

**GENERAL INFORMATION**

Name of Establishment: (Registered name and Operating name, if different)	
Street Address of Establishment:	
Closest Intersection:	
Mailing Address: (If different from the location of the establishment)	
Name of Owner: (Indicate individual sole proprietor, partnership or corporation, as appropriate) If partnership or corporation, provide names and contact information for all shareholders	
Name of Applicant: (if different from owner)	
Mailing Address for Applicant:	
Applicant Business Phone/Fax Number:	
Applicant Business E-mail address:	

Purpose of the Liquor Licence Application:

\_\_\_\_\_ New establishment

\_\_\_\_\_ New owner/operator of existing establishment

Name of previous business \_\_\_\_\_

\_\_\_\_\_ Change to indoor occupant load/seating capacity (including addition or alteration to interior)

\_\_\_\_\_ Change to outdoor occupant load/seating capacity (including addition or alteration to outdoor patio)

\_\_\_\_\_ Other. Describe below

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**SIZE AND LOCATION**

What is the size (floor area) of the establishment?	<u>CURRENT</u> <u>Indoor Area</u>	<u>PROPOSED</u> <u>Indoor Area</u>	<u>CURRENT</u> <u>Outdoor Area</u>	<u>PROPOSED</u> <u>Outdoor Area</u>
	_____ ft <sup>2</sup> / m <sup>2</sup>	_____ ft <sup>2</sup> / m <sup>2</sup>	_____ ft <sup>2</sup> / m <sup>2</sup>	_____ ft <sup>2</sup> / m <sup>2</sup>
What is the occupant load and/or seating capacity of the establishment?	<u>CURRENT</u> <u>Indoor Area</u>	<u>PROPOSED</u> <u>Indoor Area</u>	<u>CURRENT</u> <u>Outdoor Area</u>	<u>PROPOSED</u> <u>Outdoor Area</u>
	_____ occupant load	_____ occupant load	_____ occupant load	_____ occupant load
	_____ licensed capacity	_____ licensed capacity	_____ licensed capacity	_____ licensed capacity
	_____ seating capacity	_____ seating capacity	_____ seating capacity	_____ seating capacity
	_____ occupant load	_____ occupant load	_____ occupant load	_____ occupant load
	_____ licensed capacity	_____ licensed capacity	_____ licensed capacity	_____ licensed capacity

Is the entire operation enclosed? (i.e. the operation is interior space only)  
 Yes \_\_\_\_\_ No \_\_\_\_\_

**An accurate diagram/scaled floor plan indicating the proposed location of the licenced area(s) (ALL licenced areas including indoor and outdoor areas) is required to be attached to this form.**

What is the distance to the closest other establishment(s) serving alcohol? \_\_\_\_\_ ft/ m

Please provide the operating name(s) and describe the target market of other establishments serving alcohol within a 120 m (approximately 400 ft) radius of the proposed location:

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Note: If you require more space please attach additional documentation to this form.

What is the distance to the closest residential dwelling unit? \_\_\_\_\_ ft/ m

Does the subject property contain residential units?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

**OPERATING HOURS, TARGET MARKET, NATURE OF BUSINESS**

Hours of Operation of the business:                      Indoor Area                      Outdoor Area  
\_\_\_\_\_

Hours associated with alcohol sales                      Indoor Area                      Outdoor Area  
\_\_\_\_\_

What is the primary nature of the establishment? (i.e. family restaurant, fine dining, lounge/nightclub, bar/tavern, coffee house, etc)

Before 10 PM:

\_\_\_\_\_

After 10 PM:

\_\_\_\_\_

Describe your target market:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the proposed security both internally and exterior to the establishment (i.e. total number of staff, training or experience of staff, number of security persons):

Before 10 PM:

\_\_\_\_\_

After 10 PM:

\_\_\_\_\_

Note: If you require more space please attach additional documentation to this form.

Are all security personnel trained and licensed? Yes \_\_\_\_\_ No \_\_\_\_\_ Describe (i.e. in-house or hired service)

\_\_\_\_\_  
\_\_\_\_\_

Note: If you require more space please attach additional documentation to this form.

Are exterior line ups (queues) anticipated for your establishment? Yes \_\_\_\_\_ No \_\_\_\_\_

**OPERATING HOURS, TARGET MARKET, NATURE OF BUSINESS (Continued)**

Is either internal or external video surveillance planned for the establishment?

Yes \_\_\_\_\_ No \_\_\_\_\_ Describe

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Note: If you require more space please attach additional documentation to this form.

Describe your plans for crowd management:

Before 10 PM:

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Note: If you require more space please attach additional documentation to this form.

