



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

What is the closest major intersection to the restaurant?	What is the distance between the restaurant and the closest residential area? (in kilometres)
Does the restaurant have a valid Business Licence issued by the City of Markham? Yes No Business Licence Number: _____ 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) 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 <u>current</u> existing maximum seating capacity: _____ If no, please provide the <u>planned</u> existing maximum seating capacity: _____	
Location History	
Has a Building Permit been applied for or obtained for this location? Yes Building Permit Number: _____ 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: _____	



 Applicant's Signature

 Date