



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



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		
Create With Kirshy	416-258-1016		
Contact Name	Contact's Telephone Number	Email Address	
Shane Kirshenblatt	416-258-1016	info@createwithkirshy.com	
Address	City / Town	Province / State	Postal Code
55 Glen Cameron Rd.	Thornhill	ON	L3T 5W2

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



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 Shane		Last Name Kirshenblatt	
Street Number 1446	Street Name Avenue Rd.		Suite/Unit Number 3
City North York		Postal Code M5N 2H7	Province ON
Telephone Number 416-258-1016	Mobile Number	Email info@createwithkirshy.com	

Restaurant Information

Name of Restaurant Create With Kirshy			
Street Number 55	Street Name Glen Cameron Rd.		Suite/Unit Number 201
City Thornhill		Postal Code L3T 5W2	Province ON

What is the closest major intersection to the restaurant? Yonge and Clark	What is the distance between the restaurant and the closest residential area? (in kilometres) less than 1 km
Does the restaurant have a valid Business Licence issued by the City of Markham? <input type="radio"/> Yes <input checked="" type="radio"/> No Business Licence Number: _____ If no, please note that a Business Licence is required.	Does the restaurant have a working Fire Alarm System? <input type="radio"/> Yes <input checked="" type="radio"/> No
Type of restaurant (select one) <input type="checkbox"/> Family <input type="checkbox"/> Roadhouse <input type="checkbox"/> Sports Bar <input type="checkbox"/> Fine Dining <input type="checkbox"/> Take Out <input checked="" type="checkbox"/> Cafe	
What, if any, entertainment or amusements will be provided in the restaurant? (select all that apply) <input type="checkbox"/> Karaoke <input checked="" type="checkbox"/> Live Entertainment <input type="checkbox"/> Casino <input type="checkbox"/> Off-Track Betting <input type="checkbox"/> 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: <u>25</u>	
Location History	
Has a Building Permit been applied for or obtained for this location? <input type="radio"/> Yes Building Permit Number: _____ <input checked="" type="radio"/> No	
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 checked="" type="radio"/> No If yes, please provide Alteration Permit Number: _____	



Applicant's Signature

September. 23, 2020

Date

Create With Kirshy Floorplan For AGCO Licensing Application

