

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 Applicant represented by Agent(s) / Representative(s)

Application Information

| Legal Name of Applicant | Application | | |
|-------------------------|-------------|---------|--------|
| | New | Renewal | Change |

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

File Number

Name of Agent/Representative

| 1 | • | |
|---|---|--|
| | | |

2.

3.

4.

If more space is required, please attach an additional sheet with the remaining names.

Attachment(s) No attachment(s)

Declaration

By signing below, I/we authorize the Agent(s)/Representative(s) named above to submit the application (as described in the Application Information section) on my/our behalf. I/we have read and reviewed the completed application. I/we certify that all the information provided in the application is true and correct. I//we have read the Notification statement in the application.

Note: This authorization is valid until I/we notify AGCO in writing that I/we revoke this authorization.

Only individual(s) with authority may sign. If the applicant is a Partnership/Limited Partnership, <u>ALL</u> partners 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.

| № 1. | Name | Position/Title | Date (dd/mm/yyyy) | Signature | | | |
|---------|---|----------------|--------------------------|-----------|--|--|--|
| | I confirm that I have authority to bind the entity. | | | | | | |
| № 2. | Name | Position/Title | Date (dd/mm/yyyy) | Signature | | | |
| | I confirm that I have authority to bind the entity. | | | | | | |
| № 3. | Name | Position/Title | Date (dd/mm/yyyy) | Signature | | | |
| | I confirm that I have authority to bind the entity. | | | | | | |
| № 4. | Name | Position/Title | Date (dd/mm/yyyy) | Signature | | | |
| | I confirm that I have authority to bind the entity. | | | | | | |

If more space is required, please attach an additional sheet with each individual's name, position/title, signature, date of signature and whether the individual has authority to bind the entity.

Attachment(s) No attachment(s)