

# 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

Bullseye Axe Throwing

N/A

Contact name/Nom de la personne à contacter

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

Jonathan Polakow

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)

371 King Street, Unit 10, Barrie, On L4N 6B5

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

GENERAL INFORMATION

Name of Establishment: (Registered name and Operating name, if different)	Operating as: 9644423 Canada Inc) Bullseye Axe Throwing
Street Address of Establishment:	371 King Street, unit 10, Barrie, On L4N 6B5
Closest Intersection:	King Street & Veterans Drive
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	Jonathan Polakow Corporation
Name of Applicant: (if different from owner)	
Mailing Address for Applicant:	
Applicant Business Phone/Fax Number:	
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

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SIZE AND LOCATION

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

CURRENT  
Indoor Area

477 ft<sup>2</sup>/m<sup>2</sup>

PROPOSED  
Indoor Area

477 ft<sup>2</sup>/m<sup>2</sup>

CURRENT  
Outdoor Area

\_\_\_\_\_ ft<sup>2</sup>/m<sup>2</sup>

PROPOSED  
Outdoor Area

\_\_\_\_\_ ft<sup>2</sup>/m<sup>2</sup>

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

CURRENT  
Indoor Area

80 people  
occupant load

TBD  
licensed capacity

TBD  
seating capacity

PROPOSED  
Indoor Area

80 people  
occupant load

80 people  
licensed capacity

TBD  
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 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? 700 meters

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:

The closest establishment serving alcohol is  
Market Buffet BBQ & Smokehouse (147 Mapleview Dr W,  
Barrie, On L4N 9H7) Aside from that there isn't  
another place with an 120 meter radius.

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

What is the distance to the closest residential dwelling unit? 1800 meters

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 9AM - 2AM Outdoor Area N/A

Hours associated with alcohol sales Indoor Area 9AM - 2am 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:

Place of Amusement / Recreation

After 10 PM:

Place of Amusement / Recreation

Describe your target market:

People looking to enjoy some fun, something different, suitable for all physical activity levels, and for all ages from 10-100. Fun safe and exciting!

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:

None

After 10 PM:

None

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)

N/A

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 X No \_\_\_\_\_ Describe \_\_\_\_\_

There will be cameras throughout the venue to keep guests accountable, as well if any issues arise there is footage.

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

Describe your plans for crowd management:

Before 10 PM:

Because guests book their event in advance, many times weeks in advance, we know how much staff to have on hand at all times. We have coaches for every group.

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

After 10 PM:

See answer above

Is a cover charge to enter the premises proposed? Yes \_\_\_\_\_ No X (routinely / special events)

What is the anticipated percentage of liquor sales to gross sales? 10-20%

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 There will be a designated bar top and dining table for each group.
	Outdoor Area N/A
Describe any food preparation facilities for the venue:	Indoor Area On site the kitchen will have a fridge, freezer and a combination oven cooking, pizza, nachos, garlic bread and a few other items not yet chosen.
	Outdoor Area N/A
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 N/A
	Outdoor Area N/A
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 There might be some small counter video games and pinball machines.
	Outdoor Area N/A

**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 <u>X</u> _____	No _____
	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 <u>X</u> _____
Live Music		
Yes _____	No <u>X</u> _____	
Recorded Music		
Yes _____	No <u>X</u> _____	
Amplified Sound		
Yes _____	No <u>X</u> _____	
Unamplified Sound		
Yes _____	No <u>X</u> _____	



**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:

Owner/operator has No past or pending convictions of any sort

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: N/A

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



I Jonathan Polakow

(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.



Signature of Applicant

Sworn (Affirmed) before me at The City of Barrie,  
in the Province of Ontario on the 16th day

June, 20 17.



A Commissioner, etc.

Wendy Ann Cooke, a Commissioner,  
etc., Province of Ontario, for the  
Corporation of the City of Barrie.  
Expires with termination  
of employment.

**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.

This floor plan illustrates the layout of a restaurant, divided into several functional areas:

- 1 - STANDING BAR:** A large central area for standing service.
- 2 - DINING AREA:** Features several rectangular tables and chairs, with a counter area at the top.
- 3 - HALLWAY:** A narrow hallway connecting the dining area to the kitchen and restrooms.
- 4 - HALLWAY:** A narrow hallway connecting the dining area to the storage and restrooms.
- 5 - KITCHEN:** Located at the bottom right, containing a stove, sink, and storage.
- 6 - W.C. (Restrooms):** Located at the bottom right, adjacent to the kitchen.
- 7 - OFFICE:** A small room at the bottom left.
- 8 - STAFF W.C. (Restrooms):** Located near the office.
- 9 - RECEPTION:** A small area at the bottom left, near the entrance.
- 10 - VESTIBULE:** The entrance area at the bottom left.
- 11 - STORAGE:** A room at the top left.
- 12 - WATER ROOM:** A small room at the top left.
- 13 - ELEC. RM. (Electrical Room):** A small room at the top left.
- 14 - COURT:** A large area at the top, possibly a courtyard or a large open space.

The plan includes various furniture items such as tables, chairs, counters, and a bar. It also shows structural elements like walls, doors, and windows. Dimensions are provided for several areas, and a north arrow is located in the top right corner.

AREA No.	FLOOR LEVEL	EXACT LOCATION OF LICENSED AREA	INDOORS OR OUTDOORS	TOTAL AREA (LENGTHXWIDTH) M2 OR SQ FT	ESTIMATED CAPACITY
1	G	STANDING BAR	INDOORS	81.35 M2	80
2	G	DINING AREA	INDOORS	92.57 M2	80
3	G	HALLWAY	INDOORS	5.17 M2	3
4	G	HALLWAY	INDOORS	8.66 M2	5

TOTAL OCCUPANT LOAD FOR SPACE  
INSIDE ONLY: 80

ONTARIO ASSOCIATION  
OF  
ARCHITECTS  
IAN S. MALCOLM  
LICENCE  
2853

174 Bayfield Street  
Barrie, ON L4M 3B5  
T: 705.726.2342 E: [ian@ismarchitects.ca](mailto:ian@ismarchitects.ca)

PROJECT INFORMATION		PROJECT	CLIENT
AVE THROW PROJECT NUMBER: 173912 DRAWN BY: SK MH CHECKED BY: ISM DATE: MAY.31.12 SCALE: 1:150	AVE THROW 571 KING STREET UNIT 6-9 10 BARRIE, ONTARIO		JONATHAN POLAKOW 40 KING'S CROSS AVE RICHMOND HILL, ON TEL: 647.401.1303 EMAIL: jonathanpolakow@gmail.com
DRAWING TITLE			DRAWING NO.
LIQUOR SALES LICENCE PLAN			SK.1.1