

## Request for Casino Licence

Application Date Completed: (YY/MM/DD)

I hereby confirm that the:

Organization's Name (as it appears on the Certificate of Incorporation)	AGLC ID#
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held a casino on:

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We hereby request to be considered for another casino licence.

**Location of casino** (Please check one)

<input type="checkbox"/> Edmonton	<input type="checkbox"/> Red Deer	<input type="checkbox"/> Camrose	<input type="checkbox"/> Grande Prairie	<input type="checkbox"/> Calgary Rural
<input type="checkbox"/> Calgary Urban	<input type="checkbox"/> Medicine Hat	<input type="checkbox"/> St. Albert	<input type="checkbox"/> Fort McMurray	<input type="checkbox"/> Lethbridge

**Indicate any quarter that is NOT suitable:**

<input type="checkbox"/> Jan/Feb/Mar	<input type="checkbox"/> Apr/May/June	<input type="checkbox"/> July/Aug/Sept	<input type="checkbox"/> Oct/Nov/Dec
Indicate any two days of the week and /or one specific month per quarter that does not work for your group (IF applicable).			

Is the organization willing to conduct a casino on the below listed 'Open Dates':

<b>Easter Weekend</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Events between Dec 21-Dec 31</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Jan 1 &amp; 2</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>To be completed by</b> <input type="checkbox"/> President <input type="checkbox"/> Treasurer <b>(Please check one)</b>		
Legal Last Name		Legal First Name
Legal Middle Name	Preferred Name	Date of Birth (YY/MM/DD)
Mailing Address	City/Town	Province    Postal Code
Contact Phone	Email	
Signature		

<b>Casino Chairperson Information</b>			
Legal Last Name		Legal First Name	
Legal Middle Name	Preferred Name	Date of Birth (YY/MM/DD)	
Mailing Address	City/Town	Province	Postal Code
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.

**Retain copies of all documents submitted to Alberta Gaming, Liquor & Cannabis.**

<b>AGLC Contact Information</b>			
50 Corriveau Avenue	Phone: 780-651-7600 ext. 7	Toll Free: 1-855-506-1066 ext. 7	Website: <a href="http://aglc.ca">aglc.ca</a>
St. Albert, Alberta T8N 3T5	Fax: 780-447-8911 or 780-447-8912		Email: <a href="mailto:gaming.licensing@aglc.ca">gaming.licensing@aglc.ca</a>