

# Municipal Liquor Licence Clearance

This form must be completely filled out

Date		
Day	Month	Year

Name of Establishment		Municipal Business License Number
Street No.	Street Name	Unit No.

### Owner

Last Name		First Name		Telephone No.
Street No.	Street Name	Apt./Unit No.	Mobile/Pager No.	
City	Province	Postal Code	E-mail address	

### Applicant if different than owner

Last Name		First Name		Telephone No.
Street No.	Street Name	Apt./Unit No.	Mobile/Pager No.	
City	Province	Postal Code	E-mail address	

### Establishment Information

Please answer all questions below, check all that apply:

1.	Has the AGCO application been filed?	<input type="checkbox"/> No	<input type="checkbox"/> Yes -- AGCO File No.:
2.	Proposed Establishment opening date:		
3.	Type of establishment:	<input type="checkbox"/> Banquet Hall	<input type="checkbox"/> Bar
		<input type="checkbox"/> Lounge	<input type="checkbox"/> Night Club
3.		<input type="checkbox"/> Restaurant	<input type="checkbox"/> Hotel/Motel/Resort
		<input type="checkbox"/> Other (specify):	
4.	Establishment is:	<input type="checkbox"/> New	<input type="checkbox"/> Existing-- Same Owner
4.		<input type="checkbox"/> Existing – New Owner	
5.	Indoor Capacity of Establishment is to be:	<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased
5.		<input type="checkbox"/> No change	
6.	Outdoor Capacity of Establishment is to be:	<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased
6.		<input type="checkbox"/> No change	
7.	Seating capacity requested on AGCO application	Indoor:	Outdoor:
7.		Total:	
8.	Has a Fire Safety Plan been prepared?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	(a) Other business to be operated from this establishment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes -- please specify:
9.	(b) Are the businesses physically separated from the licensed area(s) so that the access or exits to and from the other businesses are not through the licensed area(s)? Please specify:		
10.	(a) Is there an active Building Permit Application?	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Application no.:
10.	(b) Have the renovations been completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No – Date ready for inspection:
11.	Size of the establishment <i>Note: square feet (ft<sup>2</sup>) x 0.093 = square metres (m<sup>2</sup>)</i>	Indoor: m <sup>2</sup>	Outdoor: m <sup>2</sup>
12.	Location of licensed area:	<input type="checkbox"/> Indoor only	<input type="checkbox"/> Outdoor only
12.		<input type="checkbox"/> Both	
13.	Portion of building to be occupied:	<input type="checkbox"/> Basement	<input type="checkbox"/> First floor
13.		<input type="checkbox"/> Upper floor(s)	
14.	Number of parking spaces:	Existing:	Proposed:
15.	What food preparation facilities are to be provided?	<input type="checkbox"/> Commercial kitchen	<input type="checkbox"/> Light meal prep.
15.		<input type="checkbox"/> None	

16. Patio Information:							
Location	Number of Patio(s)	Area of Patio(s)	Located on:		For Boulevards: Has City Approval Been Obtained?	Patio permitted by the applicable zoning by-law?	Is patio "enclosed" with a fence or railing?
			Private Property	City Boulevard			
<input type="checkbox"/> Front			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Side			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Rear			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Roof			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total							

Please include a floor plan of the establishment indicating the location(s) of the licensed area(s), including outdoor patio areas. Floor plans submitted must be reduced to a maximum size of 8 1/2" x 11".

Name of Applicant/Licensee	Signature of Applicant/Licensee
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The personal information on this form is collected under the authority of the *City of Toronto Act, 2006*, and will be used for processing clearance letters for the Ontario Alcohol and Gaming Commission and creating aggregate statistical reports. For questions about this collection please contact 311 or from outside the City of Toronto(416) 392-CITY (2489) to be referred to: Toronto Building Customer Service Manager in the North York District; Fire Services, North, South, East or West Commands; Public Health; or City Clerks.