



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

Gameplex

Premises Phone Number (include area code)

6475648787

Premises Address

8403 Yonge St, Unit 1A

City/Town

Markham

Province

ON

Postal Code

L3T 6R2

Contact Name

Shahab Daneshvartehrani

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

6475648787

Contact's Email Address

Proshot.engroup@gmail.com

Does the application for a Liquor Sales Licence 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 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.)

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

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 **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 shahab		Last Name Daneshvartehrani	
Street Number 28	Street Name Byng ave		Suite/Unit Number 211
City North York		Postal Code M2N 7H4	Province ON
Telephone Number	Mobile Number 6475648787	Email Proshot.entgroup@gmail.com	

Restaurant Information

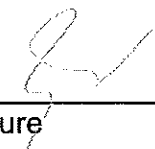
Name of Restaurant Gameplex Entertainment Hub			
Street Number 8403	Street Name Yonge St		Suite/Unit Number 1A
City Markham		Postal Code L3T 6R2	Province ON

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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? Highway 407 and Youge 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? <input checked="" type="radio"/> Yes <input type="radio"/> No Business Licence Number: 24150244AR 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 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: _____	
Location History	
Has a Building Permit been applied for or obtained for this location? <input type="radio"/> Yes Building Permit Number: _____ <input checked="" type="radio"/> No	
Was the location previously used as a restaurant? <input type="radio"/> Yes <input checked="" 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 type="radio"/> Yes <input checked="" type="radio"/> No If yes, please provide Alteration Permit Number: _____	

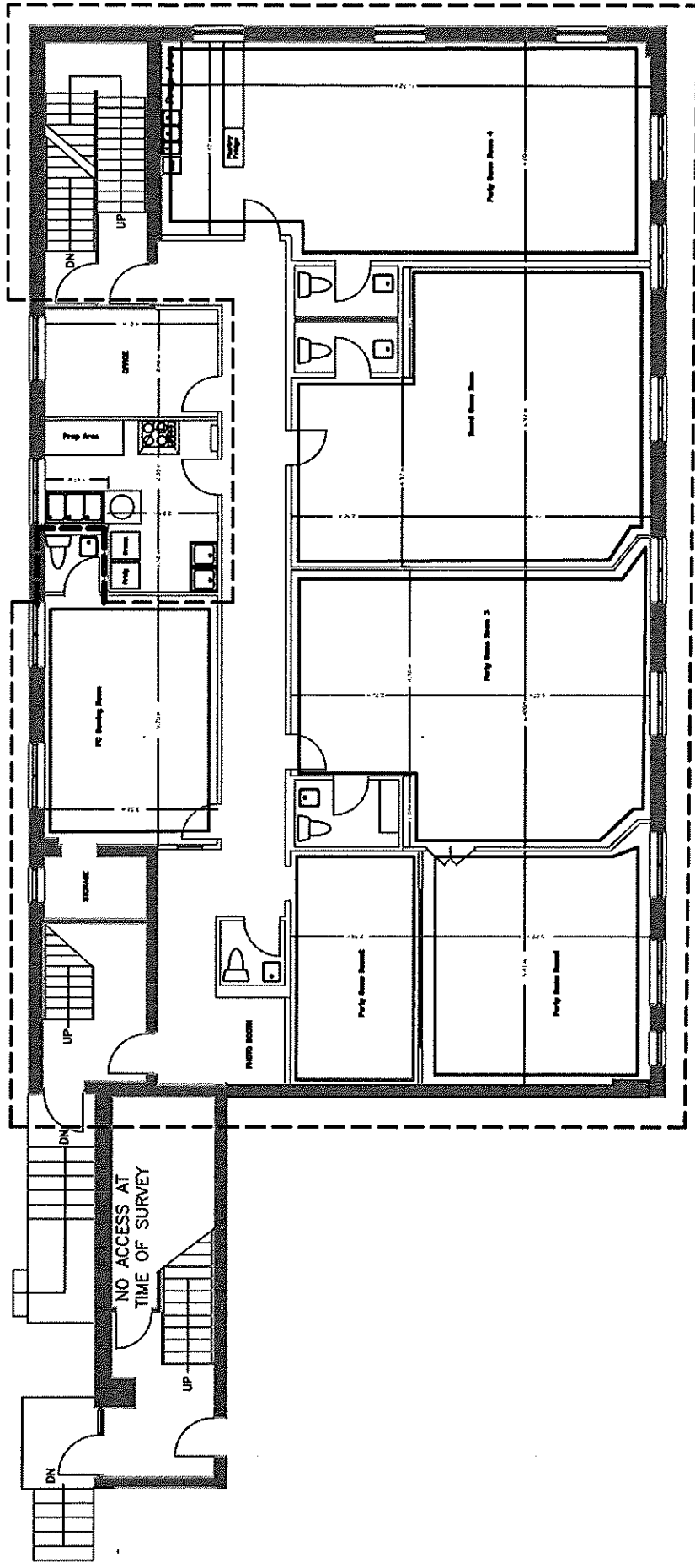


 Applicant's Signature

2024-01-22

 Date

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This is the Menu :

Salads

Cold Sandwich

Snack

Pasta

soft drink

Desert(Cookies- Apples Pie, Brownies)