



# 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 Arthur		Last Name Wong	
Street Number 28	Street Name Quinton Drive		Suite/Unit Number
City Markham		Postal Code L6C 0N8	Province Ontario
Telephone Number 416-471-9955	Mobile Number 416-471-9955	Email aywong75@yahoo.com	

## Restaurant Information

Name of Restaurant Akoya Izakaya			
Street Number 8601	Street Name Warden Ave		Suite/Unit Number 13
City Unionville		Postal Code L3R 0B5	Province Ontario

What is the closest major intersection to the restaurant? Highway 7 and Warden Ave	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: 25 118304 EE  If no, please note that a Business Licence is required.	Does the restaurant have a working Fire Alarm System?  <input checked="" type="radio"/> Yes <input type="radio"/> No
<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 type="radio"/> Yes <input checked="" type="radio"/> No  If yes, please provide the <u>current</u> existing maximum seating capacity: _____ If no, please provide the <u>planned</u> existing maximum seating capacity: 62	
<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: 2417973600001AL <input type="radio"/> No	
<b>Was the location previously used as a restaurant?</b> <input type="radio"/> Yes <input checked="" 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: _____	



Applicant's Signature

2025/05/09

Date