



LEGISLATIVE AND COURT SERVICES MEMORANDUM

TO: MAYOR J. LEHMAN, AND MEMBERS OF COUNCIL

FROM: W. COOKE, ACTING CITY CLERK/DIRECTOR OF LEGISLATIVE AND COURT SERVICES

RE: LIQUOR LICENCE APPLICATION REVIEW – TWISTED INDIAN WRAPS (SOUTH BARRIE) – 90 PARK PLACE BLVD., UNIT 7

DATE: FEBRUARY 12, 2018

The purpose of this Memorandum is to advise members of Council that a Municipal Information Form and an associated City of Barrie Liquor Licence Application Questionnaire were received on Tuesday, February 6, 2018 from an establishment named Twisted Indian Wraps (South Barrie) located at 90 Park Place Blvd., Unit 7, Barrie. The documents were 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 Acting City Clerk by Tuesday, February 20, 2018 as follows:

Alcohol and Gaming Commission of Ontario
c/o Wendy Cooke, Acting 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.



**LEGISLATIVE AND COURT SERVICES
MEMORANDUM**

APPENDIX "A"

MUNICIPAL INFORMATION FORM
CITY OF BARRIE LIQUOR LICENCE APPLICATION QUESTIONNAIRE



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

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

TWISTED INDIAN WRAPS, SOUTH BARRIE

Contact name / Nom de la personne à contacter

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

PRIYA GOGIA

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.

90

PARK PLACE

BLVD

7

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

City/ Town/Municipality /
Ville/village/municipalité

Postal Code /
Code postal

BARRIE

L4N 6P8

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:

Specific concerns regarding zoning or non-compliance with bylaws must be clearly outlined in a **separate submission or letter within 30 days of this notification.**

Remarque :

Toute préoccupation concernant le zonage ou la non-conformité aux règlements municipaux doit être clairement décrite dans un document distinct ou une lettre, à l'intérieur d'une période de 30 jours après la date 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)	Twisted Indian Wraps, (South Barrie)
Street Address of Establishment:	90 Park Place Unit 7.
Closest Intersection:	MAPLEVIEW + Hwy 400
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	PRIYA AND ANDY GOGIA CORPORATION NAME: AVATAR FOODS INC. OF TWISTED INDIAN WRAPS, SOUTH BARRIE
Name of Applicant: (if different from owner)	PRIYA GOGIA
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

Liquor Licence Application Questionnaire

SIZE AND LOCATION

What is the size (floor area) of the establishment?	<u>CURRENT</u> <u>Indoor Area</u> <u>1102</u> ft ² /m ²	<u>PROPOSED</u> <u>Indoor Area</u> <u>1102</u> ft ² /m ²	<u>CURRENT</u> <u>Outdoor Area</u> <u>N/A</u> ft ² /m ²	<u>PROPOSED</u> <u>Outdoor Area</u> <u>N/A</u> ft ² /m ²
What is the occupant load and/or seating capacity of the establishment?	<u>CURRENT</u> <u>Indoor Area</u> <u>21</u> occupant load <u>21</u> licensed capacity <u>21</u> seating capacity	<u>PROPOSED</u> <u>Indoor Area</u> <u>21</u> occupant load <u>21</u> licensed capacity <u>21</u> seating capacity	<u>CURRENT</u> <u>Outdoor Area</u> <u>N/A</u> occupant load <u>N/A</u> licensed capacity <u>N/A</u> seating capacity	<u>PROPOSED</u> <u>Outdoor Area</u> <u>N/A</u> occupant load <u>N/A</u> licensed capacity <u>N/A</u> 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? 30 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:

Nandos, Spoon & Fork, Wild Wingers, Lone Star,
Milestones

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

What is the distance to the closest residential dwelling unit? 4 Kms

Does the subject property contain residential units?
Yes ☐ No ☒

Liquor Licence Application Questionnaire

OPERATING HOURS, TARGET MARKET, NATURE OF BUSINESS

Hours of Operation of the business: Indoor Area 10:30 - 10:30 Outdoor Area N/A

Hours associated with alcohol sales Indoor Area 11:00 Am - 10:30 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:

Fast Casual Indian WRAPS Restaurant

After 10 PM:

SAME

Describe your target market:

Families and 18-55 year olds

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:

N/A

After 10 PM:

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)

Staff Smart Sewed

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

Security Cameras for internal operations

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

Describe your plans for crowd management:

Before 10 PM:

N/A

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

After 10 PM:

