

Alcohol and Gaming Commission of Ontario 90 Sheppard Avenue East, Suite 200 Toronto ON M2N 0A4 Tel.: 416-326-8700 • Fax: 416-326-8711

Toll free in Ontario: 1-800-522-2876 Inquiries: www.agco.ca/iagco Website: 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		Premis	es Phone N	umber (include
L.T.N.S OF FOUR SEASONS GOURMET	DINING	area co		
E.T.N.S OF FOOR SEASONS GOODWILE		647-979	9-8808	
Premises Address	City/Town		Province	Postal Code
7270 WOODBINE AVE, UNIT 102	MARKHAM		ON	L3R 4B9
Contact Name				
ANTHONY CARNOVALE			ct's Phone N ode and exte	umber (include ension)
Contact's Email Address		416-23	0-7295	
liquorlicence@rogers.com				
Section 2 – Municipal Clerk's Of Licence in your Municipality.	ficial Notice of Ap	plication	for a Liqu	or Sales
Municipal Clerk: Please confirm the "wet/damp/dry"	' status below.			
Name of village, town, township or city w (If the area where the establishment is to the village, town, township or city was kn	ocated was annexed o	r amalgama	ted, provide	the name that
		Andrew 1 (1997)		- 197
Is the area where the establishment is lower wine)	ocated "wet", "damp" of	•	ase select or	

Address of Municipal Office	Date (dd/mm/yyy
Title	Signature of Municipal Official

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.



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.

			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 Last Name ANTHONY ALNOVAVE Street Number Suite/Unit Number Postal Code City MAPLE Mobile Number Telephone Number 4,6-230-7295 416-230-729 **Restaurant Information** Name of Restaurant OF FOLK SEASONS DINING L.T.N.S Suite/Unit Number Street Number 7270 WOODBINE Postal Code City 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? WOODBINE AUE & DENISSING ST	What is the distance between the restaurant and the closest residential area? (in kilometres)
Does the restaurant have a valid Business Licence issued by the City of Markham?	Does the restaurant have a working Fire Alarm System?
Business Licence Number: 23116230 EE	Yes No
If no, please note that a Business Licence is required.	
Type of restaurant (select one)	
(Family) Roadhouse Sports Bar	
What, if any, entertainment or amusements will be provide	d in the restaurant? (select all that apply)
Karaoke Live Entertainment Casino	Off-Track Betting Arcade
If yes, please provide the <u>current</u> existing maximum seating ca If no, please provide the <u>planned</u> existing maximum seating ca Location History Has a Building Permit been applied for or obtained for this Yes Building Permit Number:	apacity: INDOOR - 243 - Pago - 91
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 informatio
If the location was previously used as a restaurant, has conversely to the location was previously used as a restaurant, has conversely to the location was previously used as a restaurant, has conversely to the location was previously used as a restaurant, has conversely used as a restaurant product of the location of the locat	
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Applicant's Signature	Date

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