
TO: MAYOR J. LEHMAN AND MEMBERS OF CITY COUNCIL

FROM: D. MCALPINE, CITY CLERK/DIRECTOR OF LEGISLATIVE AND COURT SERVICES

RE: LIQUOR LICENCE APPLICATION REVIEW – CICCIO'S RISTORANTE

DATE: AUGUST 25, 2016

The purpose of this memorandum is to advise that a Municipal Information Form and an associated City of Barrie Liquor Licence Application Questionnaire received on August 18, 2016 from Cicco's Ristorante, 179 Prince William Way, Barrie, Ontario was circulated to City Departments and community stakeholders upon receipt.

Concerns regarding zoning, non-compliance with by-laws, or general objections to the application may be directed to the Alcohol and Gaming Commission of Ontario (the issuer of liquor licences) through the City Clerk by **Wednesday, September 7** as follows:

Alcohol and Gaming Commission of Ontario
c/o Dawn McAlpine, City Clerk/Director of Legislative and Court Services
The City of Barrie
P.O. Box 400
70 Collier Street
Barrie ON L4M 4T5
Fax: (705) 739-4243
Email: cityclerks@barrie.ca

All comments received as of the deadline, will be compiled and submitted to the Alcohol and Gaming Commission of Ontario for its review and consideration as part of the Commission's liquor licence issuance process.



**Dawn McAlpine, City Clerk/Director of Legislative
and Court Services**

APPENDIX "A"

SUBMITTED DOCUMENTS

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



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

Cicco's Ristorante

Establishment tel. no./ N° de tél. de l'établissement

705-727-2122 / 705-721-0005

Contact name/Nom de la personne à contacter

Linkay Weiss

Contact's tel. no./ N° de tél. de la personne à contacter

" "

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)

170 Prince William Way, Barrie, ON

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 as 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

Liquor Licence Application Questionnaire

GENERAL INFORMATION

Name of Establishment: (Registered name and Operating name, if different)	Cicci's Ristorante
Street Address of Establishment:	170 Prince William Way
Closest Intersection:	Mapleview - Prince William
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	Lindsay Weiss, Alexander Scalerio
Name of Applicant: (if different from owner)	Lindsay Weiss
Mailing Address for Applicant:	"Same as above."
Applicant Business Phone/Fax Number:	Primary 705-727-2122 cell 705-721-0605
Applicant Business E-mail address:	lindsay.weiss@hotmail.com

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 _____

Liquor Licence Application Questionnaire

SIZE AND LOCATION

What is the size (floor area) of the establishment?

CURRENT
Indoor Area

2960 ft²/m²

PROPOSED
Indoor Area

_____ ft²/m²

CURRENT
Outdoor Area

N/A ft²/m²

PROPOSED
Outdoor Area

3550 ft²/m²
3550 sq ft

What is the occupant load and/or seating capacity of the establishment?

CURRENT
Indoor Area

43
occupant load

PROPOSED
Indoor Area

N/A
occupant load

CURRENT
Outdoor Area

occupant load

PROPOSED
Outdoor Area

8
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? 200 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:

Ol West Wing. They Target a younger crowd than we do. Our current primary age demographic is 25+

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

What is the distance to the closest residential dwelling unit? 100 ft/m

Does the subject property contain residential units?

Yes _____ No ☒

Liquor Licence Application Questionnaire

Describe the nature of the proposed seating for the venue (i.e. dining tables, cocktail tables, stand up bar):	Indoor Area Dining tables, cocktail tables, Bar seats.
	Outdoor Area Dining tables only
Describe any food preparation facilities for the venue:	Indoor Area Full menu
	Outdoor Area Full menu
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 Takeout
	Outdoor Area N/A - Restaurant only
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 N/A
	Outdoor Area N/A
Describe any ancillary entertainment (i.e. video games, pool tables, etc):	Indoor Area N/A
	Outdoor Area N/A

Describe any musical entertainment to be provided (i.e. dance floor, live/recorded music, amplified sound, etc)

