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

Ontario

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
TOOGOOD CAFÉ	(905) -940-2366
Contact name/Nom de la personne à contacter	**Contact's tel. no./ N° de tél. de la personne à contacter**
CHRISTINE MABEY	(416) - 436 - 0550

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)

142 MAIN STREET UNIT 1 UNIONVILLE ONT L3R 2G5

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

MARKHAM
the MARK of EXCELLENCE

Town of Markham

Pick up -

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

2. a) **What type of Food will be served:** Varied menu ☒ Specialty ☐ Snacks ☒
   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 ☐

4. a) **The maximum seating capacity will be** 40 **persons.**
   b) **Where the restaurant is existing, the previous seating capacity was** 40 **persons.**

5. a) **Was this premises previously used as a restaurant?**
   ☒ 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. _____
   ☒ No Provide 2 copies 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 ☒ No

8. **Were the premises previously licenced?** ☒ 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)

10. **What is the nearest major intersection to the proposed location?** Hwy 7 & Main Unionville

11. **What is the distance to the nearest residential area?** less than 1 km

12. a) **Your name (Please print)** CHRISTINE MABEY
    b) **Contact Telephone No.** Bus: (905)-940-2366 Res: (416)-436-0550
    c) **The restaurant's name** TOUGOOD CAFE

FOR OFFICIAL USE ONLY

Inspected by By-law Enforcement Date: _____ ☐ Approved ☐ Not approved

Comments:

MENU FOR TOOGOOD CAFE

CLASSIC SANDWICHES

GRILLED CHEESE
GRILLED CHEESE W/ BACON
B.L.T
SALMON SALAD
EGG SALAD
SMOKED SALMON & CREAM CHEESE
QUICHE
SIDE OF BACON

HOT PANINIS

GRILLED CHICKEN
GRILLED CHEESE SUPREME
BLT SUPREME

SALADS

HOUSE SALAD
W/ CHICKEN
W/ SALMON
SIDE SALAD

BAGELS, MUFFINS, SCONES
CHEDDAR OR CREAM CHEESE
JAM / PEANUT BUTTER

POPS, JUICE, WATER, COFFEE, TEA

SNACKS
(MAY VARY)

- COOKIES
- PEANUTS
- SQUARES
- BISCOTTI
- CAKE
- TART
- PIE
- MINI CAKES
- CHIPS
- OTHERS

TOOGOOD CAFÉ
LICENCE # 809172