

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 Deta	alls				
Premises Name			Premises Phone Number (include		
Sumoki		í	area code)		
		437-8	48-8855		
Premises Address	City/Town		Province	Postal Code	
9-18 Fred Varley Dr.	Unionville		ON	L3R 1S3	
Contact Name					
Kenny Cheung			Contact's Phone Number (includ		
		area code and extension) 437-848-8855			
Contact's Email Address		437-0	40-0033		
kennycm168@gmail.com					
Section 2 – Municipal Clerk's Licence in your Municipality	-	plication	for a Liquo	or Sales	
	z .				
Municipal Clerk:					
Please confirm the "wet/damp	/dry" status below.				
Name of village, town, township or (If the area where the establishmen the village, town, township or city w	nt is located was annexed o	r amalgama	ated, provide	the name tha	
CITY OF MARKHAM					
s the area where the establishmen	t is located "wet", "damp" o	r "dry"? Ple	ase select on	e.	
Wet (for spirits, beer, wine)	Damp (for beer and	d wine only	Dr	/	

Note:	: Specific concerns regarding zoning or non-compliance with by-laws must be clearly o	utlined <b>in</b>
	a separate submission or letter within 30 days of this notification.	

to the second se

Address of Municipal Office	Date (dd/mm/yyyy)
Title	Signature of Municipal 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.

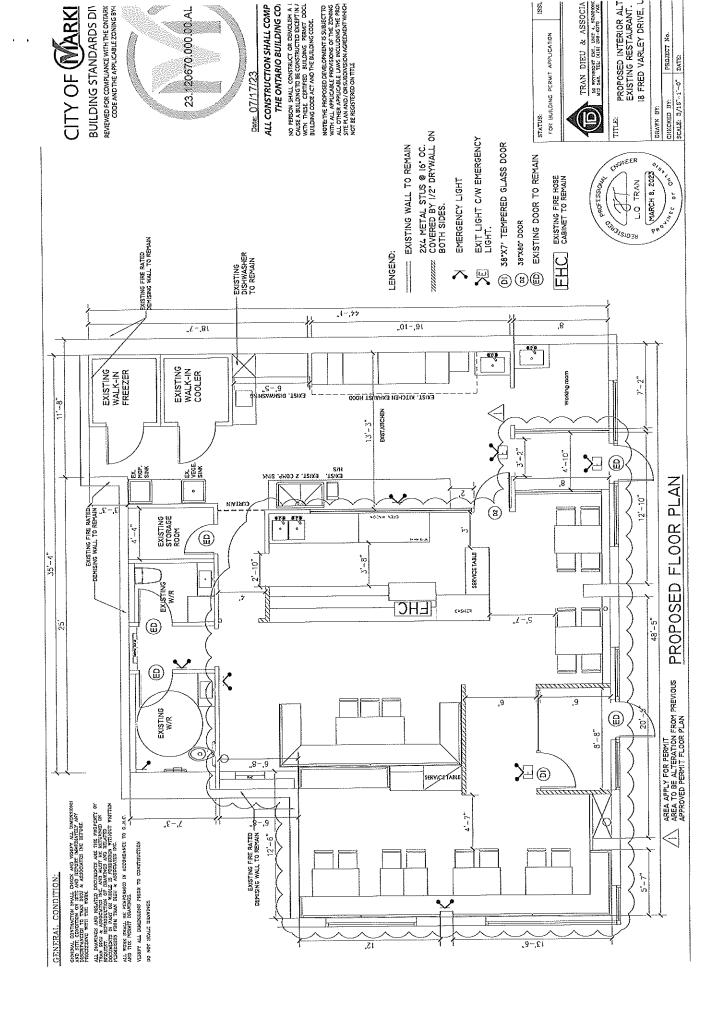
**Applicant Contact Information** 

First Name			Last Name	
Kenny		i	Cheung	
Street Number	Street Name			Suite/Unit Number
38	Jefferson Forest Dr			
City		Postal Co	ode	Province
Richmond Hill		ON		L4E 4H9
Telephone Number	Mobile Number 437-848-8855		Email kennycm168@	gmail.com

**Restaurant Information** 

Name of Restaurant Sumoki			
Street Number	Street Name		Suite/Unit Number
18	Fred Varley Dr		9
City	<b>.</b>	Postal Code	Province
Unionville		L3R 1S3	ON

What is the closest major intersection to the restaurant? Fred Varley & Eureka Drive	What is the distance between the restaurant and the closest residential area? (in kilometres)		
Does the restaurant have a valid Business Licence issue by the City of Markham?	Does the restaurant have a working Fire Alarm System?		
Yes No Business Licence Number: 23 143450 EE	Yes No		
If no, please note that a Business Licence is required.			
Type of restaurant (select one)	Fine Dining Take Out Cafe		
Family Roadhouse Sports Bar What, if any, entertainment or amusements will be provided	· · · · · · · · · · · · · · · · · · ·		
Karaoke Live Entertainment Casir			
Is the liquor licence application for an expansion of the			
Yes			
No No			
If yes, please provide the <u>current</u> existing maximum seating of	capacity:35		
If no, please provide the <u>planned</u> existing maximum seating of	papacity:		
Location History			
Has a Building Permit been applied for or obtained for th	is location?		
Yes Building Permit Number: 23 120670 0	00 00		
○ No			
Was the location previously used as a restaurant?	Yes No		
If no, a Building Permit is required. Contact Building Service	s 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:			
	05-10-2023		
Applidant's Signature	Date		



#### Menu

### Starter - Side dish

Fried Yucca (Cassava)
Fried Mochi - Age Mochi
Sumoki Wings
Edamame
Takowasabi
Oden

**Cold Dishes** 

Sumoki Salad Beef Carpaccio

Hot Dishes

Yakitori Don Pork Don Mentai Carbonara Kitsune Udon - with soup White Rice Yaki Oniguiri

Yakitori -Grilled Skewers

Skewer Set - Chef Choice 5.

Chicken:
Tsukune + egg yolk
Momo (Thigh no skin)
Negima (Skin)
Sunagimo Gizzard
Heart
Tabasaki (Wing)
Breast
Shisho Momo (thigh)
Cheese Momo

Pork:

P-Toro (Belly)

Vegetables: Zucchini Mushroom Cherry Tomato Okra Negi (Scallion)

Premium Gigant Scallops. Beef Lamb Chop

Dessert:

Ice cream, cheese cake, quesillo or tanghulu.