

**Declaration** 

## **Alcohol and Gaming Commission of Ontario**

90 Sheppard Avenue East, Suite 200 Toronto ON M2N 0A4

Tel.: 416-326-8700 • Fax: 416-326-8711 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, Gan	ning, Horse Racing, L	iquor)	
File Number			

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. <u>ALL</u> 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.

<b>№</b> 1.	Name of Partner	Position/Title	Date (dd/mm/yyyy) ——	Signature of Partner
	I confirm that I have authority	to bind the entity (if	partner is an entity)	
№ 2.	Name of Partner	Position/Title	Date (dd/mm/yyyy) ——	Signature of Partner

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

№ 3.	Name of Partner	Position/Title	Date (dd/mm/yyyy) —	Signature of Partner
	I confirm that I have author	ity to bind the entity (i	if partner is an entity	/).
№ 4.	Name of Partner	Position/Title	Date (dd/mm/yyyy) —	Signature of Partner

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)

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