



# Liquor Licence Questionnaire

The Corporation of the City of Markham

To evaluate your Liquor Licence Application, you are required to complete this Questionnaire.

Submit the all required documentation to the Clerk's Office by mail or in-person to the address below.

City of Markham  
Clerk's Office  
Legislative Services Department  
101 Town Centre Boulevard  
Markham, Ontario  
L3R 9W3

**Attention:** Public Services Assistant

If you have any questions about this Questionnaire, please call 905-477-7000 ext. 2366.

## Liquor Licence Questionnaire Checklist

The following items **must** be submitted with this completed Questionnaire to the Clerk's Office:

- ✓ Applicable fee;
- ✓ A sample menu; and,
- ✓ Copy of the floor plan showing the layout, areas that require licensing, seating arrangements, washrooms (show fixtures) and exits.

## Applicant Contact Information

First Name Saroja		Last Name Elayathamby	
Street Number 122	Street Name Goldenwood Cr		Suite/Unit Number
City Markham		Postal Code L6E1L9	Province Ontario
Telephone Number 905 201 9660	Mobile Number 416 893 0042	Email sunnyupbreakfast@gmail.com	

## Restaurant Information

Name of Restaurant Sunny Up All Dar Breakfast		
Street Number 72	Street Name Copper Creek Dr	Suite/Unit Number 105
City Markham		Postal Code L6B 0P2
		Province Ontario

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Rev. Jan/17

Information on this form is collected under the authority of Section 11 of the Municipal Act, 2001, S.O. 2001, c. 25, as amended and Section 12 of the Liquor Licence Act, R.S.O. 1990, Chapter L.19, as amended. The information you have provided will be used to contact you and process your Liquor Licence Application. If you have questions about this collection contact the Access & Privacy Manager, Legislative Services Development, 101 Town Centre Boulevard, Markham, Ontario, L3R 9W3, 905-477-5530.

<b>What is the closest major intersection to the restaurant?</b> 9th line and 14th Avenue	<b>What is the distance between the restaurant and the closest residential area? (in kilometres)</b> 1 Km
<b>Does the restaurant have a valid Business Licence issued by the City of Markham?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No Business Licence Number: 72406 5610	<b>Does the restaurant have a working Fire Alarm System?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No
If no, please note that a Business Licence is required.	
<b>Type of restaurant (select one)</b> <input checked="" type="checkbox"/> Family <input type="checkbox"/> Roadhouse <input type="checkbox"/> Sports Bar <input type="checkbox"/> Fine Dining <input type="checkbox"/> Take Out <input type="checkbox"/> Cafe	
<b>What, if any, entertainment or amusements will be provided in the restaurant? (select all that apply)</b> <input type="checkbox"/> Karaoke <input type="checkbox"/> Live Entertainment <input type="checkbox"/> Casino <input type="checkbox"/> Off-Track Betting <input type="checkbox"/> Arcade	
<b>Is the liquor licence application for an expansion of the existing operations?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	
If yes, please provide the <u>current</u> existing maximum seating capacity: 80 seats	
If no, please provide the <u>planned</u> existing maximum seating capacity:	
<b>Location History</b>	
<b>Has a Building Permit been applied for or obtained for this location?</b> <input checked="" type="radio"/> Yes    Building Permit Number: 24 162418 00 <input type="radio"/> No	
<b>Was the location previously used as a restaurant?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No If no, a Building Permit is required. Contact Building Services at 905-477-7000 ext. 4870 for more information.	
<b>If the location was previously used as a restaurant, has construction or alteration been proposed?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, please provide Alteration Permit Number:	

E. Savin  
 Applicant's Signature

April, 24, 2025  
 Date