

## 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

## **Municipal Information for Liquor Sales Licences** (including Tied House)

The information requested below is required in support of all applications for a new Liquor Sales Licence (including Tied House) or areas being added to an existing Liquor Sales Licence.

| Section 1 – Application Details   |                        |  |               |               |  |
|---|------------------------|--|---------------|---------------|--|
| Premises Name   |                        | Premises Phone Number (include                           |               |               |  |
| NINE BALL LOUNGE  |                        | area c   | ode)          |               |  |
|   |                        |  |               |               |  |
| Premises Address  | City/Town              |  | Province      | Postal Code   |  |
| UNIT 208, 7500 WOODBINE AVE   | MARKHAM                |  | ON            | L3R 1A8       |  |
| Contact Name  |                        |  |               |               |  |
| YU TIAN   |                        | Contact's Phone Number (include area code and extension) |               |               |  |
| Contact's Email Address   |                        | 647-96   | 647-962-3788  |               |  |
| heyball.finance@gmail.com   |                        |  |               |               |  |
| Section 2 – Municipal Clerk's O' Licence (including Tied House)   | •                      | -  | for a Lique   | or Sales      |  |
| Municipal Clerk:<br>Please confirm the "wet/damp/dry  | " status below.        |  |               |               |  |
| Name of village, town, township or city (If the area where the establishment is the village, town, township or city was k | located was annexed or | <sup>-</sup> amalgama                                    | ated, provide | the name that |  |
| CITY OF MARKHAM   |                        |  |               |               |  |
|   |                        | . « . l » o . Ե. !                                       |               |               |  |
| Is the area where the establishment is I  |                        | -  |               |               |  |
| Wet (for spirits, beer, wine)   | Damp (for beer and     | ı wine only)   |               | /             |  |

Address of Municipal Office

Name of Municipal Official

Title

Date (dd/mm/yyyy)

Telephone number

Email Address

Signature of Municipal Official

Note: Specific concerns regarding zoning or non-compliance with by-laws must be clearly outlined in a

separate submission or letter within 30 days of this notification.