After 10 PM:

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Is a cover charge to enter the premises proposed? Yes \_\_\_\_\_ No \_\_\_\_\_ (routinely / special events)

What is the anticipated percentage of liquor sales to gross sales? \_\_\_\_\_

**OPERATING HOURS, TARGET MARKET, NATURE OF BUSINESS (Continued)**

Describe the nature of the proposed seating for the venue (i.e. dining tables, cocktail tables, stand up bar):	Indoor Area
	Outdoor Area
Describe any food preparation facilities for the venue:	Indoor Area
	Outdoor Area
Describe any other type of business to be operated from the establishment on a permanent basis, or from time to time (i.e. bakeshop, variety store, grocery store, billiard hall, take-out restaurant, adult entertainment, non-motorized refreshment vehicles, etc?):	Indoor Area
	Outdoor Area
If yes, are the businesses physically separated from the licensed area(s) so that access or exits to and from the other business are not through the licensed area(s)? Provide full details:	Indoor Area
	Outdoor Area
Describe any ancillary entertainment (i.e. video games, pool tables, etc):	Indoor Area
	Outdoor Area

**OPERATING HOURS, TARGET MARKET, NATURE OF BUSINESS (Continued)**

Describe any musical entertainment to be provided (i.e. dance floor, live/recorded music, amplified sound , etc)	<p><u>Indoor Area Only</u></p> <p>Dance Floor</p> <p>Yes _____ No _____</p> <p>Live Music</p> <p>Yes _____ No _____</p> <p>Recorded Music</p> <p>Yes _____ No _____</p> <p>Amplified Sound</p> <p>Yes _____ No _____</p> <p>Unamplified Sound</p> <p>Yes _____ No _____</p>
	<p><u>Outdoor Area Only</u></p> <p>Dance Floor</p> <p>Yes _____ No _____</p> <p>Live Music</p> <p>Yes _____ No _____</p> <p>Recorded Music</p> <p>Yes _____ No _____</p> <p>Amplified Sound</p> <p>Yes _____ No _____</p> <p>Unamplified Sound</p> <p>Yes _____ No _____</p>

**OWNERSHIP/MANAGEMENT INFORMATION**

Describe the owner or operator's performance record including any by-law violations, building, health, fire code deficiencies noted on an inspection report, and any pending charges or convictions or liquor licence offences within the last 3 years:

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Has a principal officer of the business or a manager of the business been charged with or convicted of a liquor licence related offence? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide details of any pending charge or conviction

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Do any of the principal officer(s) or managers of the business have a criminal record? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide a copy of the criminal records check

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Is there a pending charge or conviction against the business related to a liquor related offence? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide details

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List the names and addresses of any other licensed establishments in Canada owned or operated by the same operator or owner:

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Note: If you require more space please attach additional documentation to this form.

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I \_\_\_\_\_ (name of applicant/owner), hereby certify that the information provided pursuant to this liquor licence application questionnaire is true, accurate and complete to the best of my knowledge and ability. I understand and acknowledge that if the information with respect to the establishment changes materially, I am responsible for completing and submitting an updated questionnaire. I further understand and acknowledge that the submission of an incomplete questionnaire or the inclusion of false statements is deemed to be a breach of any business licence issued by the City and may be grounds for such licence to be revoked.

\_\_\_\_\_  
Signature of Applicant

Sworn (Affirmed) before me at The City of Barrie,  
in the Province of Ontario on the \_\_\_\_\_ day

\_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
A Commissioner, etc.

**NOTE:** This is a sworn (affirmed) affidavit of the deponent only. No investigation has been conducted by this authority to confirm or verify the above sworn information.

The CRIMINAL CODE OF CANADA provides that: everyone commits perjury who, with intent to mislead, makes before a person who is authorized by law to permit it to be made before him a false statement under oath or solemn affirmation by affidavit, solemn declaration or deposition or orally, knowing that the statement is false, is guilty of an indictable offence and liable to a term of imprisonment not exceeding fourteen years (Section 131, 132), or by summary conviction (Section 134).

Personal information on this form is collected to determine any concerns with zoning, non-compliance with any by-laws or general objections to the application by City Council, the municipality, residents, and/or organizations within the municipality. The document and any associated submissions will be made available on the City's website and distributed to various stakeholder organizations and resident associations as well as the Alcohol and Gaming Commission of Ontario. This document is a public record, despite anything in the *Municipal Freedom of Information and Protection of Privacy Act (1990)*, and, until its destruction, may be inspected by any person at the City Clerk's Office at a time when the office is open. Questions about this collection can be directed to the City Clerk, 70 Collier Street, Barrie, Ontario L4M 4T5 (705) 739-4220 Ext 4421.