



# 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		Last Name	
Street Number	Street Name		Suite/Unit Number
City		Postal Code	Province
Telephone Number	Mobile Number	Email	

## Restaurant Information

Name of Restaurant			
Street Number	Street Name		Suite/Unit Number
City		Postal Code	Province

<b>What is the closest major intersection to the restaurant?</b>	<b>What is the distance between the restaurant and the closest residential area? (in kilometres)</b>
<b>Does the restaurant have a valid Business Licence issued by the City of Markham?</b> Yes                      No Business Licence Number: _____ If no, please note that a Business Licence is required.	<b>Does the restaurant have a working Fire Alarm System?</b> Yes                      No
<b>Type of restaurant (select one)</b> Family      Roadhouse      Sports Bar      Fine Dining      Take Out      Cafe	
<b>What, if any, entertainment or amusements will be provided in the restaurant? (select all that apply)</b> Karaoke      Live Entertainment      Casino      Off-Track Betting      Arcade	
<b>Is the liquor licence application for an expansion of the existing operations?</b> Yes 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: _____	
<b>Location History</b>	
<b>Has a Building Permit been applied for or obtained for this location?</b> Yes      Building Permit Number: _____ No	
<b>Was the location previously used as a restaurant?</b> Yes                      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> Yes                      No If yes, please provide Alteration Permit Number: _____	

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date