

Alcohol and Gaming Commission of Ontario 90 Sheppard Avenue East, Suite 200 Forceto DN MZN 0A4 Fel.: 416-326-700 • Fax: 416-326-6711 Toll free in Ontaric: 1-800-522-2876 Impuires: www.agco.ca/iagoo Wabsile: www.agco.ca

Municipal Information for Liquor Sales Licences

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	•	December Dhone M	le comple es es filos este cata
Yang's Braised Chicken Rice		Premises Phone N area code) 19056043188	umber (include
Premises Address 8384 Woodbine.Ave	City/Town Markham	Province ON	Postal Code LSR 2N8
Contact Name Wanci huang Contact's Email Address zghwx@hcmail.com		Contact's Phone Number (include area code and extension) 16478633082	
Does the application for a Liquor Sales		areas and/or outdoor an	eas?
Section 2 – Municipal Clerk's C Licence in your Municipality.	Official Notice of Ap	plication for a Lique	or Sales
Municipal Clerk: Please confirm the "wet/damp/dr	y" status below.		
Name of village, town, township or city (If the area where the establishment is the village, town, township or city was	located was annexed o	r amalgamated, provide	the name that
is the area where the establishment isWet (for spirits, beer, wine)	located "wet", "damp" o		
2085E (2020/12) © Queet's Printer for Onterio,	2020 DH	sponible en français	Page 1 of 2
N.A. Carif	S		
Note: Specific concerns regarding zon a separate submission or lette			iny outlined in
Address of Municipal Office		Date	e (dd/mm/yyyy)
l'itle		Signature of Munic	cipal Official







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

Applicant Contact Information

First Name wanxi			Last Name Huang	
Street Number 8384	Street Name Woodbine Ave)		Suite/Unit Number
^{City} Markham		Postal Co L3R 2		Province ON
Telephone Number 9056043188	Mobile Number 6478633082		^{Email} zghwx@hoti	nail.com

Restaurant Information

Name of Restaurar Yang's Braise	nt d Chicken Rice	
Street Number 8384	Street Name Woodbine Ave	Suite/Unit Number
^{City} Markham	Postal Code L3R 2N8	Province ON

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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? HWY 7 & Woodbine	What is the distance between the restaurant and the closest residential area? (in kilometres) 1km
Does the restaurant have a valid Business Licence issued by the City of Markham?	Does the restaurant have a working Fire Alarm System?
Yes No Business Licence Number: 21101281RE	Yes • No
If no, please note that a Business Licence is required. Type of restaurant (select one) Family Roadhouse Sports Bar	ine Dining Take Out Cafe
What, if any, entertainment or amusements will be provided	
Karaoke Live Entertainment Casino	Off-Track Betting Arcade
Is the liquor licence application for an expansion of the exi	sting operations?
O Yes	
● No	
If yes, please provide the current existing maximum seating cap	pacity:
lf no, please provide the <u>planned</u> existing maximum seating cap	pacity:_60
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 a	t 905-477-7000 ext. 4870 for more information.
If the location was previously used as a restaurant, has co	nstruction or alteration been proposed?
Yes No	
If yes, please provide Alteration Permit Number: we didn't c	o any construction
2	021 04 13
Applicant's Signature	Date

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