

Alcohol and Gaming Commission of Ontario 90 Sheppard Avenue East, Suite 200 Toronto ON M2N 0A4 Tel.: 416-326-8700 • Fax: 416-326-8711

Toll free in Ontario: 1-800-522-2876 Inquiries: www.agco.ca/iagco

Inquiries: www.agco.ca/iag Website: www.agco.ca

Section 1 - Application Details

Municipal Information for Liquor Sales Licences (including Tied House)

The information requested below is required in support of all applications for a new Liquor Sales Licence (including Tied House) or areas being added to an existing Liquor Sales Licence.

Premises Name Nam 2 Vietnamese Restaurant		Premise area co 905 470	de)	ımber (include	
Premises Address	City/Town		Province	Postal Code	
8380 Kennedy Road, Unti C7-13	Marfkham		ON	L3R 0W4	
Contact Name					
g Thi Nguyen		Contact's Phone Number (include area code and extension)			
Contact's Email Address hang.nguyen17@yahoo.com	647 907 7856				
Does the application for a Liquor Sales Licenoutdoor areas?	ce (including Tied Hou	ıse) inclu	de indoor ar	eas and/or	
Section 2 – Municipal Clerk's Officia Licence (including Tied House) in yo		ation fo	or a Liquo	r Sales	
Municipal Clerk: Please confirm the "wet/damp/dry" sta	tus below.				
Name of village, town, township or city where (If the area where the establishment is locate the village, town, township or city was known Markham	d was annexed or am	algamate	ed, provide tl	he name that	
s the area where the establishment is located "wet", "damp" or "dry"? Please select one. Wet (for spirits, beer, wine) Damp (for beer and wine only) Dry					

Note: Specific concerns regarding zoning or non-compliance with by-laws must be clearly outlined in a separate submission or letter within 30 days of this notification.

Address of Municipal Office		
Name of Municipal Official	Title	Date (dd/mm/yyyy)
Telephone number	Email Address	
	Signa	ture of Municipal Official