Municipal Information for a Retail Store Authorization

Renseignements municipaux pour une autorisation de magasin de détail

Return completed form to:
Alcohol and Gaming Commission of Ontario
20 Dundas St. W.
7th Floor
Toronto ON M5G 2N6

Envoyer cette formule dûment remplie à la :
Commission des alcools et des jeux de l'Ontario
20, rue Dundas Ouest
7e étage
Toronto ON M5G 2N6

Ontario

- Complete Section 1 of this form
- Take the form to your local municipal office to have a municipal clerk or delegated official complete Section 2.

- Remplir la section 1
- Porter la formule au bureau municipal le plus proche et faire remplir la section 2 par un(e) secrétaire municipal(e) ou un(e) fonctionnaire délégué(e).

Section 1 - Application Details - to be completed by applicant / **Détails de la demande** - à remplir par le demandeur

Retail Store Name / Nom du magasin de détail	Telephone Number / N° de téléphone
Aisle 43	905 643-7333 Ext 2274
Contact name / Nom de la personne-ressource	**Contact's Telephone Number / N° de téléphone de la personne-ressource**
Lisa Kitchen.	905 643-7333 Ext 2274

Exact location of retail store (not mailing address - street number and name, city or lot no., concession and township) / Emplacement exact du magasin (pas l'adresse postale - numéro et nom de la rue, ville ou numéro du lot, concession et canton) within Walmart

500 Copper Creek Blvd, Markham. 407 & Markham Bypass

Type of Retail Store Authorization / Type de magasin visé par la demande

- [x] Winery / Magasin d'établissement vinicole
- [ ] Brewery / Magasin de brasserie
- [ ] Distillery / Magasin de distillerie
- [ ] Brewers Retail Inc. / Magasin de la société Brewers Retail Inc.

Section 2 - Municipal Clerk's Official Notice of Application for a Manufacturer's Retail Store Authorization in your Municipality - to be completed by the Municipal Clerk
Municipal Clerk - Please confirm the "wet/damp/dry" status below.

Section 2 - Avis officiel de demande pour un magasin de détail du fabricant dans la municipalité à l'intention du (de la) secrétaire municipal(e) - à remplir par le (la) secrétaire municipal(e)
Secrétaire municipal(e) - Veuillez confirmer le statut de la région ci-dessous.

Name of village, town, township or city where taxes are paid / Nom du village, du canton ou de la ville où sont versées les taxes

Has this area been amalgamated or annexed? / La région a-t-elle été fusionnée ou annexée ?

If yes, / Dans l'affirmative, s'agit-il

- [ ] No / Non
- [ ] Yes / Oui
- [ ] Amalgamation / d'une fusion ?
- [ ] Annexation / d'une annexion ?

Date of Amalgamation or Annexation / Date de fusion ou d'annexion : _____

Former Name / Ancien nom : _____

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

- [ ] Wet (for the retail sale of beverage alcohol) / Oui (vente et consommation de boissons alcooliques)
- [ ] Damp (for the retail sale of beverage alcohol) / Oui (vente de boissons alcooliques seulement)
- [ ] Dry / Non

Signature of municipal official / Signature de (de la) représentant(e) municipal(e)	Title / Poste
Address of municipal office / Adresse du bureau municipal	Date

MARKHAM

RECEIVED
JUN - 2 2010
TOWN OF MARKHAM
CLERKS DEPT.

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.

1. **What type of restaurant is proposed?**
   ☐ Family ☐ Roadhouse ☐ Sports Bar ☐ Fine Dining ☐ Take Out ☐ Café NA

2. a) **What type of Food will be served:** Varied menu ☐ Specialty ☐ Snacks ☐ NA
   b) ☐ **Menu attached** (Please note, a copy of the menu is required with all applications)

3. **What entertainment or amusements will be provided?**
   ☐ Karioke ☐ Live entertainment ☐ Casino ☐ Off-track betting ☐ Arcade ☐ NA

4. a) **The maximum seating capacity will be** _____ **persons.** NA
   b) **Where the restaurant is existing, the previous seating capacity was** _____ **persons.**

5. a) **Was this premises previously used as a restaurant?** NA
   ☐ Yes ☐ No (Note: If the answer to this question is no, a building permit will be required)
   b) **If this premises was previously used as a restaurant, is any construction or alteration proposed?**
   ☐ Yes ☐ 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?**
   ☐ Yes Permit No. _____ NA
   ☐ 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.

7. **Does the building on the premises have a fire alarm system?** ☑ Yes NA ☐ No

8. **Were the premises previously licenced?** NA ☐ Yes ☐ No

9. **Is the liquor licence application for an expansion of the existing operations?** ☐ Yes ☐ No
   (If yes, please provide details on a separate page) NA

10. **What is the nearest major intersection to the proposed location?** 407 / Markham

11. **What is the distance to the nearest residential area?** NA

12. a) **Your name (Please print)** Lisa Kitchen
    b) **Contact Telephone No.** Bus: 905 643 7333 ext 2274 Res: _____
    c) **The restaurant's name** NA