Ontario

Return completed form to:
Alcohol and Gaming Commission of Ontario
90 SHEPPARD AVE E
SUITE 200
TORONTO ON M2N 0A4

Remplir et retourner cette formule à :
Commission des alcools et des jeux de l'Ontario
90 AV SHEPPARD E
BUREAU 200
TORONTO ON M2N 0A4

Municipal Information / Renseignements municipaux

The information requested below is required in support of all applications for a **new** liquor licence or outdoor areas being added to an **existing** liquor licence.

Les renseignements sont recueillis conjointement à toute demande de **nouveau** permis d'alcool ou d'ajout de zones de plein air à un permis d'alcool **existant**.

Section 1 - Application Details / Section 1 - Détails de la demande

Establishment name / Nom de l'établissement: BANH BANH BURRITO

Establishment tel. no. / N° de tél. de l'établissement: 905 534 1191

Contact name / Nom de la personne à contacter: NANCY ACEVEDO

Contact's tel. no. / N° de tél. de la personne à contacter: 289 388 2819

Exact location of establishment (not mailing address) / Emplacement exact de l'établissement (non l'adresse postale)

Street Number / Numéro	Street Name / Nom de rue	Street Type / Genre de rue	Direction / Orientation de rue	Suite/Floor/Apt. / Bureau/étage/app.
11087	VICTORIA SQ. BLVD.			

Lot/Concession/Route / Lot/concession/route rurale	City/ Town/Municipality / Ville/village/municipalité	Postal Code / Code postal
	MARKHAM	L6C 1J4

Does the application for a liquor licence include: / La demande de permis d'alcool porte-t-elle entre autres sur :

☑ indoor areas / des zones intérieures ☐ outdoor areas / des zones de plein air

Section 2 - Municipal Clerk's official notice of application for a liquor licence in your municipality

Section 2 - Avis officiel de demande de permis d'alcool dans votre municipalité à l'intention du (de la) secrétaire municipal(e)

Municipal Clerk: please confirm the "wet/damp/dry" status below.

Secrétaire municipal(e) : Confirmer le statut de la région ci-dessous.

Name of village, town, township or city where taxes are paid / Nom du village, de la ville ou du canton à qui les impôts sont versés :
(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)
(Si la région où se trouve l'établissement a été annexée ou fusionnée, nom sous lequel le village, la ville ou le canton était connu)

Is the area where the establishment is located: / La vente de boissons alcooliques est-elle autorisée dans la région où se trouve l'établissement?

☐ Wet (for spirits, beer, wine) / Oui (spiritueux, bière, vin) ☐ Damp (for beer and wine only) / Oui (bière et vin seulement) ☐ Dry / Non

Note:
Specify concerns regarding zoning, non-compliance with bylaws, or general objections to the application by council or elected municipal representatives, must be clearly outlined, **in a separate submission or letter within 30 days of this notification.**

Remarque :
Toute question particulière concernant le zonage, la non-conformité aux règlements municipaux ou toute objection générale relative à la demande de la part de membres du conseil ou de représentants municipaux élus doit être décrite clairement **dans un document distinct ou une lettre à l'intérieur d'une période de 30 jours après la remise du présent avis.**

Signature of municipal official / Signature du (de la) représentant(e) municipal(e)	Title / Poste

Address of municipal office / Adresse du bureau municipal	Date

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	
NANCY		ACEVEDO	
Street Number	Street Name		Suite/Unit Number
2291	PILGRIM SQ		
City		Postal Code	Province
OSHAWA		L1L0C3	ONTARIO
Telephone Number	Mobile Number	Email	
2893882819		jnaceon@gmail.com	

Restaurant Information

Name of Restaurant			
BANG BANG BURRITO			
Street Number	Street Name		Suite/Unit Number
11057	VICTORIA SQ. BLVD.		
City		Postal Code	Province
MARKHAM		L6C1J4	ONTARIO

Rev. Jan/17

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)
WOODBINE & ELGIN MILLS	
Does the restaurant have a valid Business Licence issued by the City of Markham? ◯ Yes ◯ No Business Licence Number: _____ If no, please note that a Business Licence is required.	**Does the restaurant have a working Fire Alarm System?** ☑ Yes ◯ No

Type of restaurant (select one)

☑ Family ☐ Roadhouse ☐ Sports Bar ☐ Fine 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 capacity: _____

If no, please provide the planned existing maximum seating capacity: _____

Location History

Has a Building Permit been applied for or obtained for this location?

