

	Subr	nit
Clear	-	Print

## **Request for Casino Licence**

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

Application Date Completed: (yy/mm/dd)

I hereby confirm that	the:							
Organization's Name		the Certif	ficate of Incon	rporation)		AGLC ID#		
held a casino on:								
We hereby request to	be considered fo	r another	casino liceno	ce.				
Location of casino (Pl								
Edmonton Red Deer   Calgary Urban Medicine Hat		□ Camrose □ St. Alert		□ Grande Prairie □ Fort McMurray		□ Calgary Rural □ Lethbridge		
Please indicate quart	er that is NOT sui	table:						
□ Jan/Feb/Mar		May/June	!	□ July/Aug,	/Sept		Oct/Nov/Dec	
Is the organization wi	lling to conduct a	casino on	:					
Sunday? 🗆 Yes 🛛	No	Easter?	□Yes □	No	Christmas	s/New Yea	r's? □Y	es 🗆 No
To be completed by	President	☐ Treasur	er (Please	check one)				
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		I
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 QUESTION 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.

50 Corriveau Avenue	Phone: 780-651-7600 ext. 7	Toll Free: 1-855-506-106	6 ext. 7	Website: aglc.ca
St. Albert, Alberta T8N 3T5	Fax: 780-447-8911 or 780-447-	-8912	Email:	gaming.licensing@aglc.ca

