



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.

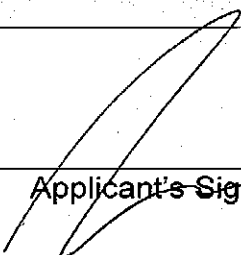
Applicant Contact Information

First Name DON / THI HANG	Last Name NG / NGUYEN	
Street Number 1610	Street Name CENTRAL ST	Suite/Unit Number
City PICKERING	Postal Code L1Y1A1	Province ONT
Telephone Number 647 785 2825	Mobile Number	Email DONNG905@GMAIL.COM

Restaurant Information

Name of Restaurant NAM 2 VIETNAMESE RESTAURANT		
Street Number 8380	Street Name KENNEDY RD	Suite/Unit Number C7, C9, C11, C13
City MARKHAM	Postal Code L3R0W4	Province ONT

What is the closest major intersection to the restaurant? <div style="font-size: 1.2em; margin-top: 10px;">Kennedy / Hwy 7</div>	What is the distance between the restaurant and the closest residential area? (in kilometres) <div style="font-size: 1.2em; margin-top: 10px;">0.5 km</div>
Does the restaurant have a valid Business Licence issued by the City of Markham? <div style="margin-top: 10px;"> <input checked="" type="radio"/> Yes <input type="radio"/> No </div> <div style="margin-top: 5px;"> Business Licence Number: <u>25107804 EE</u> </div>	Does the restaurant have a working Fire Alarm System? <div style="margin-top: 10px;"> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>
If no, please note that a Business Licence is required.	
Type of restaurant (select one) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <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 </div>	
What, if any, entertainment or amusements will be provided in the restaurant? (select all that apply) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Karaoke <input type="checkbox"/> Live Entertainment <input type="checkbox"/> Casino <input type="checkbox"/> Off-Track Betting <input type="checkbox"/> Arcade </div>	
Is the liquor licence application for an expansion of the existing operations? <div style="margin-top: 10px;"> <input type="radio"/> Yes <input checked="" type="radio"/> No </div>	
If yes, please provide the <u>current</u> existing maximum seating capacity: _____	
If no, please provide the <u>planned</u> existing maximum seating capacity: <u>94</u>	
Location History	
Has a Building Permit been applied for or obtained for this location? <div style="margin-top: 10px;"> <input type="radio"/> Yes Building Permit Number: _____ <input checked="" type="radio"/> No </div>	
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? <div style="margin-top: 10px;"> <input type="radio"/> Yes <input checked="" type="radio"/> No </div>	
If yes, please provide Alteration Permit Number: _____	



June 12 2025

Applicant's Signature

Date