Indoor Area Only

Dance Floor

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 _____

Liquor Licence Application Questionnaire

OPERATING HOURS, TARGET MARKET, NATURE OF BUSINESS

Hours of Operation of the business: Indoor Area 11am - 11pm Outdoor Area 11am - 11pm

Hours associated with alcohol sales: Indoor Area 11am - 11pm Outdoor Area 11am - 11pm

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

Before 10 PM:

Family Restaurant - Semi formal, Semi-casual
Italian Dining

After 10 PM:

Italian Restaurant

Describe your target market:

Families, couples, singles.

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:

Smart Serve Certified Employees. → Under
Surveillance
also on
Premise

After 10 PM:

Same as above. →

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)

all front of house staff are
Smart Serve Certified, screened upon
hire.

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

Are exterior line ups (queues) anticipated for your establishment? Yes ☐ No ☒

Liquor Licence Application Questionnaire

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

Yes ☒ No ☐ Describe

Internal

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

Describe your plans for crowd management:

Before 10 PM:

A hostess / Seating arrangements assigned.

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

After 10 PM:

" Same as above "

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? 30% alcohol 70% food.

Liquor Licence Application Questionnaire

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:

Clean Record → Both Owners.

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

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:

L. WESS Enterprise Inc. → owned by
Lindsay Wess. Operating as a promotional
goods company, from home

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

I Indraya Weir (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

Sworn (Affirmed) before me at The City of Barrie,
in the Province of Ontario on the 10 day

Indraya Weir
Signature of Applicant

May, 20 16.

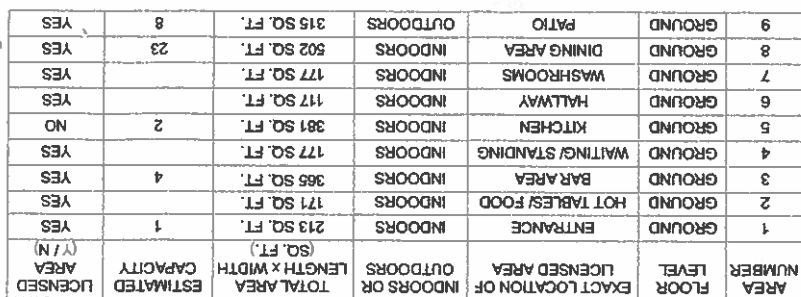
Heather Jane Cassis
A Commissioner, etc.

Heather Jane Cassis, a
Commissioner, etc., Province of
Ontario, for the Corporation of
the City of Barrie.
Expires July 19, 2018.

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.

