

## 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#
---	----------

Held a casino on:

--

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)			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to disclose		
Mailing Address		City/Town	Province	Postal Code	
Contact Phone		Email			
Signature					

### Casino Chairperson Information

Legal Last Name		Legal First Name	
Legal Middle Name		Preferred Name	
Date of Birth (YY/MM/DD)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to disclose	
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 4(c) of the Alberta Protection of Privacy Act. It will be used for the administration of all policies and processes relating to Charitable Gaming Licensing. Automated systems may be used for internal analytics and/or support. If you have any questions, please contact our Privacy Officer at [privacy@aglc.ca](mailto:privacy@aglc.ca) or via mail: AGLC, 50 Corriveau Avenue, St. Albert, AB T8N 3T5.

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

AGLC Contact Information			
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>	