

# Municipal Information Renseignements municipaux

Return completed form to:  
Alcohol and Gaming  
Commission of Ontario  
90 Sheppard Avenue, East.  
Suite 200  
Toronto ON M2N 0A4

Remplir et retourner cette formule à :  
Commission des alcools  
et des jeux de l'Ontario  
90, avenue Sheppard Est  
Bureau 200  
Toronto ON M2N 0A4



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

Babyface

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

905-470-7388

Contact name/Nom de la personne à contacter

Andrew On Ho Leung

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

416-8900678

Exact location of establishment (not mailing address - street number and name, city or lot no., concession and township)

Emplacement exact de l'établissement (non l'adresse postale - numéro et nom de la rue, ville ou numéro de lot, concession et canton)

590 ALDEN ROAD Unit 103 L3R 8N2 Markham Ontario.

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:

Specify concerns regarding zoning, non-compliance with bylaws, or general objections to the application by council or elected municipal representatives, must be clearly outlined, in a separate submission or letter within 30 days of this notification.

### Remarque :

Toute question particulière concernant le zonage, la non-conformité aux règlements municipaux ou toute objection générale relative à la demande de la part de membres du conseil ou de représentants municipaux élus doit être décrite clairement dans un document distinct ou une lettre à l'intérieur d'une période de 30 jours après la remise 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



Pickup

**Town 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.*

|            |                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                             |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1.</b>  | <b>What type of restaurant is proposed?</b>                                                                                                                                                                      | <input type="checkbox"/> Family <input type="checkbox"/> Roadhouse <input type="checkbox"/> Sports Bar <input checked="" type="checkbox"/> Fine Dining <input checked="" type="checkbox"/> Take Out <input checked="" type="checkbox"/> Café                |
| <b>2.</b>  | <b>a) What type of Food will be served:</b>                                                                                                                                                                      | Varied menu <input checked="" type="checkbox"/> Specialty <input type="checkbox"/> Snacks <input type="checkbox"/>                                                                                                                                          |
|            | <b>b)</b>                                                                                                                                                                                                        | <input type="checkbox"/> Menu attached (Please note, a copy of the menu is required with all applications)                                                                                                                                                  |
| <b>3.</b>  | <b>What entertainment or amusements will be provided?</b>                                                                                                                                                        | <input checked="" type="checkbox"/> Karaoke <input checked="" type="checkbox"/> Live entertainment <input type="checkbox"/> Casino <input type="checkbox"/> Off-track betting <input type="checkbox"/> Arcade <input type="checkbox"/>                      |
| <b>4.</b>  | <b>a)</b>                                                                                                                                                                                                        | The maximum seating capacity will be <u>390</u> persons.                                                                                                                                                                                                    |
|            | <b>b)</b>                                                                                                                                                                                                        | Where the restaurant is existing, the previous seating capacity was <u>250</u> persons.                                                                                                                                                                     |
| <b>5.</b>  | <b>a)</b>                                                                                                                                                                                                        | <b>Was this premises previously used as a restaurant?</b><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)                                           |
|            | <b>b)</b>                                                                                                                                                                                                        | <b>If this premises was previously used as a restaurant, is any construction or alteration proposed?</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If the answer to this question is yes, a building permit will be required) |
| <b>6.</b>  | <b>Has a building permit been applied for or obtained in connection with these premises?</b>                                                                                                                     |                                                                                                                                                                                                                                                             |
|            | <input checked="" type="checkbox"/> Yes Permit No. <u>08 11183501</u>                                                                                                                                            |                                                                                                                                                                                                                                                             |
|            | <input type="checkbox"/> No Provide 1 copy of the floor plan showing the dimensioned floor layout, floor areas to be licenced, seating arrangements, washrooms (show fixtures) and exits.                        |                                                                                                                                                                                                                                                             |
| <b>7.</b>  | <b>Does the building on the premises have a fire alarm system?</b>                                                                                                                                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                         |
| <b>8.</b>  | <b>Were the premises previously licenced?</b>                                                                                                                                                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                         |
| <b>9.</b>  | <b>Is the liquor licence application for an expansion of the existing operations?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(If yes, please provide details on a separate page) |                                                                                                                                                                                                                                                             |
| <b>10.</b> | <b>What is the nearest major intersection to the proposed location?</b> <u>Warden &amp; Alden Road</u>                                                                                                           |                                                                                                                                                                                                                                                             |
| <b>11.</b> | <b>What is the distance to the nearest residential area?</b> <u>6 Km</u>                                                                                                                                         |                                                                                                                                                                                                                                                             |
| <b>12.</b> | <b>a) Your name (Please print)</b><br><u>Mei Lan Yuen</u>                                                                                                                                                        | <b>b) Contact Telephone No.</b><br>Bus: <u>905-470-7383</u><br>Res: _____                                                                                                                                                                                   |
|            | <b>c) The restaurant's name</b><br><u>Babyface</u>                                                                                                                                                               |                                                                                                                                                                                                                                                             |