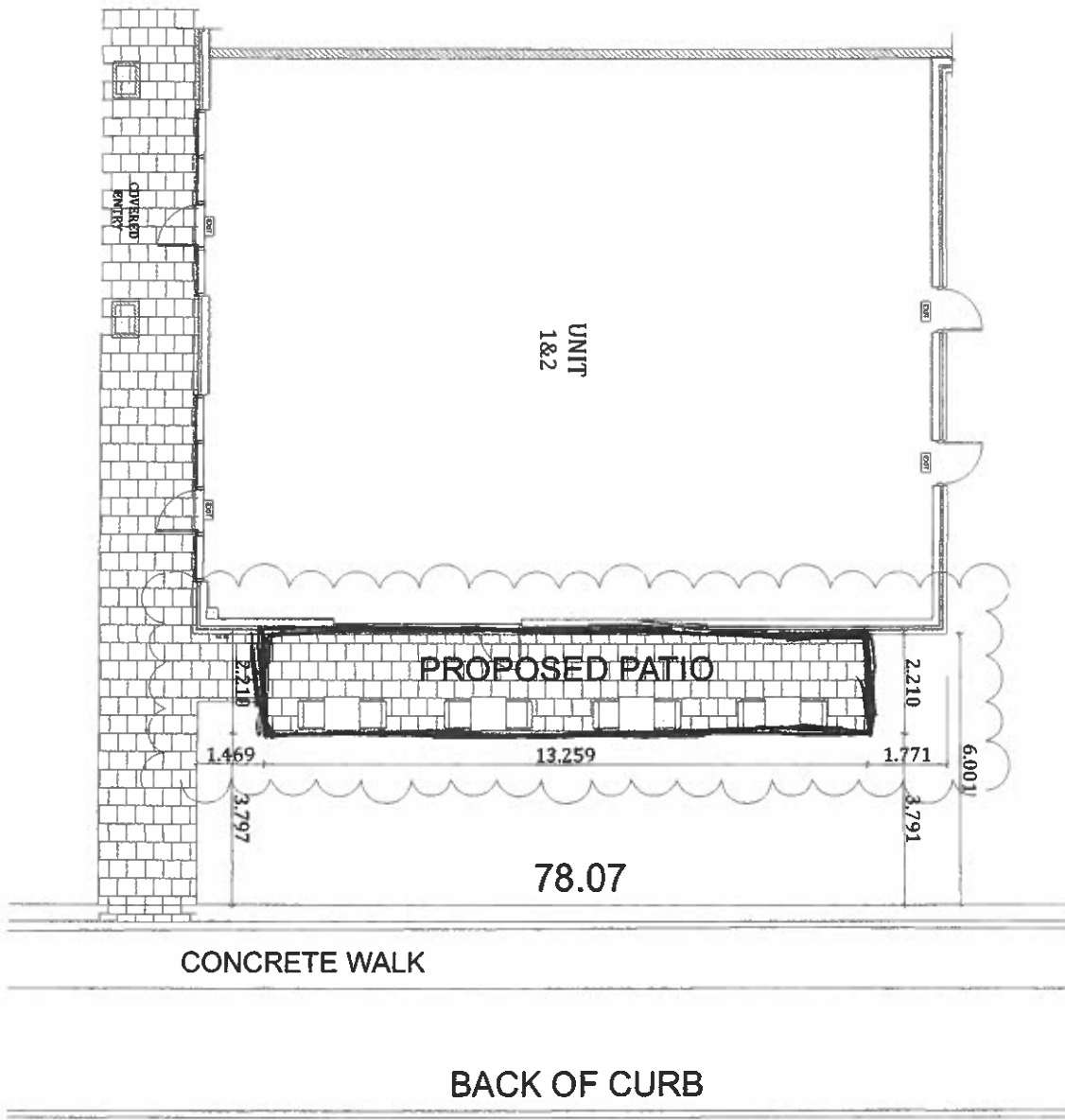
The CRIMINAL CODE OF CANADA provides that: everyone commits perjury who, with intent to mislead, makes before a person who is authorized by law to permit it to be made before him a false statement under oath or solemn affirmation by affidavit, solemn declaration or deposition or orally, knowing that 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.

[illegible]

172 Dunlop St. W., Suite A
Barrie, Ontario, L4N 1B3
(705) 725-0229

BAILEY DESIGN, BCIN #31232
bdesigns@compco.ca



PRINCE WILLIAM WAY

(BY REGISTERED PLAN 51M-781)

PIN 58091-2427

BAILEY Bd DESIGNS
Architectural & Engineering

100 DUNDAS STREET WEST, SUITE 100
TORONTO, ONTARIO, CANADA M5G 1C8
TEL: 416-593-8888
WWW.BAILEYBDESIGNS.COM

PROJECT NAME:
CICCO'S PATIO
100 PRINCE WILLIAM WAY UNIT 182
DANFORTH, ONTARIO

DATE: 11/01/2018
DRAWN BY: KEM
CHECKED BY: JEM
LAST REVISED: 11/01/2018

A1.0

PRELIMINARY SKETCH

NOTES:

1. ALL DIMENSIONS ARE IN METERS.

2. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE CITY OF TORONTO AND THE PROVINCE OF ONTARIO.

3. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE CITY OF TORONTO AND THE PROVINCE OF ONTARIO.

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