

# Municipal Information Renseignements municipaux



Return completed form to:  
 Alcohol and Gaming  
 Commission of Ontario  
 90 Sheppard Avenue, East.  
 Suite 200  
 Toronto ON M2N 0A4

Rémplir et retourner cette  
 formule à :  
 Commission des alcools  
 et des jeux de l'Ontario  
 90, avenue Sheppard Est  
 Bureau 200  
 Toronto ON M2N 0A4

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

Establishment name/Nom de l'établissement

PHO ON 7

Contact name/Nom de la personne à contacter

ALAN LEE

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)

3621 HIGHWAY 7 EAST UNIT 111, MARKHAM, ON L3R 0G6

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

Municipal Clerk -  
 please confirm the "wet/damp/dry" status below.

## Section 2 - Avis officiel de demande de permis d'alcool dans votre municipalité à l'intention du (de la) secrétaire municipal(e)

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



PICKUP

## 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?**

- Karaoke  Live entertainment  Casino  Off-track betting  Arcade  NO

**4. a) The maximum seating capacity will be 88 persons.**

**b) Where the restaurant is existing, the previous seating capacity was \_\_\_\_\_ 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. 10-127729-000-01-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?** Warden Ave & HIGHWAY 7

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

**12. a) Your name (Please print)** ALAN LEE      **b) Contact Telephone No.** Cell: 416-451-1180  
Bus: 416-451-1180  
Res: 905-534-0386      **c) The restaurant's name** PHO ON 7



