



Return completed
form to:
Alcohol and Gaming
Commission of Ontario
90 SHEPPARD AVE E
SUITE 200
TORONTO ON M2N 0A4

Remplir et retourner cette
formule à :
Commission des alcools
et des jeux de l'Ontario
90 AV SHEPPARD E
BUREAU 200
TORONTO ON M2N 0A4

Municipal Information

Renseignements municipaux

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

LIBERTY NORTH

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

705-728-3877

Contact name / Nom de la personne à contacter

STEFANI CHOY

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

705-728-3877

Exact location of establishment (not mailing address) / Emplacement exact de l'établissement (non l'adresse postale)

Street Number /
Numéro

Street Name /
Nom de rue

Street Type /
Genre de rue

Direction/
Orientation de rue

Suite/Floor/Apt. /
Bureau/étage/app.

100

CAPLAN AVENUE

1

Lot/Concession/Route /
Lot/concession/route rurale

City/ Town/Municipality /
Ville/village/municipalité

BARRIE

Postal Code /
Code postal

L4N 9T2

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) | LIBERTY HOSPITALITY CORPORATION O/A: LIBERTY NORTH |
| Street Address of Establishment: | 100 CAPLAN AVE., UNIT 1, BARRIE L4N 9J2 |
| Closest Intersection: | VETERANS & MAPLEVIEW |
| 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 | LIBERTY HOSPITALITY CORPORATION |
| Name of Applicant: (if different from owner) | STEFANI CHOY |
| Mailing Address for Applicant: | 100 CAPLAN AVE., UNIT 1, BARRIE ON L4N 9J2 |
| Applicant Business Phone/Fax Number: | 705.728.3877 |
| Applicant Business E-mail address: | STEFANI@LIBERTYHOSPITALITY.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

Note there is no change in the building occupant load. The application is to change the licensed area within the building.

SIZE AND LOCATION

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

CURRENT
Indoor Area

6700 (ft²)/m²

PROPOSED
Indoor Area

6700 (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

330
occupant load

10
licensed capacity

330
seating capacity

PROPOSED
Indoor Area

330
occupant load

330
licensed capacity

330
seating capacity

CURRENT
Outdoor Area

occupant load

licensed capacity

seating capacity

PROPOSED
Outdoor Area

occupant load

licensed 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 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? 210 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:

THERE IS NO OTHER LICENSED ESTABLISHMENT WITHIN 120m.

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

What is the distance to the closest residential dwelling unit? 200 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 9 am - 5 pm Outdoor Area NONE
OR DEPENDING ON BOOKED BUSINESS
 Hours associated with alcohol sales Indoor Area 11 am - 1 am Outdoor Area NONE

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

Before 10 PM:

MULTI USE/PURPOSE EVENTS FACILITY

After 10 PM:

MULTI-USE/PURPOSE EVENTS FACILITY

Describe your target market:

CORPORATE, FAMILIES, INDIVIDUALS

ALL OUR EVENTS ARE PRIVATE EVENTS UNDER CONTRACT WITH A CORPORATION OR AN INDIVIDUAL.

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: THERE IS ALWAYS ENOUGH STAFF TRAINED TO HANDLE &
 After 10 PM: SERVE ALCOHOL AT ALL EVENTS. THE NUMBER OF STAFF DEPEND ON SIZE OF EVENT.

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

Are all security personnel trained and licensed? Yes N/A No _____ Describe (i.e. in-house or hired service)

WE DO NOT TYPICALLY HIRE SECURITY. WE DO REQUIRE HIGH SCHOOL PROMS TO HIRE POLICE SECURITY (IN THEIR CONTRACT).

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

WE CURRENTLY HAVE INTERIOR VIDEO SURVEILLANCE OF
THE MAIN HALLWAY, MAIN & 2ND ENTRANCE/EXIT

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

Describe your plans for crowd management:

Before 10 PM:

WE ARE AWARE OF GROUP SIZE AS ALL EVENTS
ARE PER CONTRACT.

WE HAVE NEVER HAD ANY ISSUES WITH CROWDS

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? 15%

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 DEPENDS ON THE CONTRACTED EVENTS. NOTE THAT NOT ALL EVENTS REQUIRE ALCOHOL SERVICE. SEATING CAN BE ROUNDS, CLASSROOM, THEATRE OR OPEN SPACE |
| | Outdoor Area NONE |
| Describe any food preparation facilities for the venue: | Indoor Area WE HAVE A KITCHEN ATTACHED TO OUR LICENCED AREAS. |
| | 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 WE HAVE A SIDE-DOOR PICK UP COUNTER CATERING TO LUNCHES TO GO. |
| | 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 YES SEPARATED. THIS SIDE DOOR IS IN FACT PART OF OUR KITCHEN AREA. |
| | 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> Live Music Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Recorded Music Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Amplified Sound Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unamplified Sound Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | } DEPENDING ON EVENTS |
| | <u>Outdoor Area Only</u> Dance Floor Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Live Music Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Recorded Music Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Amplified Sound Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unamplified Sound Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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:

WE OPENED LIBERTY NORTH IN 2011. WE HAVE NEVER VIOLATED ANY BUILDING, HEALTH OF FIRE BY-LAWS - THERE ARE NO PENDING CHARGES OR CONVICTIONS NOR ANY LIQUOR LICENSE OFFENCES SINCE WE OPENED.

