

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 <u>aglc.ca</u>

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

| 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 In | dividual or Contact Person |

| Section II – Representation   |                                |                         |  |  |  |
|---|--------------------------------|-------------------------|--|--|--|
| I have a representative   | I plan to get a representative | 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? |  |  |
| Administrative Sanction                     | Refusal or cancellation of a Licence or Registration |  |
| Conditions on a Licence or Registration     | 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 in Calgary

In-Person Hearing in 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

Language:

| Signature of Applicant | First and Last Name | Date |
|------------------------|---------------------|------|
|                        |                     |      |

**Please send this completed form to the Hearing Panel Office by mail or email** (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 <u>aglc.ca</u>.

#### **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.

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