



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

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