Ontario

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: SooHyang

Establishment tel. no. / N° de tél. de l'établissement: 905-881-9307

Contact name / Nom de la personne à contacter: HYONJUNG LEE

Contact's tel. no. / N° de tél. de la personne à contacter: 905-881-9307 / 416-473-0235

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

Street Number / Numéro	Street Name / Nom de rue	Street Type / Genre de rue	Direction / Orientation de rue	Suite/Floor/Apt. / Bureau/étage/app.
7051	Yonge	Street		

Lot/Concession/Route / Lot/concession/route rurale	City/ Town/Municipality / Ville/village/municipalité	Postal Code / Code postal
	Thornhill / Markham	L3T 2A6

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

Liquor Licence Questionnaire

The Corporation of the City of Markham

To evaluate your Liquor Licence Application, you are required to complete this Questionnaire.

Submit the all required documentation to the Clerk's Office by mail or in-person to the address below.

City of Markham
Clerk's Office
Legislative Services Department
101 Town Centre Boulevard
Markham, Ontario
L3R 9W3

Attention: Public Services Assistant

If you have any questions about this Questionnaire, please call 905-477-7000 ext. 2366.

Liquor Licence Questionnaire Checklist

The following items **must** be submitted with this completed Questionnaire to the Clerk's Office:

- ✓ Applicable fee;
- ✓ A sample menu; and,
- ✓ Copy of the floor plan showing the layout, areas that require licensing, seating arrangements, washrooms (show fixtures) and exits.

Applicant Contact Information

First Name	Last Name	
HYONJUNG	LEE	
Street Number	**Street Name**	**Suite/Unit Number**
7051	Yonge	
City	**Postal Code**	**Province**
Markham	L3T 2A6	ONTARIO
Telephone Number	**Mobile Number**	**Email**
416-473-0235	905-881-9307	Toronto.koreantea@gmail.com ~~Toronto.Kor~~

Restaurant Information

Name of Restaurant		
Soohyang		
Street Number	**Street Name**	**Suite/Unit Number**
7051	Yonge Street	
City	**Postal Code**	**Province**
Markham	L3T 2A6	ONTARIO

Rev. Jan/17

Information on this form is collected under the authority of Section 11 of the Municipal Act, 2001, S.O. 2001, c. 25, as amended and Section 12 of the Liquor Licence Act, R.S.O. 1990, Chapter L.19, as amended. The information you have provided will be used to contact you and process your Liquor Licence Application. If you have questions about this collection contact the Access & Privacy Manager, Legislative Services Development, 101 Town Centre Boulevard, Markham, Ontario, L3R 9W3, 905-477-5530.

What is the closest major intersection to the restaurant?	What is the distance between the restaurant and the closest residential area? (in kilometres)
Yonge / Steeles	1

Does the restaurant have a valid Business Licence issued by the City of Markham?

Yes (No)

Business Licence Number: _____

If no, please note that a Business Licence is required.

Does the restaurant have a working Fire Alarm System?

(Yes) No

Type of restaurant (select one)

(Family) Roadhouse Sports Bar Fine Dining Take Out (Cafe)

What, if any, entertainment or amusements will be provided in the restaurant? (select all that apply)

Karaoke Live Entertainment Casino Off-Track Betting Arcade

Is the liquor licence application for an expansion of the existing operations?

Yes

(No)

If yes, please provide the current existing maximum seating capacity: _____

If no, please provide the planned existing maximum seating capacity: 27

Location History

Has a Building Permit been applied for or obtained for this location?

Yes Building Permit Number: _____

(No)

Was the location previously used as a restaurant? (Yes) No

If no, a Building Permit is required. Contact Building Services at 905-477-7000 ext. 4870 for more information.

If the location was previously used as a restaurant, has construction or alteration been proposed?

Yes (No)

If yes, please provide Alteration Permit Number: _____

_____ Applicant's Signature

Jan 26, 2017 Date

Rev. Jan/17

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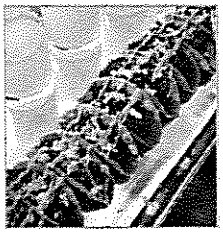
Menu