◯ Yes Building Permit Number: _____

☑ No

Was the location previously used as a restaurant? ☑ Yes ◯ 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?

◯ Yes ☑ No

If yes, please provide Alteration Permit Number: _____

L Acevedo

Applicant's Signature

Date

Rev. Jan/17

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.

The Regional Municipality of York
17250 Yonge Street, Newmarket, Ontario L3Y 6Z1
Health Connection Line: 1-800-361-5653

Food Safety Inspection
Report V.4

Facility Inspected: Bang Bang Burrito	**File Number:**I-146582
Site Address: 11087 - Victoria Square Blvd, Markham, ON, Canada	**Inspection Date:** January 30, 2021
Site Phone: (289) 388-2819	**Risk Category:**Moderate
Owner/Operator: Nancy Acevedo	**Legal Name:** 50177664 Ontario Inc
Attention: Nancy Acevedo	**Legal Address:** 11087 - Victoria Square Blvd, Markham, ON, Canada

Facility Category:	Food General
Inspection Type:	Required
Inspection Subtype:	Compliance Inspection
Actions Taken:	Satisfactory - No Immediate Action Required by PHI, Food Handler Education On Site, Educated Mandatory Food Handler Certification, Proof of Public Health sign posted
Facility Units Inspected:	Bang Bang Burrito-Restaurant
Delivery Method:	Email

Compliance Category	Compliance
Food General	

FOOD TEMPERATURE CONTROL

1. **Cold holding potentially hazardous food at an internal temperature of 4°C (40°F) and lower** YES

   walkin3 C
   Pulled pork 3C IT

1 LET'S ROLL
GET IT STARTED!

	VEG	MEAT
BURRITOS		
SMALL	10	13
REGULAR	12	15
MASSIVE	15	18
QUESADILLA	12	15
SOFT TACOS x2	6	8
BURRITO BOWL		
SMALL	10	13
REGULAR (INCLUDES TORTILLA SHELL)	13	16
POUTINE		
SMALL PLAIN 7	9	12
REGULAR PLAIN 10	12	15
SIDE GRAVY 1.5		

2 PACK THE PUNCH
MADE FRESH IN HOUSE

- CHICKEN TINGA
- SLOW COOKED PULLED PORK
- BRAISED BEEF
- BEER BATTERED FISH
- TENDER SLICED STEAK
- VEGGIE (SWEET POTATOES ROASTED WITH AGAVE NECTAR AND CUMIN)
- CHORIZO SAUSAGE

XTRA MEAT 4

3 GET LOADED
NO EXTRA CHARGE

- CHEESE
- LETTUCE
- SALSA
- PINEAPPLE SALSA
- PICKLED ONION
- JALAPENOS
- APPLE SLAW
- SAUTEE PEPPERS
- RICE
- FIRE ROASTED CORN
- PICO DE GALLO
- BLACK BEANS
- REFRIED BEANS
- EDAMAME BEANS
- CRUSHED TORTILLA CHIPS
- GUACAMOLE

