



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 <b>I DARTS Ontario TORONTO</b>		Establishment tel. no. / N° de tél. de l'établissement <b>905 604 7850</b>		
Contact name / Nom de la personne à contacter <b>Steven Fan</b>		Contact's tel. no. / N° de tél. de la personne à contacter <b>416-618-9792</b>		
Exact location of establishment (not mailing address) / Emplacement exact de l'établissement (non l'adresse postale)				
Street Number / Numéro <b>7850</b>	Street Name / Nom de rue <b>Woodbine</b>	Street Type / Genre de rue <b>Ave</b>	Direction / Orientation de rue	Suite/Floor/Apt. / Bureau/étage/app. <b>228</b>
Lot/Concession/Route / Lot/concession/route rurale		City/ Town/Municipality / Ville/village/municipalité <b>Markham</b>	Postal Code / Code postal <b>L3R 0B9</b>	
Does the application for a liquor licence include: / La demande de permis d'alcool porte-t-elle entre autres sur :				
<input checked="" type="checkbox"/> indoor areas / des zones intérieures <input type="checkbox"/> 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



RECEIVED

FEB 28 2014

CITY OF MARKHAM  
CLERKS DEPT.

CITY OF MARKHAM

LIQUOR LICENCE QUESTIONNAIRE





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

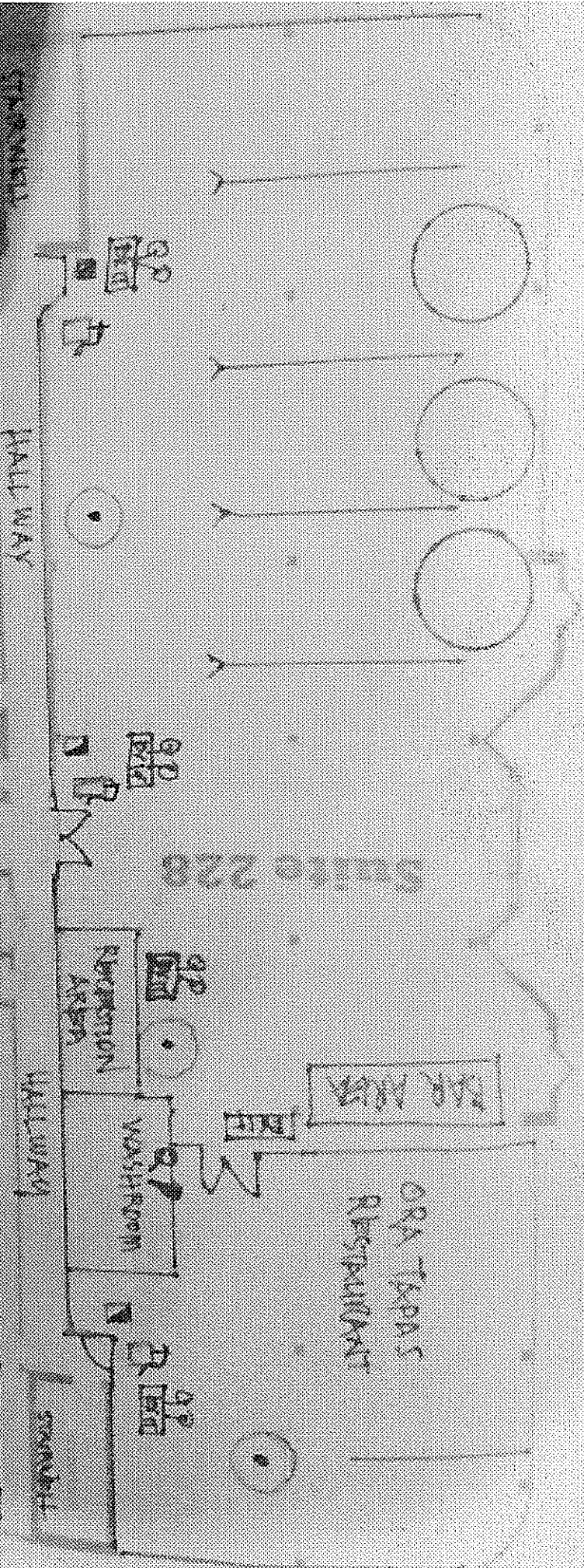
Please return the completed form to the Clerk's Department.

1. What Type of restaurant is proposed? <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		
2. a. What type of Food will be served: Varied menu <input type="checkbox"/> Specialty <input checked="" type="checkbox"/> Snacks b. <input type="checkbox"/> Menu attached ( Please note, a copy of the menu is required with all applications)		
3. What entertainment or amusements will be provided? <input type="checkbox"/> Karioke <input type="checkbox"/> Live entertainment <input type="checkbox"/> Casino <input type="checkbox"/> Off-tract betting <input type="checkbox"/> Arcade <input checked="" type="checkbox"/> electronic Parts MachineS		
4. a. The maximum seating capacity will be <u>250</u> persons. b. Where the restaurant is existing, the previous seating capacity was <u>100</u> persons.		
5. a. Was this premises previously used as a restaurant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Note: if the answer to this question is no, a building permit will be required) b. If this premise was previously used as a restaurant, is any construction or alteration purposed? <input type="checkbox"/> Yes <input checked="" 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? <input type="checkbox"/> Yes    Permit no. ----- <input checked="" 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 checked="" type="checkbox"/> (If yes, Please provide details on a separate page)		
10. What is the nearest major intersection to the proposed locations? <u>Woodbine Ave &amp; 14th Ave</u>		
11. What is the distance to the nearest residential area? <u>greater than 5Km or Wada &amp; Hwy 7</u>		
12. a) Your name (Please Print) <u>Steven Fan</u>	b) Contact Telephone No. Bus: <u>905-604-7850</u> Res: <u>416-618-9792</u>	c) The restaurant's name

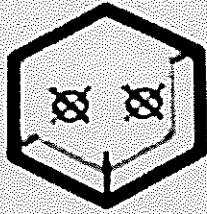
FLOOR PLAN (2nd FLOOR)  
 (DRAFTS TO BE PRINTED - 1500 WORKING HOURS - MARKHAM)

LEGEND:

-  FIRE EXTINGUISHER
-  EMERGENCY LIGHT/SENSOR
-  PULL STATION
-  FIRE ALARM BELL







**iDarts Toronto**  
made in DARTSLIVE

## **FOOD MENU**

**French Fries \$7.95**

**Onion Rings \$7.95**

**Deep Fried Cuttlefish Balls \$7.95**

**Meat Spring Rolls \$6.95**

**Deep Fried Calamari \$8.95**

**Chicken Satay Skewers (3) \$10.95**

**Poutine \$9.95 - Add Pulled Pork \$1.50**

**Pulled Pork Sliders (2pcs) \$9.95**

**Deep Fried Chicken Fingers \$7.95**

**Deep Fried Chicken Wings \$ 9.95**

**Burger \$10.95 - Add Cheese \$1 - Add Fries \$2**

**Penne with Bolognese Sauce \$10.95**