



Application for Hearing Before a Panel of the Board

Application must be submitted within thirty (30) days after receiving notice of the matter in respect of which a hearing is requested. Should a hearing be convened, details of the decision will be published on aglc.ca

Hearing Panel Office

50 Corriveau Avenue
St. Albert, Alberta T8N 3T5
Telephone: 780-447-8605
hearings@aglc.ca

Section I – Contact Information			
Applicant Name (company or individual)		Licence or Registration Number (if applicable)	
Mailing Address	City	Province	Postal Code
Telephone (Work) of Individual or Contact Person	Telephone (Cell) of Individual or Contact Person	Telephone (Home) of Individual or Contact Person	
Email of Individual or Contact Person			

Section II – Representation		
<input type="checkbox"/> I have a representative	<input type="checkbox"/> I plan to get a representative	<input type="checkbox"/> I will represent myself
If you wish to have someone represent you, please complete the authorization form attached.		

Section III – The Decision	
What decision do you want to have reviewed?	
<input type="checkbox"/> Administrative Sanction	<input type="checkbox"/> Refusal or cancellation of a Licence or Registration
<input type="checkbox"/> Conditions on a Licence or Registration	<input type="checkbox"/> Other
If other, specify	Date you received that decision

Application for Hearing – Before a Panel of the Board Continued

Section IV – Reason(s) for Review

Briefly describe why you are asking for a review:

Section V – Type of Hearing

Please select the type of hearing you would prefer (check only one).

- Video Conference
- In-Person Hearing (available in Calgary or St. Albert)
- Written Submissions (please provide your reason(s) for requesting a hearing by way of written submissions in Section VI – Additional Information)

Section VI – Additional Information

Please use this section to provide any additional information

Section VII – Interpreter

- I will require an Interpreter at the Hearing

Signature of Applicant	First and Last Name	Date
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Please send this completed form to the Hearing Panel Office by mail, email or Submit button (contact information above). You will receive an acknowledgement of your application for a hearing within two (2) weeks. If you have any questions, please contact the Hearing Panel Office.

NOTE: The details of the Hearing Decision will be published on the AGLC website at aglc.ca.

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 (FOIP) Act* and will be protected under Part 2 of that Act. It will be used for the administration of all provisions related to hearings contained in the *Gaming, Liquor and Cannabis Act* and Gaming, Liquor and Cannabis Regulation.

Direct any questions about this collection to: **AGLC FOIP Coordinator, 50 Corriveau Avenue, St. Albert, Alberta T8N 3T5, 1-825-480-4755 or toll free at 1-800-272-8876.**