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:

SOUTH ST. BURGER (2425544 ON INC.) 421 BRYNE DR. BARRIE. LICENSE # 816685
SOUTH ST. BURGER (2425544 ON INC.) 534 BAYFIELD ST. BARRIE. LICENSE # 817357

SOUTH ST. BURGER (2461619 ON INC.) 900 EXHIBITION WAY, #108, OTTAWA. LICENCE # 81717

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

I STEFANI CHOY (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 6th day



Signature of Applicant

JUNE, 20 17.



A Commissioner, etc.

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

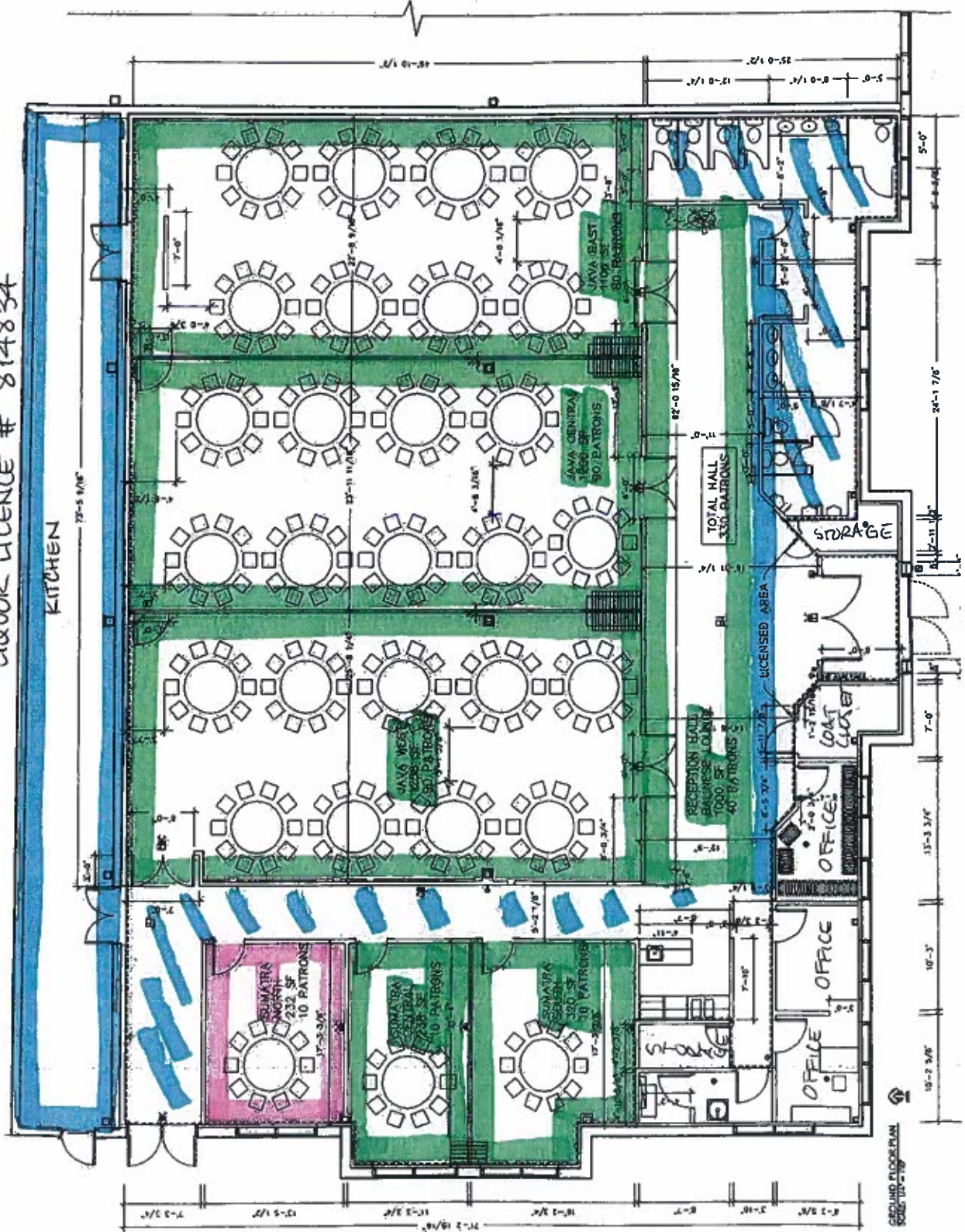
NOTE: This is a sworn (affirmed) affidavit of the deponent only. No investigation has been conducted by this authority to confirm or verify the above sworn information.

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.

ESTABLISHMENT NAME: LIBERTY NORTH
100 CAPLAN AVENUE, UNIT 1
BARRIE ON L4N 0Z7

APPLICANT NAME : LIBERTY HOSPITALITY CORPORATION
LIQUOR LICENCE # 814834



These demands presented for special consideration only. Contractors working on job must visit site and make observations which, in turn, report any discrepancies to the developer before commencing any work.

Do not make drawings.

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THE HQ SYSTEM
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TAC 418-728-2371 Fax 418-724-1507
Web: hqsystem.com
Email: info@hqsystem.com

| | |
|--------------|---|
| PROJECT NAME | CAPLAN CONFERENCE HALL 100 CAPLAN AVE. UNIT 1 BARCELLO, ONTARIO |
|--------------|---|

INTERIOR ALTERATION TO A NEW CONFERENCE HALL

| | | |
|-------------|-------|-------------|
| PROJECT NO. | 10023 | DATE 7/1/64 |
| SCH. | 100 | DEPT. NO. |
| ISSUED BY | CL | A 1 |