



This form may be obtained from our website:
www.aglc.ca

REQUEST FOR CASINO LICENCE

50 Corriveau Avenue
St. Albert, Alberta T8N 3T5

Phone: 780-651-7600 ext. 7 Toll-Free: 1-855-506-1066 ext. 7
Fax: 780-447-8911 or 447-8912 Email: gaming.licensing@aglc.ca

Application Completed Date: yy | mm | dd

I hereby confirm that the: _____ **AGLC ID#** _____
Organization's Name (as it appears on the Certificate of Incorporation)

held a casino on: _____

Please Note: This form cannot be submitted until after your casino has been completed, and must be completed by a member of the organization with signing authority.

We hereby request to be considered for another casino licence.

Location of casino (please check one):

- Edmonton Red Deer Camrose Grande Prairie Calgary Rural
- Calgary Urban Medicine Hat St. Albert Fort McMurray Lethbridge

Please indicate quarter that is NOT suitable:

- Jan/Feb/Mar Apr/May/June July/Aug/Sept Oct/Nov/Dec

Is the organization willing to conduct a casino on:

Sunday? Yes No Easter? Yes No Christmas/New Year's (excluding Christmas Day)? Yes No

(Note: Casinos are NOT open on Christmas Day)

To be completed by President or Treasurer (please circle)

Name (please print)

Address

City/Town

Postal Code

Signature

Email Address

Residence Phone # Business Phone # Fax #

To be completed by Casino Chairperson

Name (please print)

Address

City/Town

Postal Code

Signature

Email Address

Residence Phone # Business Phone # Fax #

A privacy statement for the collection of personal information may be found at www.aglc.ca.