LGA Use Only

## **Employee Licence**

CHANGE NOTICE

				1. 6
Ico thic form to notify that	iduar and (-aming Authority	/ ot Manitoha (I (- /\ ) ot an	W changes to vour percer	aal intormation

The information you provide is protected under The Freedom of Information and Protection of Privacy Act and collected under the authority of The Liquor and Gaming Control Act. It will be used only for the purpose(s) for which it is collected and not in any other way without your consent.

If you have any questions, please contact the LGA's Gaming Licence Department at 204-927-5385, toll-free

1-800-782-0363 or gaminglicence@LGCAmb.ca.								
Employer  Manitabaliguer S. Le	Acanackak Casina	☐ South Beach C	·acina					
Manitoba Liquor & Lo		South Beach C	.asino					
Sand Hills Casino	Other							
Position	ion Employee Number							
Current Information	tion							
Last Name	First Name	Middle Nar	me(s)					
New Information	1							
Mark the area of change	and complete the respective section on the	form.						
Name	Mailing Address	Telephone Number/	/Email					
<b>Name</b> Previous Name								
Last Name	t Name First Name		me(s)					
New Name								
Last Name	First Name	Middle Name(s)						
Mailing Address								
Previous Address								
# and Street/P.O. box #	City/Town	Province	Postal Code					
New Address								
# and Street/P.O. box #	City/Town	Province	Postal Code					



www.LGAmanitoba.ca

Telephone Number / Email Previous Telephone Number / Email							
Tele	phone		Email				
New	v Telephone Number	r / Email					
Tele	phone		Email				
<b>Oth</b> 1. 2.	Suspension or  Notification of any Any employee Any disciplina Any instance of Any information Any information honesty and in honesty and in	matter or every action by the following on involving	the employee in a crimir the employee in any cha	e LGA, includ loyee's hones tes to the em 's policies wh nal charge as arge under ar	ing but not limited to sty and integrity. iployee's honesty and ich calls into question sociated with any offe y provincial legislation		
De	claration						
1.	I certify that all of	the informat	ion provided by me in th	nis application	n is true and complete		
2.	I understand that any false or inaccurate statements or omissions made in this application may disqualify me from being licensed pursuant to <i>The Liquor and Gaming Control Act</i> .						
3.	I understand that I must comply with the Employee Terms and Conditions and understand that non-compliance could result in the revocation of my licence with the LGA which would prohibit my continued employment in the liquor and gaming industry within Manitoba.						
Sigr	nature				Date (MM)	DD/YYYY)	
Plea	ase send this form di	,	LGA's Gaming Licence Do.ca or by fax to 204-92	•		ve, Winnipeg, Manitoba R3G 0X6,	
	Save		Print		Fmail Form		



This document is available in alternate formats, upon request.