

## **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 <u>must</u> be submitted with this completed Questionnaire to the Clerk's Office:

✓ Applicable fee;

First Name

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

Last Name

**Applicant Contact Information** 

Street Number	Street Name		Suite/Unit Number		
City		Postal Code	Province		
Telephone Number	Mobile Number	Email			
Restaurant I Name of Restauran					
Street Number Street Name			Suite/Unit Number		
City		Postal Code	Province		

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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.

What is the closest major intersection to the restaurant?  Does the restaurant have a valid Business Licence issued by the City of Markham?					What is the distance between the restaurant and the closest residential area? (in kilometres)  Does the restaurant have a working Fire Alarm System?			
Business Licer	nce Num	nber:						
		a Business Licenc	e is required.					
Type of restar	urant (s	elect one)						
Far	mily	Roadhouse	Sports Bar	Fin	e Dining	Take Out	Cafe	
What, if any, e	entertai	nment or amusen	nents will be pro	vided i	n the restau	rant? (select all th	nat apply)	
Karaok	ке	Live Entertainr	ment Ca	asino	Off-Tra	ack Betting	Arcade	
lf no, please po	rovide th istory g Permi	the <u>current</u> existing ne <u>planned</u> existing i <b>t been applied fo</b> ng Permit Number	g maximum seatin	g capa	city:			
Was the locat	ion pre	viously used as a	restaurant?		Yes	No		
If no, a Buildin	g Permi	t is required. Cont	act Building Servi	ces at	905-477-700	0 ext. 4870 for more	e information.	
If the location	was pr	eviously used as	a restaurant, ha	s cons	truction or a	alteration been pro	pposed?	
	Yes	No						
If yes, please p	orovide <i>i</i>	Alteration Permit N	lumber:					
<i>N</i>	olicant'	s Signature				Date		

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