January 19th, 2017
Soohyang

Food menu

Edamame hummus

Potato bacon with cheese



Bulgogi tacos

Spicy bulgogi quesadilla

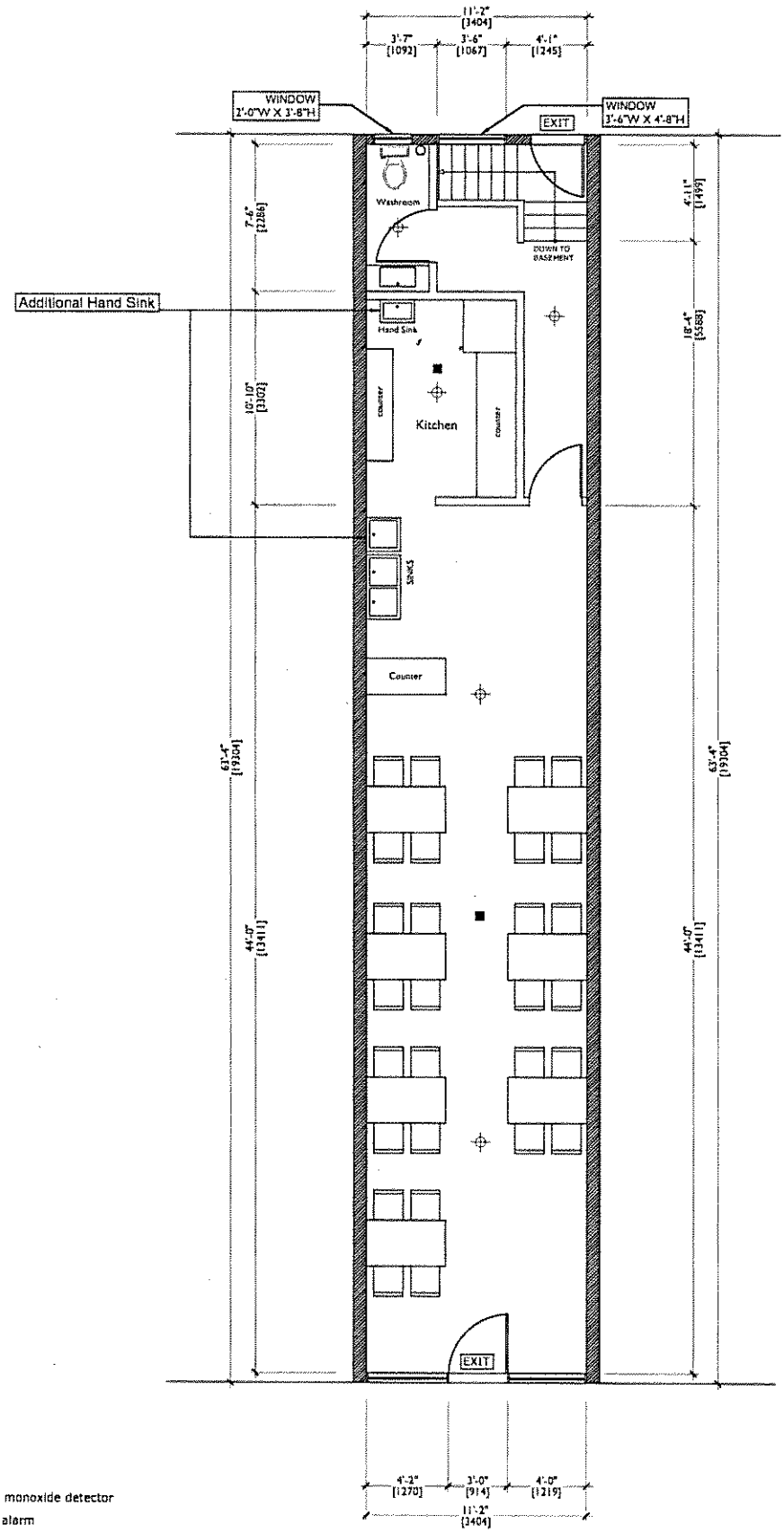
Spicy chicken on Dumpling skin

Drinks menu

Menu

January 19th, 2017
Soohyang

Grapefruits Soju Cocktail	Half litter/litter
Pineapple Soju Cocktail	Half litter/litter
Yakurute Soju Cocktail	Half litter/litter
Mackgulli	Half litter/litter



Legend:

- Carbon monoxide detector
- Smoke alarm
- Lighting

FLOOR AREA: 64.67 m2

CEILING HEIGHT: 3.15 m

No.	Date	Description

DIMENSION

The Undersigned has reviewed and takes responsibility for this design and has the qualifications and meets the requirements set out in the Ontario Building Code to be a Designer.

Qualification information required under Division C - 3.2.5.1 of the 2006 Ontario Building Code

Registration Information required under Division C - 3.2.5.1 of the 2006 Ontario Building Code

Designer

Project: 7051 YONGE STREET, MARKHAM, ON. L3T 2A6

Sheet Title: *PROPOSED GROUND FLOOR PLAN*

Scale:	Date:	Drawing No:
3/16" = 1'-0"	Jan 04, 2017	A3
Drawn By: YJ	Check By: YJ	