N/A

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? *1% - 2%*

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 <i>4 - High top tables + chairs , 2-3 - 24"30" tables .</i>
	Outdoor Area <i>N/A</i>
Describe any food preparation facilities for the venue:	Indoor Area <i>wraps / Bowls / salads Kitchen - see Drawings etc .</i>
	Outdoor Area <i>N/A</i>
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 <i>NO</i>
	Outdoor Area <i>N/A</i>
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 <i>N/A</i>
	Outdoor Area <i>N/A</i>
Describe any ancillary entertainment (i.e. video games, pool tables, etc):	Indoor Area <i>N/A</i>
	Outdoor Area <i>N/A</i>

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 <input checked="" type="checkbox"/>
	Live Music Yes _____ No <input checked="" type="checkbox"/>
	Recorded Music Yes _____ No <input checked="" type="checkbox"/>
	Amplified Sound Yes _____ No <input checked="" type="checkbox"/>
	Unamplified Sound Yes _____ No <input checked="" type="checkbox"/>
	<u>Outdoor Area Only</u> Dance Floor Yes _____ No <input checked="" type="checkbox"/>
	Live Music Yes _____ No <input checked="" type="checkbox"/>
	Recorded Music Yes _____ No <input checked="" type="checkbox"/>
	Amplified Sound Yes _____ No <input checked="" type="checkbox"/>
	Unamplified Sound Yes _____ No <input checked="" type="checkbox"/>

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:

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:

81 7510 - 2 years Twisted Indian Madam's
813 571 - Muche Burrito Madam's - 8 year

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

Liquor Licence Application Questionnaire

PRIYA GOGIA

(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.

Priya Gogia
Signature of Applicant

Sworn (Affirmed) before me at The City of Barrie,
in the Province of Ontario on the 6th day

February, 2018.

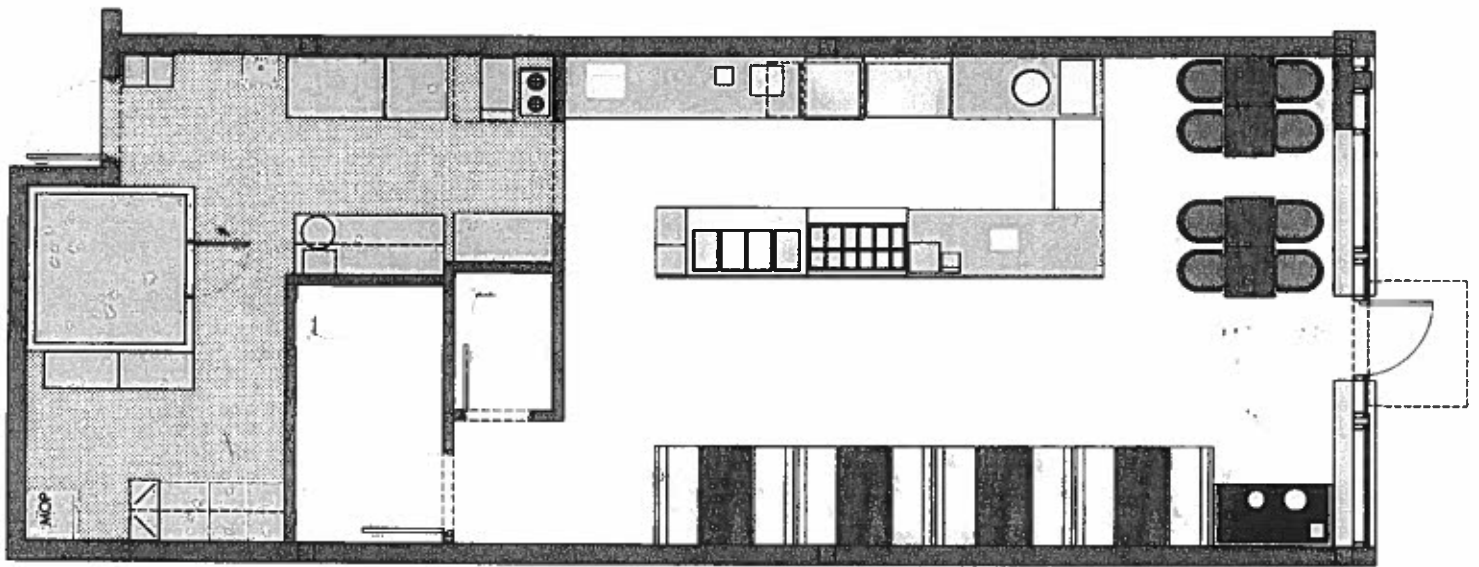
Cheryl Joanne Swan
A Commissioner, etc.

Cheryl Joanne Swan, a Commissioner,
etc., Province of Ontario,
for the Corporation of the City of Barrie.
Expires September 19, 2019.

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.



FINAL LAYOUT