### Alcohol and Gaming Commission of Ontario

Licensing and Registration 90 SHEPPARD AVE E SUITE 200

Fax: 416-326-8711

TORONTO ON M2N 0A4

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	Premises Telephone Number		
Bollafornia inc	647-952-3552		
Contact Name	Contact's Telephone Number Email Address		
Ali Ghadimi	416-402-2703 ali Obellafornia. Co		
Address	City / Town	Province / State	Postal Code
7181 Yong 5 #11	Thom fill	ON	13T-007
Does the application for a Liquor Sales Licence in Indoor areas  Outdoor areas  Section 2 - Municipal Clerk's Official Notion Municipality		for a Liquor Sales	Licence in your
Municipal Clerk: Please confirm the "Wet/Damp/Dry" status be	elow.		
Name of village, town, township or city where to annexed or amalgamated, provide the name of t	•		
Is the area where the establishment is located:  Wet (for spirits, beer, wine) Damp (for beer)	er and wine only)	Dry	
Note: Specific concerns regarding zoning or non-consubmission or letter within 30 days of this no	npliance with by-law	·	lined <b>in a separate</b>
Signature of Municipal Official		Title	
Address of Municipal Office	nummuneeluurse seesee on i	Date	MM DD
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# **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 <u>must</u> be submitted with this completed Questionnaire to the Clerk's Office:

- ✓ Applicable fee;
- ✓ A sample menu; and,

**Applicant Contact Information** 

✓ Copy of the floor plan showing the layout, areas that require licensing, seating arrangements, washrooms (show fixtures) and exits.

First Name	Last Name	dimi
HII (Shadine)	Grac	
Street Number Street Name		Suite/Unit Number
7171 /0150	8/	
City Thom hill	Postal Code 23T-0e7	Province M
Telephone Number Mobile Number	Email	fomia. ca
416-402-2703	all'é bella	forma. Ca
Restaurant Information		
Name of Restaurant		
Name of Restaurant		Suite/Unit Number
Name of Restaurant Relatorial inc	st	Suite/Unit Number
Name of Restaurant Relatorial inc	Postal Code L39 - OCT	Suite/Unit Number Province

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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.

What is the closest major intersection to the restaurant?	What is the distance between the restaurant and the closest residential area? (in kilometres)				
	above us.				
Does the restaurant have a valid Business Licence issued by the City of Markham?	Does the restaurant have a working Fire Alarm System?				
Ves O No	0 ×				
Business Licence Number: 19102257EE	Yes No				
If no, please note that a Business Licence is required.					
Type of restaurant (select one)					
	e 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 current existing maximum seating capac	sity:55				
If no, please provide the <u>planned</u> existing maximum seating capac	sity:				
Location History					
Has a Building Permit been applied for or obtained for this loc	cation?				
Yes Building Permit Number: 17-181243	3-0000				
○ No					
Was the location previously used as a restaurant?	res 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 const					
Yes No and lange	leles				
If yes, please provide Alteration Permit Number: 17 – 181	243-00000				
MANI					
	el- 24-2019				
Applicant's Signature	Date Date				

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