

Alcohol and Gaming Commission of Ontario Licensing and Registration 90 SHEPPARD AVE E SUITE 200 TORONTO ON M2N 0A4

Municipal Information

Fax: 416-326-8711 Tel: 416-326-8700 or 1-800-522-2876 toll free in Ontario

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 Telephor	Premises Telephone Number			
THE TEAL CO.	(905) 554	-7768			
Contact Name	Contact's Telephor	na Number	Email Ad	drace	
ALI DAIA		• 1		aly.daya e the tensput.c	
Address		Province / State		Postal Code	
106 main SI. Nonth	City / Town	MaricHam ON			
	J. W. CH. CH. CH. CH. CH. CH. CH. CH. CH. CH			L37 141	
Does the application for a Liquor Sales Lice Indoor areas Outdoor areas Section 2 - Municipal Clerk's Officia Municipality Municipal Clerk: Please confirm the "Wet/Damp/Dry" sta Name of village, town, township or city wl annexed or amalgamated, provide the name	I Notice of Applicatio tus below. here taxes are paid: (If the	e area where	the establis	shment is located was	
Is the area where the establishment is loca Wet (for spirits, beer, wine) Damp (for spirits, beer, wine) Note: Specific concerns regarding zoning or no submission or letter within 30 days of the specific concerns.	or beer and wine only)		clearly out	lined in a separate	
Signature of Municipal Official		Title			
Address of Municipal Office		Date	VVVV	MM DD	

Does the restaurant have a valid Business Licence issued by the City of Markham? Open column
Alarm System? Yes
Business Licence Number: awarthus license — If no, please note that a Business Licence is required. Type of restaurant (select one) 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 capacity: If no, please provide the planned existing maximum seating capacity: No No No Was the location previously used as a restaurant? Yes No No Was the location previously used as a restaurant, has construction or alteration been proposed? Yes No Yes No
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Yes No
f yes, please provide Alteration Permit Number:
William 21 2010
Applicant's Signature November 26, 2019 Date

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Rev. Jan/17

THE TENSPOT.

nail bar. skin bar. wax bar.







