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
MYUNG DONG KAL KUK SU INC.	905-707-0168
Contact name/Nom de la personne à contacter	**Contact's tel. no./ N° de tél. de la personne à contacter**
YUN OK HYUNG	905-881-2738

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)

BAYVIEW LANE PLAZA, 8180-8220 BAYVIEW AVE, UNIT A1004, MARKHAM, ONTARIO L3T 2S2

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

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?** NONE
☐ 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** N/A **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?** N/A
☐ 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. 09 / 123003 000 00 AL

☐ 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?** Bayview Ave. + John St.

11. **What is the distance to the nearest residential area?** 200 meters

12. **a) Your name (Please print)** JAIME LEE

b) Contact Telephone No.
Bus: (905) 275-2080
Res: (905) 275-4914

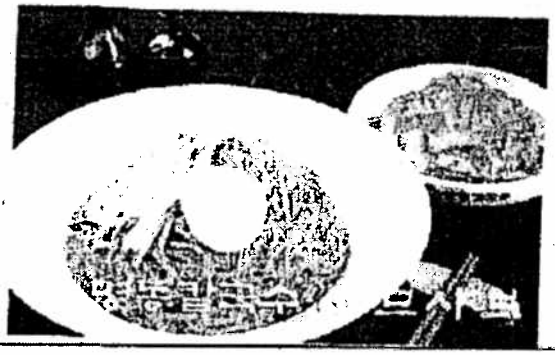
c) The restaurant's name MYUNG DONG KAL KUKSU

Updated: Nov. 2008

MYUNG DONG KAL KUK SU MENU

Beef noodle soup & kim chi

Beans noodle soup



Spicy noodle(Mixed pepper)

Wang man do(Stuffed bun)

Rice cake soup

Shabu shabu(Beefs & Vegetables soup)

Stuffed bun & Vegetables soup