

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

IRON NATION

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

N/A

Contact name/Nom de la personne à contacter

PETER McBRIDE

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)

494 VETERANS DR UNIT #7

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)

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)	IRON NATION INC.
Street Address of Establishment:	494 VETERANS DR UNIT 7
Closest Intersection:	VETERANS & CAPLAN
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	PETER & LISSA McBRIDE
Name of Applicant: (if different from owner)	
Mailing Address for Applicant:	
Applicant Business Phone/Fax Number:	
Applicant Business E-mail address:	lissa@ironnation.ca

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?

CURRENT
Indoor Area

493.7 ft²/m²

PROPOSED
Indoor Area

N/A ft²/m²

CURRENT
Outdoor Area

N/A ft²/m²

PROPOSED
Outdoor Area

N/A ft²/m²

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

CURRENT
Indoor Area

N/A
occupant load

N/A
licensed capacity

N/A
seating capacity

PROPOSED
Indoor Area

110
occupant load

110
licensed capacity

70
seating capacity

CURRENT
Outdoor Area

N/A
occupant load

N/A
licensed capacity

N/A
seating capacity

PROPOSED
Outdoor Area

N/A
occupant load

N/A
licensed capacity

N/A
seating capacity

Is the entire operation enclosed? (i.e. the operation is interior space only)

Yes X No

An accurate diagram/scaled floor plan indicating the proposed location of the licenced 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? 20 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:

ST LOUIS BAR & GRILL - Fast Food & Bar

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

What is the distance to the closest residential dwelling unit? 300 ft/m

Does the subject property contain residential units?

Yes No X

OPERATING HOURS, TARGET MARKET, NATURE OF BUSINESS

Hours of Operation of the business: Indoor Area 11:00 AM - 10 PM Outdoor Area N/A

Hours associated with alcohol sales Indoor Area 11:00 AM - 10 PM 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:

AXE THROWING - RECREATIONAL ESTABLISHMENT

After 10 PM:

CLOSED

Describe your target market: PEOPLE BETWEEN AGES OF 25-55

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:

VIDEO SURVILLANCE, SMART SERVICE, 7 STAFF

After 10 PM:

CLOSED

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)

NO SECURITY STAFF.

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

Are exterior line ups (queues) anticipated for your establishment? Yes _____ No X

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

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:

EVENTS ARE PRE BOOKED - AS SUCH ALL OPERATIONS
ARE BASED ON BOOKED NUMBERS AND ARE MANAGED
ACCORDINGLY

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

After 10 PM:

CLOSED

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? 5%

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 DINING TABLES
	Outdoor Area NONE
Describe any food preparation facilities for the venue:	Indoor Area PARTICIPANTS CAN ORDER IN FOOD NO PREPARED FOOD ON SITE
	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 AXE THROWING - LIGHT FOOD (PRE PACKAGED) RETAIL
	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 N/R
	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)	<u>Indoor Area Only</u> Dance Floor Yes _____ No <u>X</u> Live Music Yes _____ No <u>X</u> Recorded Music Yes <u>X</u> No _____ Amplified Sound Yes <u>X</u> No _____ Unamplified Sound Yes <u>X</u> No _____
	<u>Outdoor Area Only</u> Dance Floor Yes _____ No _____ Live Music Yes _____ No _____ Recorded Music Yes _____ No _____ Amplified Sound Yes _____ No _____ Unamplified Sound Yes _____ No _____

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:

NO OFFENCES

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 PETER McBRIDE (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 25th day

my, 20 17.

Heather Jane Cassis
A Commissioner, etc.

Signature of Applicant

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.