



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 (including Tied House)

The information requested below is required in support of all applications for a new Liquor Sales Licence (including Tied House) or areas being added to an existing Liquor Sales Licence.

Section 1 – Application Details

Premises Name

GOFL IT UP

Premises Phone Number (include
area code)

Premises Address

2910 STEELES AVENUE

City/Town

MARKHAM

Province

ON

Postal Code

L3T 7X1

Contact Name

TIAN LU

Contact's Phone Number (include
area code and extension)

Contact's Email Address

tianlsky@gmail.com

Does the application for a Liquor Sales Licence (including Tied House) include indoor areas and/or outdoor areas?

☒ Indoor Areas ☐ Outdoor Areas

Section 2 – Municipal Clerk's Official Notice of Application for a Liquor Sales Licence (including Tied House) 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 that the village, town, township or city was known as.)

MARKHAM

Is the area where the establishment is located "wet", "damp" or "dry"? Please select one.

☒ 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.

Address of Municipal Office

Name of Municipal Official

Title

Date (dd/mm/yyyy)

Telephone number

Email Address

tianlsky@gmail.com

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 **must** be submitted with this completed Questionnaire to the Clerk's Office:

- ✓ Applicable fee; **\$ 166.68**
- ✓ 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 TIAN		Last Name LIU	
Street Number 241	Street Name HOUNSLOW AVENUE		Suite/Unit Number
City NORTH YORK		Postal Code M2N 2B5	Province ONTARIO
Telephone Number	Mobile Number 416-520-0181	Email tianlsky@gmail.com	

Restaurant Information

Name of Restaurant GOLF IT UP			
Street Number 2910	Street Name STEELES AVENUE EAST		Suite/Unit Number
City MARKHAM		Postal Code L3T 7X1	Province ONTARIO

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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? STEELES AND DON MILLS	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 checked="" type="radio"/> Yes <input type="radio"/> No
Type of restaurant (select one) <input type="checkbox"/> Family <input type="checkbox"/> Roadhouse <input checked="" type="checkbox"/> Sports Bar <input type="checkbox"/> Fine Dining <input type="checkbox"/> Take Out <input type="checkbox"/> Cafe	
What, if any, entertainment or amusements will be provided in the restaurant? (select all that apply) <input type="checkbox"/> Karaoke <input type="checkbox"/> Live Entertainment <input type="checkbox"/> Casino <input type="checkbox"/> Off-Track Betting <input checked="" 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: 74 PER FLOOR PLAN	
Location History	
Has a Building Permit been applied for or obtained for this location? <input checked="" type="radio"/> Yes Building Permit Number: 23-116465-000-00-AL <input type="radio"/> No	
Was the location previously used as a restaurant? <input checked="" type="radio"/> Yes <input 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 checked="" type="radio"/> Yes <input type="radio"/> No If yes, please provide Alteration Permit Number: 23-116465-000-00-AL	


Applicant's Signature

Oct. 25, 2023

Date

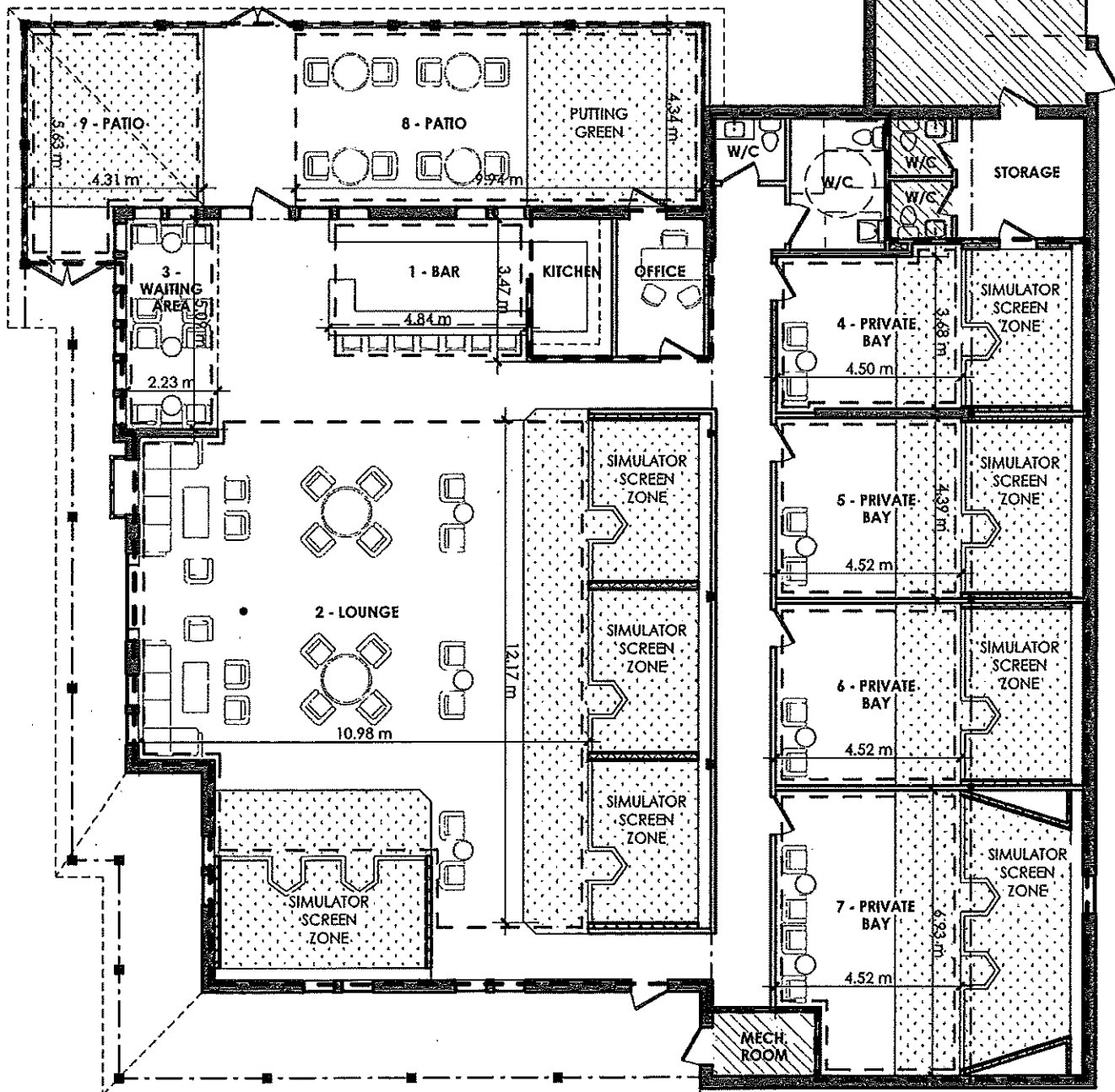
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2910 STEELES AVE ETHORNHILL, ON L3T 7X1

