

NAME	_____ Surname	_____ First Name	_____ Middle Name(s) (in full)					
MAIDEN NAME	_____ OTHER NAMES		_____					
DATE OF BIRTH	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> <tr> <td style="text-align: center; font-size: 8px;">Year</td> <td style="text-align: center; font-size: 8px;">Month</td> <td style="text-align: center; font-size: 8px;">Day</td> </tr> </table>				Year	Month	Day	<input type="checkbox"/> CANADIAN CITIZEN <input type="checkbox"/> LANDED IMMIGRANT
Year	Month	Day						
PLACE OF BIRTH	_____		CONTACT PHONE: _____					
EMAIL ADDRESS	_____							

**Please check (✓)**

Licensee/Registrant  
  Director/Officer  
  Shareholder  
  General Manager  
  Manager

NAME OF APPLICANT:	_____ (Company, Partnership)		
NAME OF PREMISES/AGENCY:	_____ (Operating/Trade Name)		
STREET ADDRESS	_____		
	_____	_____	_____
	City		Postal Code

I hereby authorize Alberta Gaming, Liquor & Cannabis (AGLC) to undertake a criminal record check, with any police agency, to determine my eligibility to be involved in liquor or cannabis licensed premises, liquor agency or registered cannabis representative.

In the event there is a finding of unsuitability with respect to my application, I authorize AGLC to share as necessary, the information I have provided and/or information identified during the course of the background investigation with parties related to this application, including but not limited to the Applicant, as well as any hearing panel of AGLC.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

A privacy statement for the collection of personal information may be found at [www.aglc.ca](http://www.aglc.ca).