

## **SPECIAL EVENT PUBLIC RESALE - COMMUNITY LIQUOR LICENCE**

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

1. Licence fee (cash, cheque drawn on the applicant organization's bank account or money order made payable to AGLC).
2. Application for Public Resale-Community Event (Form 5309).
3. Floor plan of the event 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. 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.

**Note:** Your local Municipality may have additional approval requirements, ensure to contact them prior to your event

### **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-Community 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](mailto: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](mailto:liquorapplications.calgary@aglc.ca)

### **ALLOW FOUR TO SIX WEEKS FOR PROCESSING**

**NAME OF APPLICANT:**  
(Organization/ Service Club/  
Municipality): \_\_\_\_\_

**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: \_\_\_\_\_ yy | mm | dd

Contact 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: _____	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: \_\_\_\_\_ Total 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 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: \_\_\_\_\_

**LICENCE FEE CALCULATION**

- \$50 per day for liquor purchases up to \$1,000;
- \$100 per day for liquor purchases more than \$1,000 and up to \$3,000; and
- \$200 per day for liquor purchases more than \$3,000.

**For Multi-Day Events**

Total amount of liquor purchases for the event.

Total number of days for the event.

Divide liquor purchased by number of days to calculate daily licence fee amount.

Multiply daily fee amount by number of days.

Total licence fee due: \$ \_\_\_\_\_

**\*\* For theatre style events, please contact Special Event Licensing for licence fee information**

**FOOD SERVICE**

List all food items:

\_\_\_\_\_  
\_\_\_\_\_

**LIQUOR PURCHASES**

Liquor Store Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**SIGNING AUTHORITIES**

I hereby acknowledge that this application is made on the understanding and agreement that if a Special Event Public Resale–Community 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.

I confirm that all monies from liquor sales will be deposited into the special event licensee’s general bank account. We understand that AGLC may periodically review this information.

President’s Name: \_\_\_\_\_  
Please Print

Contact Phone: \_\_\_\_\_

President’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

