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: TEAMPLAY

Establishment tel. no. / N° de tél. de l'établissement: 647 525 1982

Contact name / Nom de la personne à contacter: ROSE BUT

Contact's tel. no. / N° de tél. de la personne à contacter: 416 818 1318

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.
8333	KENNEDY	ROAD		2025

Lot/Concession/Route / Lot/concession/route rurale	City/ Town/Municipality / Ville/village/municipalité	Postal Code / Code postal
	MARKHAM	L3R 1J5

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:

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

MARKHAM

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

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** 30 **persons.**

b) **Where the restaurant is existing, the previous seating capacity was** ~~N/A~~ unknown **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 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 ☐ 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?** Kennedy Rd South of Hwy 7

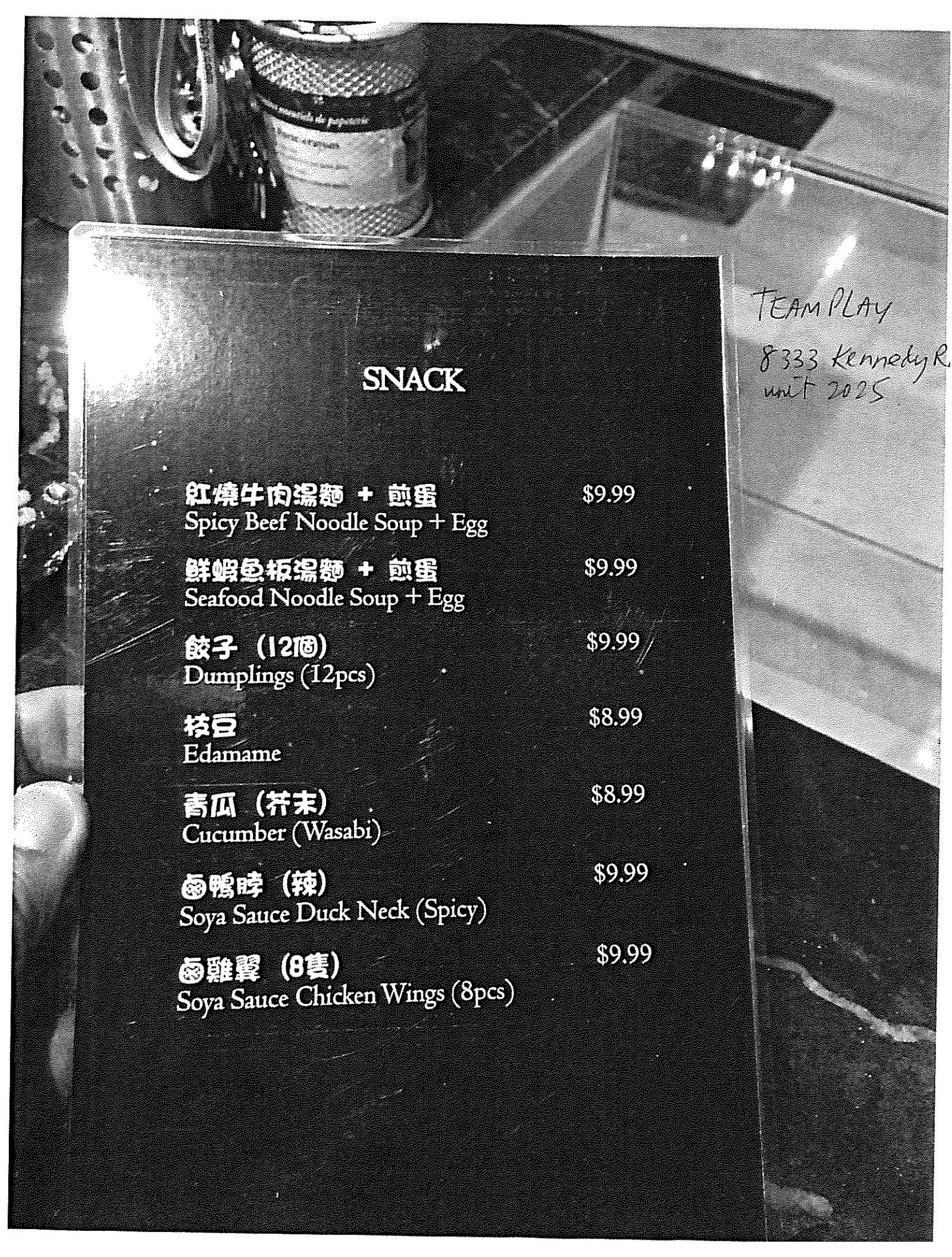
11. **What is the distance to the nearest residential area?** ~~300m~~

