

Submit					
Clear	Print				

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

Request for Casino Licence

			Application Date Cor	mpleted: (yy/mm/dd)		
I hereby confirm that Organization's Name	the: e (as it appears on the Cert	cificate of Incorporation)	AGLC ID#			
held a casino on:						
We hereby request to	o be considered for anothe	er casino licence.				
Location of casino (P	lease check one)					
☐ Edmonton☐ Calgary Urban	☐ Red Deer ☐ Medicine Hat	☐ Camrose ☐ St. Albert	☐ Grande Prairie ☐ Fort McMurray	☐ Calgary Rural ☐ Lethbridge		
Please indicate quart	ter that is NOT suitable:					
☐ Jan/Feb/Mar						
Is the organization w	illing to conduct a casino o	on:				
			Christmas/New Yea	r's? □ Yes □ No		
To be completed by	☐ President ☐ Treasu	urer (Please check one)				
Name (please print)						
Address						
Address						
City/Town				Postal Code		
Signature						
Contact Phone		Email				
Contact Fronc		Eman				
To be completed by	Casino Chairperson					
Name (please print)						
Address						
City/Town				Postal Code		
				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 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.

AGLC Contact Information				
50 Corriveau Avenue	Phone: 780-651-7600 ext. 7	Toll Free: 1-855-506-10	066 ext. 7	Website: aglc.ca
St. Albert, Alberta T8N 3T5	Fax: 780-447-8911 or 780-44	7-8912	Email: gan	ning.licensing@aglc.ca

