



Return completed  
form to:  
Alcohol and Gaming  
Commission of Ontario  
90 SHEPPARD AVE E  
SUITE 200  
TORONTO ON M2N 0A4

Remplir et retourner cette  
formule à :  
Commission des alcools  
et des jeux de l'Ontario  
90 AV SHEPPARD E  
BUREAU 200  
TORONTO ON M2N 0A4

## Municipal Information Renseignements municipaux

The information requested below is required in support of all applications for a **new** liquor licence or outdoor areas being added to an **existing** liquor licence.

Les renseignements sont recueillis conjointement à toute demande de **nouveau** permis d'alcool ou d'ajout de zones de plein air à un permis d'alcool existant.

### Section 1 - Application Details

### Section 1 - Détails de la demande

Establishment name / Nom de l'établissement

Establishment tel. no. / N° de tél. de l'établissement

Gyubee Japanese BBQ

Contact name / Nom de la personne à contacter

Contact's tel. no. / N° de tél. de la personne à contacter

Shanjun Qu

Exact location of establishment (not mailing address) / Emplacement exact de l'établissement (non l'adresse postale)

| Street Number /<br>Numéro | Street Name /<br>Nom de rue | Street Type /<br>Genre de rue | Direction/<br>Orientation de rue | Suite/Floor/Apt. /<br>Bureau/étage/app. |
|---------------------------|-----------------------------|-------------------------------|----------------------------------|-----------------------------------------|
| 7100                      | Woodbine                    | Ave                           |                                  | 100                                     |

Lot/Concession/Route /  
Lot/concession/route rurale

City/ Town/Municipality /  
Ville/village/municipalité  
Markham

Postal Code /  
Code postal  
L3R5J2

Does the application for a liquor licence include: / La demande de permis d'alcool porte-t-elle entre autres sur :

☒ indoor areas / des zones intérieures ☐ outdoor areas / des zones de plein air

### Section 2 - Municipal Clerk's official notice of application for a liquor licence in your municipality

### Section 2 - Avis officiel de demande de permis d'alcool dans votre municipalité à l'intention du (de la) secrétaire municipal(e)

Municipal Clerk:  
please confirm the "wet/damp/dry" status below.

Secrétaire municipal(e) :  
Confirmer le statut de la région ci-dessous.

Name of village, town, township or city where taxes are paid / Nom du village, de la ville ou du canton à qui les impôts sont versés :  
(If the area where the establishment is located was annexed or amalgamated, provide the name of the Village, Town, Township or City was known as)

(Si la région où se trouve l'établissement a été annexée ou fusionnée, nom sous lequel le village, la ville ou le canton était connu)

Is the area where the establishment is located: / La vente de boissons alcooliques est-elle autorisée dans la région où se trouve l'établissement?

☐ Wet (for spirits, beer, wine) / Oui (spiritueux, bière, vin) ☐ Damp (for beer and wine only) / Oui (bière et vin seulement) ☐ Dry / Non

#### Note:

Specific concerns regarding zoning or non-compliance with bylaws must be clearly outlined in a **separate submission or letter within 30 days of this notification.**

#### Remarque :

Toute préoccupation concernant le zonage ou la non-conformité aux règlements municipaux doit être clairement décrite dans un document distinct ou une lettre, à l'intérieur d'une période de 30 jours après la date du présent avis.

Signature of municipal official / Signature du (de la) représentant(e) municipal(e)

Title / Poste

Address of municipal office / Adresse du bureau municipal

Date



## CITY OF MARKHAM

### LIQUOR LICENCE QUESTIONNAIRE

To enable our evaluation of your Liquor License application, the following information is required.

Please return the completed form to the Clerk's Department.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------|
| 1. What Type of restaurant is proposed?<br><input type="checkbox"/> Family <input type="checkbox"/> Roadhouse <input type="checkbox"/> Sports Bar <input checked="" type="checkbox"/> Fine Dining <input type="checkbox"/> Take Out <input type="checkbox"/> Cafe                                                                                                                                                                                                          |                                                                    |                                                        |
| 2. a. What type of Food will be served: Varied menu <input type="checkbox"/> Specialty <input type="checkbox"/> Snacks<br>b. <input checked="" type="checkbox"/> Menu attached ( Please note, a copy of the menu is required with all applications)                                                                                                                                                                                                                        |                                                                    |                                                        |
| 3. What entertainment or amusements will be provided?<br><input type="checkbox"/> Karaoke <input type="checkbox"/> Live entertainment <input type="checkbox"/> Casino <input type="checkbox"/> Off-track betting <input type="checkbox"/> Arcade <input checked="" type="checkbox"/>                                                                                                                                                                                       |                                                                    |                                                        |
| 4. a. The maximum seating capacity will be <u>168</u> persons.<br>b. Where the restaurant is existing, the previous seating capacity was <u>170</u> persons.                                                                                                                                                                                                                                                                                                               |                                                                    |                                                        |
| 5. a. Was this premises previously used as a restaurant?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Note: if the answer to this question is no, a building permit will be required)<br>b. If this premise was previously used as a restaurant, is any construction or alteration purposed?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If the answer to this question is yes, a building permit will be required) |                                                                    |                                                        |
| 6. Has a building permit been applied for or obtained in connection with these premises?<br><input type="checkbox"/> Yes    Permit no. <u>15 170902 000 01 AL</u><br><input type="checkbox"/> No    Provide 1 copy of the floor plan showing the dimensioned floor plan showing the dimensioned floor layout, floor areas to be licenced, seating arrangements, washrooms (show fixtures) and exits.                                                                       |                                                                    |                                                        |
| 7. Does the building on the premises have a fire alarm system?    Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      |                                                                    |                                                        |
| 8. Were the premises previously licensed?    Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                           |                                                                    |                                                        |
| 9. Is the liquor licence application for an expansion of the existing operations?    Yes <input type="checkbox"/> No <input type="checkbox"/><br>(If yes, Please provide details on a separate page)                                                                                                                                                                                                                                                                       |                                                                    |                                                        |
| 10. What is the nearest major intersection to the proposed locations? <u>Warden &amp; Steeles</u>                                                                                                                                                                                                                                                                                                                                                                          |                                                                    |                                                        |
| 11. What is the distance to the nearest residential area? <u>7.2 km</u>                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                        |
| 12. a) Your name (Please Print)<br><u>Shanjin Qu</u>                                                                                                                                                                                                                                                                                                                                                                                                                       | b) Contact Telephone No.<br>Bus: _____<br>Res: <u>905 325 2680</u> | c) The restaurant's name<br><u>Gyubee Japanese BBQ</u> |

## Menu

### Soup & Salad

1. House Salad
2. Miso soup

### Appetizer:

1. Edamame
2. Deep Fried Dumplings
3. Takoyaki
4. Calamari

### BBQ:

1. Beef Short Ribs
2. Beef Steak
3. Beef Tongue
4. Chicken
5. Pork Belly
6. Shrimp
7. Scallop
8. Zucchini
9. Eggplant
10. Mushroom
11. Onion

### Rice & Noodles:

1. Steamed Rice
2. Udon

107-110 Silver Star Blvd.  
Scarborough, Ontario M1V 5A2  
T. 416-321-0998  
F. 416-321-5657  
globalconst@bellnet.ca

GYUBEE RESTAURANT  
7100 WOODBINE AVE.  
UNIT 100

## SPACE PLAN

Date: JAN.18.2016

Dwg. No. A1

RESTAURANT:  
CAPACITY: 168 PERSONS  
STAFF: 10 PERSONS/ SHIFT