4 GET SAUCED

SOUR CREAM | BANG BANG BURRITO SAUCE | JALAPENO PEAR 💀 | GHOST PEPPER 💀 | CAROLINA REAPER 💀💀 | LAVA SCORPION 💀💀💀

TORTILLA CHIPS COOKED TO ORDER

SMALL BAG WITH DIP	6
BIG BAG WITH 2 DIPS	9
XTRA BANG BANG DIP	2
XTRA GUACAMOLE	3

DESSERTS

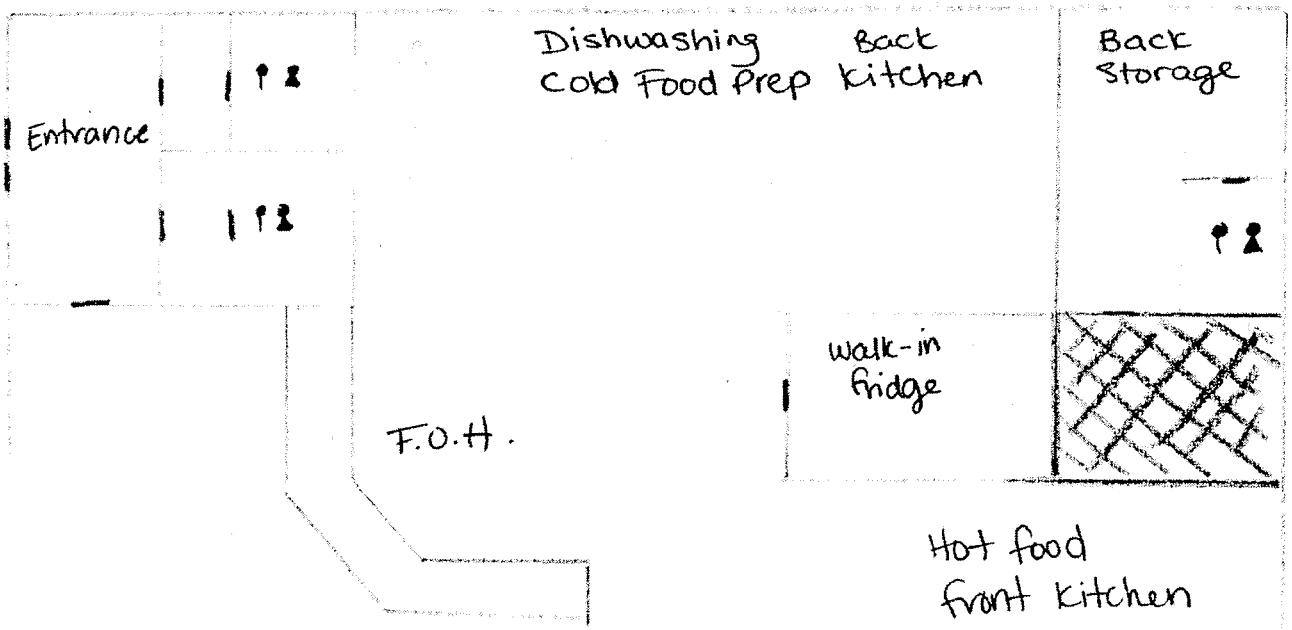
CHURRO	2
DEEP FRIED CHEESECAKE	7