12. a) **Your name (Please print)** Owner XIE, Hui

b) **Contact Telephone No.** Bus: 6475251982 Res: _____

c) **The restaurant's name** TEAMPLAY 8333 Kennedy Rd Unit 2025

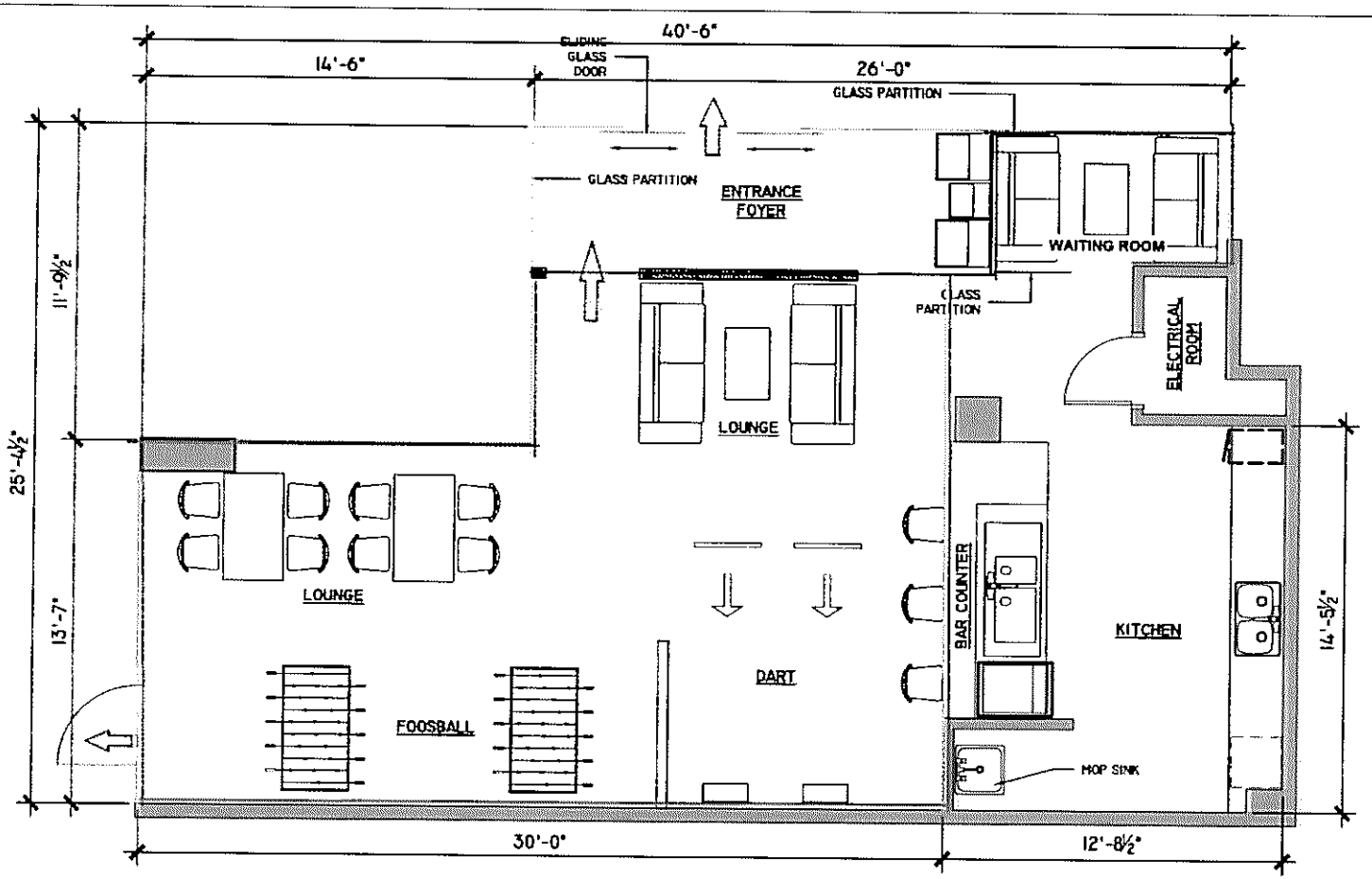
Updated: Nov. 2008



TEAM PLAY
8333 Kennedy R
unit 205

SNACK

紅燒牛肉湯麵 + 煎蛋 Spicy Beef Noodle Soup + Egg	$9.99
鮮蝦魚板湯麵 + 煎蛋 Seafood Noodle Soup + Egg	$9.99
餃子 (12個) Dumplings (12pcs)	$9.99
枝豆 Edamame	$8.99
青瓜 (芥末) Cucumber (Wasabi)	$8.99
鹵鴨脖 (辣) Soya Sauce Duck Neck (Spicy)	$9.99
鹵雞翼 (8隻) Soya Sauce Chicken Wings (8pcs)	$9.99



FLOOR PLAN

SCALE: 1/4"= 1'-0"

seating area (in red) : 60 sq metres
applied occupant load : 30 persons

KEY PLAN:	
PROJECT TITLE: 6333 KENNEDY ROAD, UNIT 2025 MARKHAM, ONTATIO	
ISSUED: MAY 16, 2016	SCALE: 1/4"=1'-0"
DRAWING TITLE: FLOOR PLAN	DRAWN BY: EDC
PROJECT NO.: 1627	DRAWING NO.: A-01

Mosszen
DESIGN + INTERIORS