1. Soup of the day.....3.95
2. Crispy French Fries.....3.95
3. Deep Fried Calamari.....5.95
4. Crispy Italian Wrap.....5.95
5. Asian Spring Roll.....5.95
6. Thai Mango Rice Paper Wrap.....5.95
7. Cantonese Shrimp Dumpling.....5.95
8. Peking Pan Fried Dumpling.....6.95
9. Szechun Peanut Dumpling.....6.95
10. Chef's Caesar Salad.....4.95
11. Baby Mix Green Salad.....5.95
12. Thai Mango Salad.....5.95
- Topping Enhancement
- a. Teriyaki Chicken.....3.95
- b. Grill Beef Brouchette.....1.50
- c. Grill Chicken Brouchette.....1.50
- d. Grill Lamb Brouchette.....2.0
- e. Grill Whole Calamari.....4.95
- f. Deli Roast Beef.....4.95
13. Jumbo Hot Dog.....3.95
14. Resto Burger.....4.95
15. Roast Beef Sandwiche.....5.95
16. 6oz Steak Sandwiche.....8.95
17. Egg Salad Sandwiche.....4.95
18. Teriyaki Chicken Sandwiche.....5.95
19. B.L.T.....4.95
20. Chicken With Honey Lemon.....7.95
21. Grill Seasonal Fish Filet.....8.95
22. Pork Chop W/ Tomato Salsa.....8.95
23. Spaghetti W/Meat Sauce.....7.95
24. Thai Pineapple Fried Rice.....8.95
25. Malaysian Curry Chicken.....8.95
26. Terriyaki Chicken W/Veg.....8.95
27. Stir-Fried Japanese Udon.....8.95
28. Sweet & Sour Batter Chicken.....8.95
- Domestic Beer (341 ml).....3.95
- Premium Beer (341 ml).....4.95
- Import Beer (341 ml).....5.95
- Coolers (341 ml).....5.95
- Glass Of House Red (6oz).....5.50
- Farnese, Montepulcino D'Abruzzo (Italy) 750ml.....28
- Ban Rock Station, Shiraz (Australia) 750ml.....35
- Wolf Blass Yellow Label, Cabernet Sauvignon (Australia) 750ml.....40
- Castillo de Almansa, Reserva (Spain) 750ml.....38
- Glass Of House White (6oz).....5.5
- Citra Trebbiano D'Abruzzo.....28
- Woodbridge Modavi, Chardonnay (California) 750ml.....40
- Pops.....2.0
- Nestea.....2.5
- Distilled Bottle Water.....1.5
- Evian.....2.5
- Juice.....3.0
- Red Bull.....3.0
- Coffee.....1.75
- Herbal Tea.....2.0
- Ginger Tea.....2.0
- Ginseng Tea.....2.5
29. Stir Fried cabbage, Mushroom and Ho-Shin Sauce. Serve with Scoop of Jasmine Rice
- a. Vegetable.....4.95
- b. Chicken.....5.95
- c. Beef.....6.95
- d. Calamari.....6.95
- e. Seasonal Fish.....7.95