



Alcohol and Gaming Commission of Ontario
Licensing and Registration
90 SHEPPARD AVE E SUITE 200
TORONTO ON M2N 0A4
Fax: 416-326-8711
Tel: 416-326-8700 or 1-800-522-2876 toll free in Ontario

Municipal Information

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

Section 1 - Application Details

Premises Name GO FOR TEA	Premises Telephone Number 905-947-0221		
Contact Name MARY PAN	Contact's Telephone Number 647-868-6989	Email Address MARYPAN.CO@MAIL.COM	
Address 179 ENTERPRISE BLVD	City / Town MARKHAM	Province / State ON	Postal Code L6G 0A2

Does the application for a Liquor Sales Licence include:

- ☐ Indoor areas
☒ Outdoor areas

Section 2 - Municipal Clerk's Official Notice of Application for a Liquor Sales Licence in your Municipality

Municipal Clerk:

Please confirm the "Wet/Damp/Dry" status below.

Name of village, town, township or city where taxes are paid: (If the area where the establishment is located was annexed or amalgamated, provide the name of the Village, Town, Township or City was known as)

Is the area where the establishment is located:

- ☐ Wet (for spirits, beer, wine) ☐ Damp (for beer and wine only) ☐ Dry

Note:

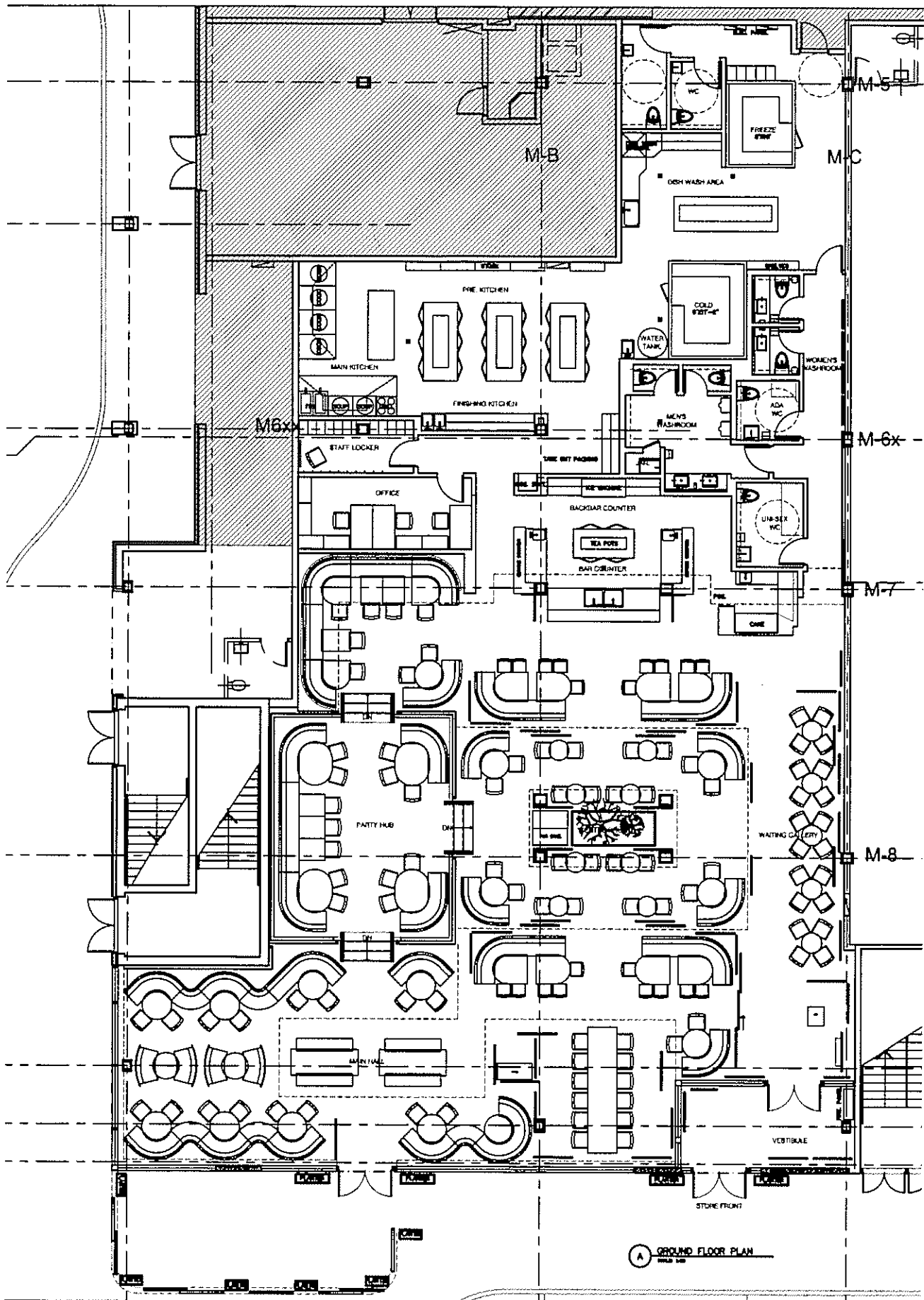
Specific concerns regarding zoning or non-compliance with by-laws must be clearly outlined **in a separate submission or letter within 30 days of this notification.**

Signature of Municipal Official	Title
Address of Municipal Office	Date YYYY MM DD

What is the closest major intersection to the restaurant? ENTERPRISE & WARDEN	What is the distance between the restaurant and the closest residential area? (In kilometres) \pm 50 metres
Does the restaurant have a valid Business Licence Issued by the City of Markham? <input checked="" type="radio"/> Yes <input type="radio"/> No Business Licence Number: 19-102099-EE	Does the restaurant have a working Fire Alarm System? <input checked="" type="radio"/> Yes <input type="radio"/> No
If no, please note that a Business Licence is required.	
Type of restaurant (select one) <input checked="" type="radio"/> Family <input type="radio"/> Roadhouse <input type="radio"/> Sports Bar <input type="radio"/> Fine Dining <input type="radio"/> Take Out <input type="radio"/> Cafe	
What, if any, entertainment or amusements will be provided in the restaurant? (select all that apply) <input type="radio"/> Karaoke <input checked="" type="radio"/> Live Entertainment <input type="radio"/> Casino <input type="radio"/> Off-Track Betting <input type="radio"/> Arcade	
Is the liquor licence application for an expansion of the existing operations? <input type="radio"/> Yes <input checked="" type="radio"/> 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: 200	
Location History	
Has a Building Permit been applied for or obtained for this location? <input type="radio"/> Yes <input type="radio"/> No Building Permit Number: 2015-146899	
Was the location previously used as a restaurant? <input type="radio"/> Yes <input checked="" 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? <input type="radio"/> Yes <input type="radio"/> No	
If yes, please provide Alteration Permit Number: _____	


Applicant's Signature

March 4-2019
Date



A GROUND FLOOR PLAN
1/8" = 1'-0" (1/8" = 1' 0")