _____

LICENCE COORDINATOR

The licence coordinator or designate must be ProServe certified and onsite for the duration of the event.

Name: _____

E-Mail Address: _____

Phone: _____

Contact

yy

mm

dd

Birthdate

EVENT

Name of Event: _____

Licensed area(s) will be designated as:

Minors Allowed

OR

Minors Prohibited

EVENT DETAILS *Provide a detailed description of your event and entertainment (music, activities etc.) below:*

LOCATION #1

Name of Building/Room: _____
Street Address: _____
City/Town: _____ Total Attendees: _____

DATE(S) FOR LOCATION #1

Date: _____	Service Hours: _____	_____	_____
Date: _____	Service Hours: _____	_____	_____
Date: _____	Service Hours: _____	_____	_____
Date: _____	Service Hours: _____	_____	_____

LOCATION #2

Name of Building/Room: _____
Street Address: _____
City/Town: _____ Total Attendees: _____

DATE(S) FOR LOCATION #2

Date: _____	Service Hours: _____	_____	_____
Date: _____	Service Hours: _____	_____	_____
Date: _____	Service Hours: _____	_____	_____
Date: _____	Service Hours: _____	_____	_____

SUPERVISION

- Minimum one supervisor for every 50 patrons, plus each entrance and exit.
- 25% of all servers/bartenders on shift must be ProServe certified.

ON-SITE RETAIL LIQUOR STORE ** FOR TASTING STYLE EVENTS ONLY **

Name of Liquor Store: _____
Phone: _____

FOOD SERVICE

List all food items:

LIQUOR PURCHASES

Name of Liquor Store: _____

Phone: _____

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:

Licensee: _____

Date: _____

Name: _____

Please Print

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

Name of Event: _____ Date of Event: _____

This application and floor plan must be approved hereunder, or accompanied by the written approval of the public health inspector/environmental health officer, fire chief or provincial fire inspector, and local police agency.

Police: _____
Name (Please Print) Contact Phone (Business)

Signature Position Title or Badge #

Comments:

Date:

For events with an expected occupancy of over 200 patrons, Fire and Health approvals are also required.

Fire: _____
Name (Please Print) Contact Phone (Business)

Signature Position Title or Badge #

Comments:

Date:

Health: _____
Name (Please Print) Contact Phone (Business)

Signature Position Title or Badge #

Comments:

Date: