



# 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

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.