

#### 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

Section 1 - Application Details

# 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.

Premises Name			Premises Phone Number (include		
Dayali Restaurant			area code)		
		(905) 604	-8680		
Premises Address	City/Town		Province	Postal Code	
Unit 101-103, 20 Gibson Drive	Markham		ON	L3R 0M7	
Contact Name					
Eva Cao			Contact's Phone Number (include area code and extension)		
Contact's Email Address		(647) 231	-0503 -		
eva_cao0206@hotmail.com					
Section 2 – Municipal Clerk's Offi Licence (including Tied House) ir	·	-	r a Liquo	or Sales	
Municipal Clerk: Please confirm the "wet/damp/dry"	status below.				
Name of village, town, township or city whether the establishment is located the village, town, township or city was known to the village.	cated was annexed	or amalgamated	d, provide	the name that	
Is the area where the establishment is loc			·		
Wet (for spirits, beer, wine)	Damp (for beer an	d 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 eva_cao0206@hotmail.com	
	Signati	ure 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 Yimeng		Last Name Sun	
Street Number	Street Name		Suite/Unit Number
20	Gibson Drive		101-103
City		Postal Code	Province
Markham		L3R 0M7	Ontario
Telephone Number	Mobile Number	Email	dicanada.com
(905) 604-8680	(647) 823-9777	admin@daya	

#### Restaurant Information

Name of Restauran Dayali Restauran		
Street Number	Street Name	Suite/Unit Number
20	Gibson Drive	101-103
City	Postal Code	Province
Markham	L3R 0M7	Ontario

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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.

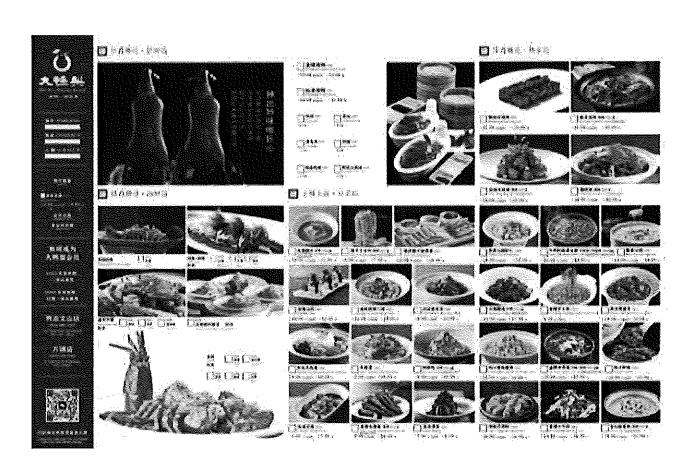
Miles In the almost				
What is the closest major intersection to the restaurant? Warden Avenue and Denison Street	What is the distance between the restaurant and the closest residential area? (in kilometres)			
	Greater than 0.25 kilometres			
Does the restaurant have a valid Business Licence issued by the City of Markham?	Does the restaurant have a working Fire Alarm System?			
Yes No Business Licence Number:24 162032 EE	✓ Yes No			
If no, please note that a Business Licence is required.				
Type of restaurant (select one)				
	e Dining Take Out Cafe			
What, if any, entertainment or amusements will be provided in	n the restaurant? (select all that apply)			
Karaoke Live Entertainment Caslno	Off-Track Betting Arcade			
is the liquor licence application for an expansion of the existi	ng operations?			
Yes				
<b>₩</b> No				
If yes, please provide the <u>current</u> existing maximum seating capac	ity:			
lf по, please provide the <u>planned</u> existing maximum seating capac	ity:100			
Location History				
Has a Building Permit been applied for or obtained for this loc	ration2			
Yes Building Permit Number:				
	<del></del>			
No No				
Was the location previously used as a restaurant?	es No			
f no, a Building Permit is required. Contact Building Services at 905-477-7000 ext. 4870 for more information.				
f the location was previously used as a restaurant, has const	ruction or alteration been proposed?			
Yes No				
f yes, please provide Alteration Permit Number;				
(A) 10 H 19 F	ebruary 2024			
Applicant's Signature	Date			

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PROJECT NAME: 20 GIBSON DR, MARKHAM, ON 13R 8BS

DRAWING NAME:

RESTAURANT EXISTING FLOOR PLAN

2022-11-25 1/8"=1'-0" LLIN DATE: SCALE: DRAWN: CHECKED:

T RESTAURANT EXISTING PLAN
(A1) SCALE:18"=1:0"