SAUCE STRAWBERRY, CHOCOLATE OR CARAMEL	1

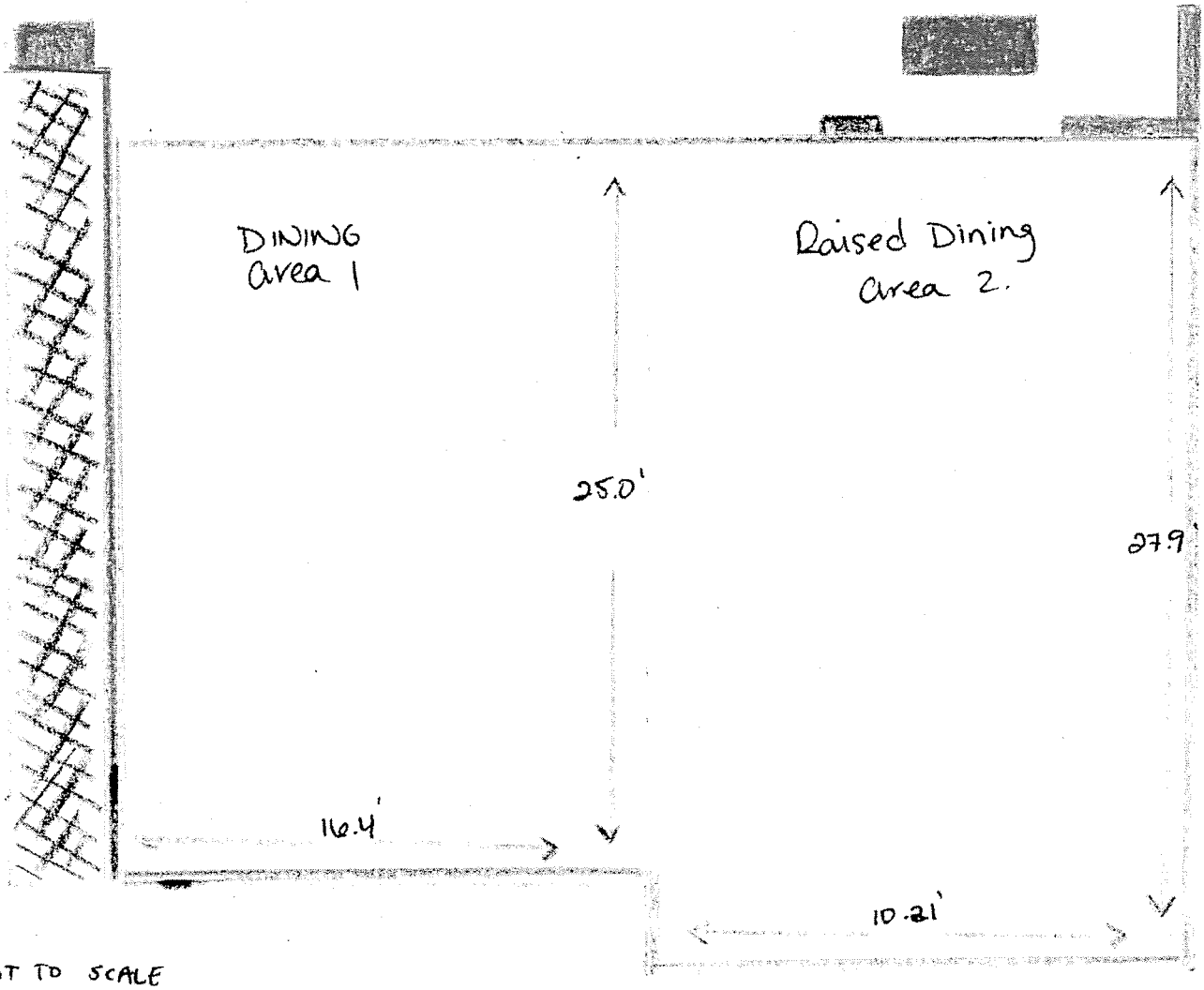
LIQUIDS

JARRITOS / JUICE / CHOCO MILK	3
CAN OF POP / WATER	1.5

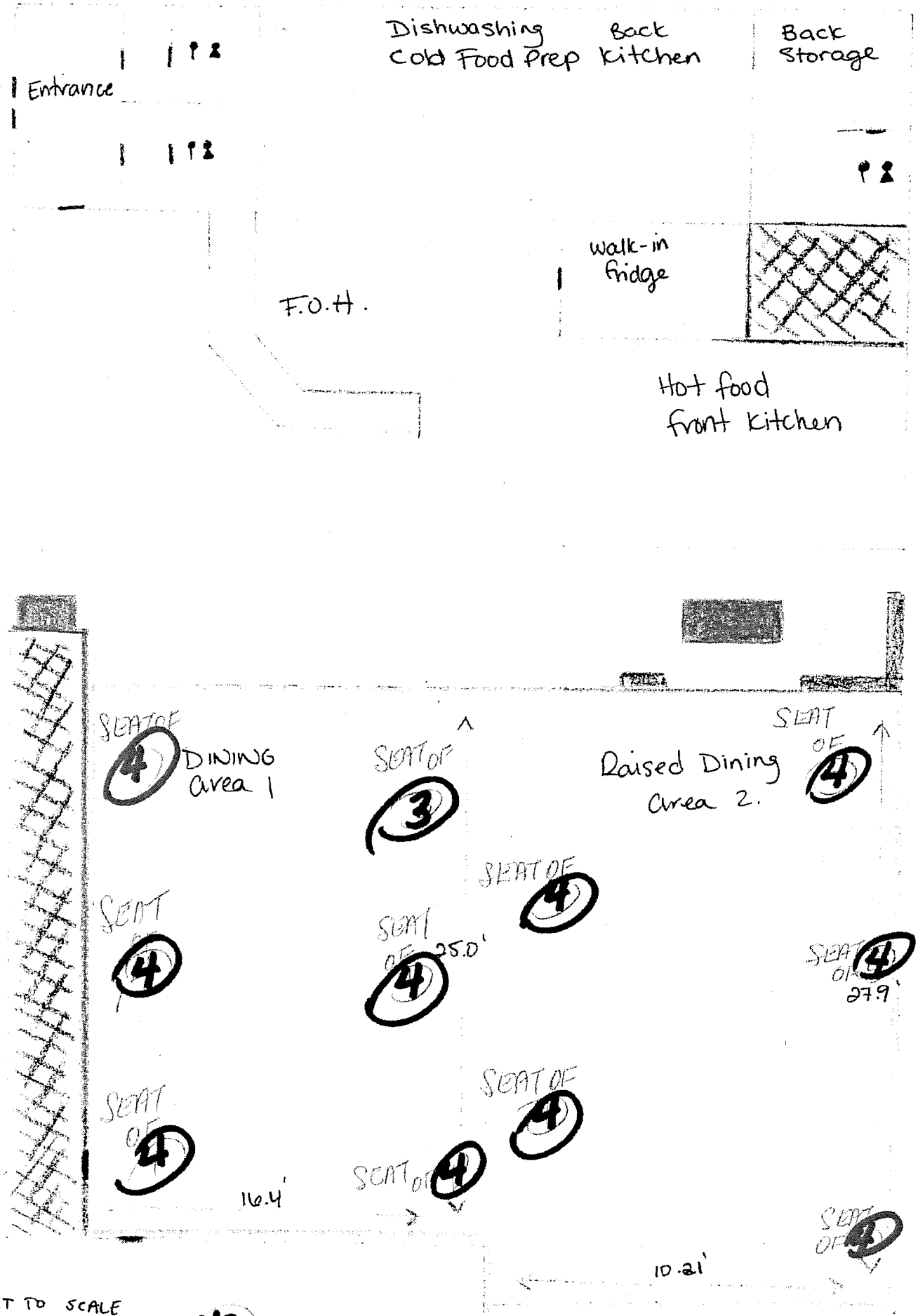
EXTRAS

GUACAMOLE	3
CHEESE	2
SOUR CREAM / BANG BANG / JALAPENO PEAR / BBQ /	1
GHOST PEPPER / CAROLINE REAPER / LAVA SCORPION	2
XTRA MEAT	4


Dishwashing
Cold Food Prep
Back Kitchen
Back Storage
Entrance
walk-in Fridge
F.O.H.
Hot food front kitchen


DINING Area 1
Raised Dining Area 2.
25.0'
27.9'
116.4'
10.21'

* NOT TO SCALE



* NOT TO SCALE

SEATING FOR 43

- door
- outside
- alcohol perimeter
- objects
- washroom

RAISED DINING IS JUST ONE STEP UP.

RAISED DINING IS JUST 1 STEP UP.

TOTAL OF 43 SEATS