Alcohol and Gaming Commission of Ontario
90 Sheppard Avenue East, Suite 200
Toronto ON M2N 0A4
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Toll free in Ontario: 1-800-522-2876
Inquiries: www.agco.ca/iagco
Website: www.agco.ca

Signature of Partner(s)

Application Information

Legal Name of Applicant

Application

☐ New ☐ Renewal ☐ Change

Line of Business (Cannabis, Charitable Gaming, Gaming, Horse Racing, Liquor)

File Number

Declaration

By signing below, all Partners have reviewed and authorized the submission of the application described above. All Partners have read the Notification statement in the application. **ALL partners of a Partnership/Limited Partnership must sign below.**

Note: If a Partner is an entity, please provide the **Name** and **Position/Title** of the individual signing on behalf of the entity. The individual signing must also confirm that they have authority to bind the entity**.**

№	Name of Partner	Position/Title	Date (dd/mm/yyyy)	Signature of Partner
1.				

☐ I confirm that I have authority to bind the entity (if partner is an entity).

№	Name of Partner	Position/Title	Date (dd/mm/yyyy)	Signature of Partner
2.				

☐ I confirm that I have authority to bind the entity (if partner is an entity).

№	Name of Partner	Position/Title	Date (dd/mm/yyyy)	Signature of Partner
3.				

☐ I confirm that I have authority to bind the entity (if partner is an entity).

№	Name of Partner	Position/Title	Date (dd/mm/yyyy)	Signature of Partner
4.				

☐ I confirm that I have authority to bind the entity (if partner is an entity).

If more space is required, please attach an additional sheet with each Partner's name, position/title, signature and date of signature.

Reminder: If a Partner is an entity, please provide the **Name** and **Position/Title** of the individual signing on behalf of the entity. The individual signing must also confirm that they have authority to bind the entity.

☐ Attachment(s) ☐ No attachment(s)

Clear Form