

Regulatory Services http://aglc.ca

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.

OR

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

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

PROTECTED A WHEN COMPLETED FORM RS/LIC 5308 (2020 Aug)



APPLICATION FOR SPECIAL EVENT LICENCE PUBLIC RESALE—COMMERCIAL

NAME OF APPLICANT:				
(Company/Partnership/Individual)				
MAILING ADDRESS:				
Street/PO Box:				
City/Town:	Postal Code:			
	e ProServe certified and onsite for the duration of the event.			
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 descrip	otion of your event and entertainment (music, activities etc.) below:			

LOCATION #1				
Name of Building/Room:				
Street Address:				
City/Town:	Тс	otal Attendees	:	
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
LOCATION #2				
Name of Building/Room:				
Street Address:				
City/Town:	Tc	otal Attendees	:	
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				
 Minimum one supervisor for every 50 pa 	trons, plus each entrance and	d exit.		
 All individuals involved in the sale or serv 	• •		t successfully o	complete the
ProServe training before the event.				
ON-SITE RETAIL LIQUOR STORE ** FOR TAS	STING STYLE EVENTS ONLY **			
Name of Liquor Store.				
Name of Liquor Store:				
Phone:				

FOOD SERVICE	
List all food items:	
-	
-	
LIQUOR PURCHASES	
Name of Liquor Store:	
Phone:	
Commercial licence is issued, Gaming, Liquor and Cannabis	at this application is made on the understanding and agreement that if a Special Event Public Resale. It is so issued and accepted by the licensee in accordance with the <i>Gaming, Liquor and Cannabis Act;</i> 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 hereu inspector/environmental health officer, fire chief or pro	under, or accompanied by the written approval of the public health ovincial fire inspector, and local police agency.		
Police: Name ((Please Print) Contact Phone (Business)		
	, (335)		
Signature	Position Title or Badge #		
Comments:	. Oddon mad di dadge n		
	Date:		
Fire:			
	(Please Print) Contact Phone (Business)		
Signature	Position Title or Badge #		
Comments:			
	Date:		
Health: Name ((Please Print) Contact Phone (Business)		
 Signature	Destina Title as Destes II		
Comments:	Position Title or Badge #		
	Date:		