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	
Oliver		Sun	
Street Number	**Street Name**		**Suite/Unit Number**
10950	Woodbine Ave		1
City	**Postal Code**		**Province**
Markham	L6C 3L4		ON
Telephone Number	**Mobile Number**	**Email**	
647-205-6125	647-556-1888	prcsun018@yahoo.ca	

Restaurant Information

Name of Restaurant		
54 Brewing Co.		
Street Number	**Street Name**	**Suite/Unit Number**
10950	Woodbine Ave	1
City	**Postal Code**	**Province**
Markham	L6C 3L4	ON

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.

What is the closest major intersection to the restaurant?	What is the distance between the restaurant and the closest residential area? (in kilometres)
Eglin Mills/Woodbine	0.5
Does the restaurant have a valid Business Licence issued by the City of Markham? (●) Yes ( ) No Business Licence Number: 25 113841 EE If no, please note that a Business Licence is required.	**Does the restaurant have a working Fire Alarm System?** (●) Yes ( ) No

Type of restaurant (select one) Just a Brewery with a Sampling area.

[ ] Family [ ] Roadhouse [ ] Sports Bar [ ] Fine Dining [ ] Take Out [ ] Cafe

What, if any, entertainment or amusements will be provided in the restaurant? (select all that apply)

[ ] Karaoke [ ] Live Entertainment [ ] Casino [ ] Off-Track Betting [ ] Arcade

Is the liquor licence application for an expansion of the existing operations?

( ) Yes

(●) No

If yes, please provide the current existing maximum seating capacity: _____

If no, please provide the planned existing maximum seating capacity: 9

Location History

Has a Building Permit been applied for or obtained for this location?

(●) Yes Building Permit Number: 22 261521 000 00 AL

( ) No

Was the location previously used as a restaurant? ( ) Yes (●) 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?

( ) Yes (●) No

If yes, please provide Alteration Permit Number: _____

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Applicant's Signature

APR 16, 2025

Date

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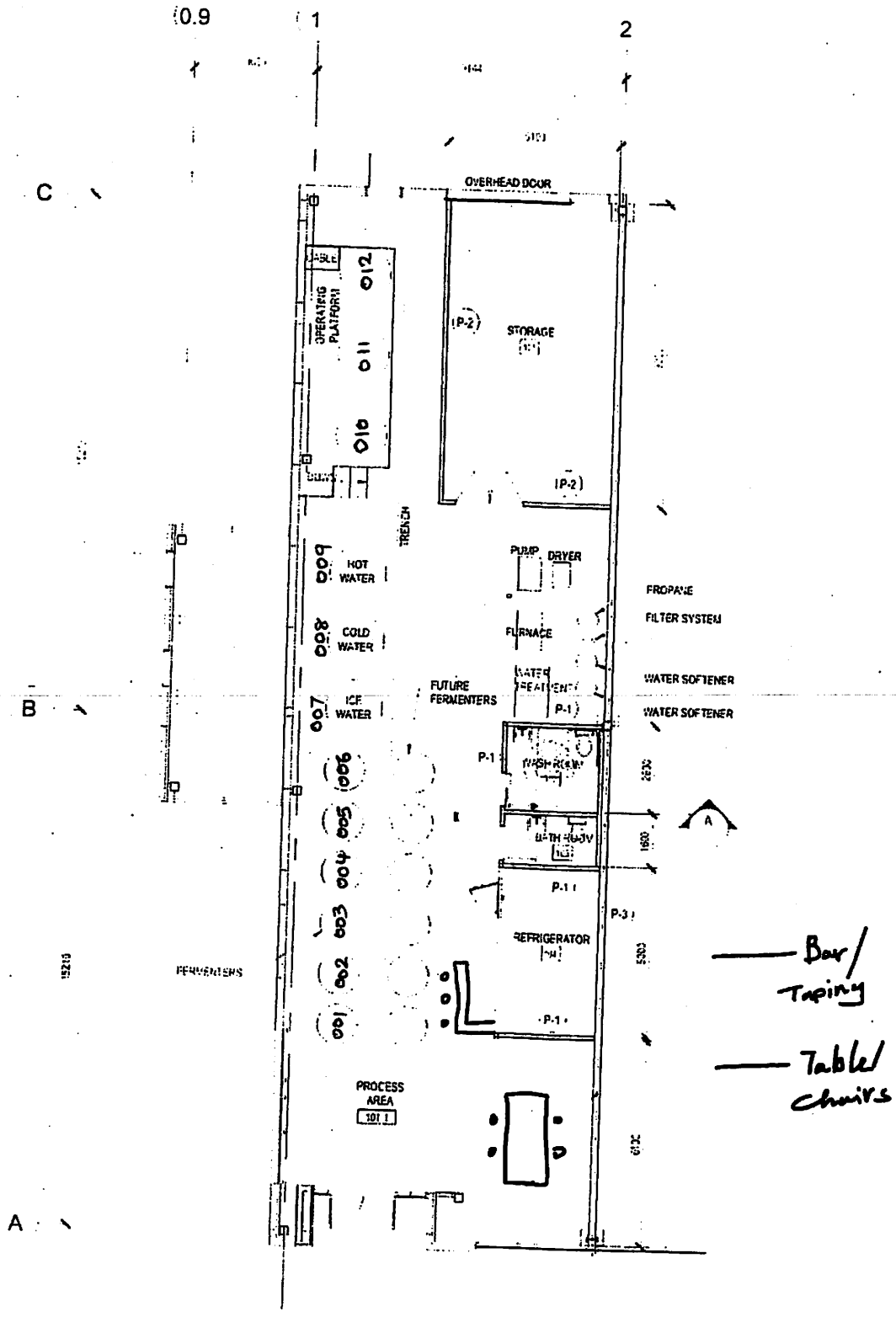

GROUND FLOOR PLAN
SCALE 1:100