



Liquor License Application Questionnaire

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 License 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 ² / m ²	_____ ft ² / m ²	_____ ft ² / m ²	_____ ft ² / m ²
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

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 licensed area(s) (ALL licensed 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:

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 _____



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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 _____



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Is either internal or external video surveillance planned for the establishment?
Yes _____ No _____ Describe

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

Describe your plans for crowd management:

Before 10 PM:

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

After 10 PM:

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? _____



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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



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Describe any musical entertainment to be provided (i.e. dance floor, live/recorded

Indoor Area Only

Dance Floor

music, amplified sound , etc)

Yes _____ No _____

Live Music

Yes _____ No _____

Recorded Music

Yes _____ No _____

Amplified Sound

Yes _____ No _____

Unamplified Sound

Yes _____ No _____

Outdoor Area Only

Dance Floor

Yes _____ No _____

Live Music

Yes _____ No _____

Recorded Music

Yes _____ No _____

Amplified Sound

Yes _____ No _____

Unamplified Sound

Yes _____ No _____



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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 license offences within the last 3 years:

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

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

Is there a pending charge or conviction against the business related to a liquor related offence? Yes _____ No _____

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

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 license 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 license issued by the City and may be grounds for such license 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.