



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

Contact Phone

Email

To be completed by Casino Chairperson

Name (please print)

Address

City/Town

Postal Code

Signature

Contact Phone

Email

Protection of Privacy
The personal information requested on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the administration of all policies and processes relating to Charitable Gaming Licensing. Direct any questions about this collection to: AGLC FOIP Coordinator, 50 Corriveau Avenue, St. Albert, AB T8N 3T5, 780-447-8600 or toll free at 1-800-272-8876.