



PARTICULARS OF PARTNERSHIP

Operating/Trade Name: _____	
Street Address: _____	
City/Town: _____	Postal Code _____
Telephone _____	
Name of Registered Partnership: _____	
Date of Registration _____	Date of Registration in Alberta (if applicable) _____

DIRECTORS:

Name	Address	Phone Number	Position Held

PARTNERS: (both general and registered)

Name	Address	Type of Partner

CERTIFIED CORRECT by an authorized director of the Corporation, and by a Lawyer or CPA, as of the _____ day of _____, 20 _____

_____ (Signature) LAWYER or CPA	_____ (Signature of Director)
_____ (Firm)	_____ (please print name of Director)

ANY CHANGE IN DIRECTORS OR SHAREHOLDERS MUST BE IMMEDIATELY REPORTED TO AGLC.

The information you are providing on this application form is collected under the authority of the *Gaming, Liquor and Cannabis Act*; Gaming, Liquor and Cannabis Regulation, and the *Freedom of Information and Protection of Privacy (FOIP) Act*, section 33(c). The information is strictly for the use of Alberta Gaming, Liquor and Cannabis in assessing your eligibility. Your personal information is protected by Alberta's FOIP Act and can be reviewed upon request. If you have any questions about the collection or use of the information, please contact Alberta Gaming, Liquor and Cannabis, 50 Corriveau Avenue, St. Albert, Alberta T8N 3T5 Telephone: 780-447-8600 Toll-free: 1-800-272-8876.