AREA	LOCATION	IN/OUT	AREA (SM)	CAPCITY	FLOOR
1	BAR	IN	16.76	7	GROUND
2	LOUNGE	IN	120.47	32	GROUND
3	WAITING ROOM	IN	11.33	8	GROUND
4	PRIVATE BAY	IN	17.14	3	GROUND
5	PRIVATE BAY	IN	19.82	3	GROUND
6	PRIVATE BAY	IN	19.82	3	GROUND
7	PRIVATE BAY	IN	29.48	6	GROUND
8	PATIO	OUT	43.13	9.	GROUND
9	PATIO	OUT	21.53	3	GROUND



Sample
Menu

GOLFITUP

Special Drink



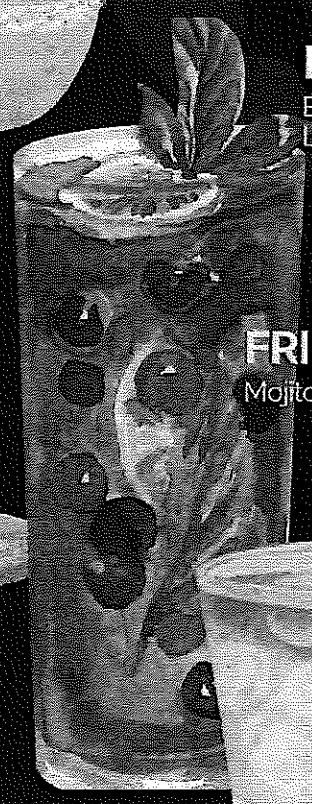
GREEN

Mai Tai 2oz
\$10.99



OXYGEN

Margarita 2.25oz
\$11.99



LIGHT

Blueberry Vodka
Lemonade 1.5oz
\$10.99

FRIENDSHIP

Mojito 1.5oz
\$11.99



\$39.99

7

Sample
Menu

GOLFITUP
Drink Menu

NICE SHOT \$11.99
Blue Martini 1.75oz

SWEET SPOT \$12.99
Tequila Sunrise 2oz

SLICE \$10.99
Pina Colada 1.5oz

HOOK \$11.99
Sangria 3.5oz

EAGLE \$8.99
Gin-tonic 1oz

BIRDIE \$8.99
Rum and Coke 1oz

PAR \$8.99
Vodka Soda 1oz

O.B \$7.99
Tequila 1oz

GOLFITUP

Food Menu

FRENCH FRIES	\$6.99
SWEET POTATO FRIES	\$7.99
FRIED ONION RINGS	\$6.99
SHRIMP POPCORN	\$8.99
CHICKEN NUGGETS	\$8.99
CRISPY CHICKEN	\$8.99
FRIED COD FILET	\$10.99
JAPANESE RAMEN	\$6.99
CHEESE CAKE	\$6.99



MORE IS COMING...

Sample
Menu

4

GOLFITUP

Drink Menu

WATER

Bottle Water, Sparkling Water

\$1.99

SOFT DRINK

Coke, Diet
Coke, Sprite, Nestea, Canada
Dry, A&W

\$1.99

JUICE

Orange, Pineapple

\$4.99

MORE IS COMING...

Sample
Menu

MR BENEDICT M LEUNG

580



DATE 2023-10-25
Y Y Y Y M M D D

PAY TO THE
ORDER OF

City of Markham

\$ 166.68

100 DOLLARS

Security features
included.
Details on back.



PRIVATE BANKING
PRIVATE CLIENT SERVICES, PRIVATE BANKING
220 COMMERCE VALLEY DR. WEST, SUITE 300
MARKHAM, ONTARIO L3T 0A8

MEMO

Golf D7 up

liquid license destination

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