

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

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

Tavola Mia Restaurant/Bistro

Contact name/Nom de la personne à contacter

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

Francesco Petrusa

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)

490 Mapleview DR. W. Unit 4 & 5 Barrie L4N 6C3

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 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)

Barrie

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

GENERAL INFORMATION

Name of Establishment: (Registered name and Operating name, if different)	Tavola Mia Restaurant Inc
Street Address of Establishment:	490 Mapleview DR. West Unit 48/5
Closest Intersection:	highway 27 & Mapleview. DR.
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	Daniella Reda / Caligiani Francesco Petrusa Daniella -
Name of Applicant: (if different from owner)	
Mailing Address for Applicant:	
Applicant Business Phone/Fax Number:	(705) 503-8088
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 _____

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>
2450 ft^2/m^2	12000 ft^2/m^2 N/A	N/A ft^2/m^2	N/A 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>
80 ppl occupant load	80 ppl N/A occupant load	N/A occupant load	N/A occupant load
_____ licensed capacity	N/A licensed capacity	N/A licensed capacity	N/A licensed capacity
_____ seating capacity	N/A seating capacity	N/A seating capacity	N/A 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 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? 10m 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:

Wild wings, Bar, casual

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

What is the distance to the closest residential dwelling unit? 30m 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 11am - 10pm Outdoor Area N/A

Hours associated with alcohol sales Indoor Area 11am - 10pm Outdoor Area N/A

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.

After 10 PM:

family restaurant.

Describe your target market:

We are located on Mapleview & Marsellus.
Surrounded by highschools, work places &
residential, our target market will be anywhere
from highschool students to families looking for a good
place to eat.

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:

5 waitstaff, including One kitchen staff.

After 10 PM:

Anywhere from three to five waitstaff.

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)

Waitstaff is required to have smart serve
and is legally of age to serve alcohol.
kitchen staff is certified.

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

External surveillance is scheduled
by Rogers Communication.

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

Describe your plans for crowd management:

Before 10 PM:

Waitstaff / Hostess will be responsible
for seating clients, accordingly to our
seating plans on P.O.S.

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? 35-40%

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 all dining tables
	Outdoor Area none
Describe any food preparation facilities for the venue:	Indoor Area full kitchen, which is enclosed to guests
	Outdoor Area none
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 none
	Outdoor Area none
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 none
	Outdoor Area none
Describe any ancillary entertainment (i.e. video games, pool tables, etc):	Indoor Area none
	Outdoor Area none

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 <u>✓</u></p> <p>Live Music</p> <p>Yes _____ No <u>✓</u></p> <p>Recorded Music</p> <p>Yes <u>✓</u> No _____</p> <p>Amplified Sound</p> <p>Yes _____ No <u>✓</u></p> <p>Unamplified Sound</p> <p>Yes <u>✓</u> No _____</p>
	<p><u>Outdoor Area Only</u></p> <p>Dance Floor</p> <p>Yes _____ No <u>✓</u></p> <p>Live Music</p> <p>Yes _____ No <u>✓</u></p> <p>Recorded Music</p> <p>Yes _____ No <u>✓</u></p> <p>Amplified Sound</p> <p>Yes _____ No <u>✓</u></p> <p>Unamplified Sound</p> <p>Yes _____ No <u>✓</u></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:

None.

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 ☒ If yes, provide details

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

None.

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

I Daniella Beda/Caligiuri (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.

Heda
Signature of Applicant

Sworn (Affirmed) before me at The City of Barrie,
in the Province of Ontario on the 18 day

May, 20 17.

Heather 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.