Staff Memorandum



To Mayor A. Nuttall and Members of Council

Subject New Liquor Licence Application Review – Town and Country

Steakhouse – 76 Dunlop Street West

Ward(s) 2

Date May 28, 2025

Department Head

Approval

W. Cooke, City Clerk/Director of Legislative and Court Services

Executive Member

Approval

Not applicable

CAO Approval Not applicable

The purpose of this Memorandum is to advise members of Council that an Alcohol and Gaming Commission (AGCO) Municipal Information Form and an associated City of Barrie Liquor Licence Application Questionnaire were received from a business named Town and Country Steakhouse located at 76 Dunlop Street West, Barrie. Upon receipt, the documents were circulated to City Departments and community stakeholders.

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 City Clerk as follows:

Alcohol and Gaming Commission of Ontario c/o Wendy Cooke, 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 will be compiled and submitted to the Alcohol and Gaming Commission of Ontario for review and consideration as part of the Commission's liquor sales licence issuance process.

Appendix:

Appendix A - Municipal Information Form and City of Barrie Liquor Licence Application Questionnaire

Memo Author:
Tara McArthur, Coordinator of Elections and Special Projects
File #:
P09 - Licences
Pending #:
Not Applicable

Appendix A

Municipal Information Form and City of Barrie Liquor Licence Application Questionnaire



Alcohol and Gaming Commission of Ontario 90 Sheppard Avenue East, Suite 200 Toronto ON M2N 0A4 Tel.: 416-326-8700 ● Fax: 416-326-8711 Toll free in Ontario: 1-800-522-2876

Toll free in Ontario: 1-800-522 Inquiries: www.agco.ca/iagco Website: www.agco.ca

Municipal Information for Liquor Sales Licences

The information requested below is required in support of all applications for a new Liquor Sales Licence or outdoor areas being added to an existing Liquor Sales Licence.

Premises Name TOWN AND COUNTRY STERKHOUSE	Premises Phone Number (include area code) 705-726 -524		
Premises Address City/Town BRERIC	Province Postal Code ON WANTAG		
Contact Name Steve Koussiouris Contact's Email Address	Contact's Phone Number (include area code and extension)		
Does the application for a Liquor Sales Licence include indoor areas and/or outdoor areas? Indoor Areas Outdoor Areas Section 2 – Municipal Clerk's Official Notice of Application for a Liquor Sales			
Licence in your Municipality. Municipal Clerk: Please confirm the "wet/damp/dry" status below.			
Name of village, town, township or city where taxes are paid. (If the area where the establishment is located was annexed or are the village, town, township or city was known as.)	nalgamated, provide the name that		
BARRIE ON.			
Is the area where the establishment is located "wet", "damp" or "d Wet (for spirits, beer, wine) Damp (for beer and w			

Address of Municipal Office	Date (dd/mm/yyyy
Title	Signature of Municipal Official

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(Regis	of Establishment: stered name and Operating , if different)	5 ELLINAKIA INC. 0/A TOWN AND COUNTRY STEAKHOUSE	
Street	Address of Establishment:	76 DUNLOP ST. W BARRIE ON	
Close	st Intersection:	DUNLOP ST. W / TORONTO ST	
(If diff	g Address: erent from the location of the lishment)		
(Indication partners) appro	of Owner: ate individual sole proprietor, ership, or corporation (as priate) If partnership or ration, provide names and ct information for all shareholders	STEVE KOUSSIOURIS - OWNER CORPORATION	
(if diff	of Applicant: erent from owner)		
	g Address for Applicant:		
Applic Numb	ant Business Phone/Fax er:		
Applic	ant Business E-mail address:		
Coatio	on 1: Purpose of the Liquor S	alor Licence Application	
Secuo	New establishment	ales Licence Application	
	New owner/operator of an existing	g establishment	
	If applicable, name of previous b	usiness	
	Change to indoor occupant load/seating capacity (including addition or alteration to interior)		
w/	Change to outdoor occupant load/seating capacity (including addition or alteration to outdoor patio)		
	Other (If yes, describe below)		
Note:	If you require more space, please at	tach additional documentation to this form.	



Section 2: Size and L	ocation			
Note: If any changes have information at the time of app	occurred since the prolication.	revious occupant load	d inspection, you mus	st provide the required
What is the size (floor area) of the establishment?	Current Indoor Area	Proposed Indoor Area SAME ft2/m2	Current Outdoor Area ft2/m2	Proposed Outdoor Area 3200 (ft2/m2
What is the occupant load and/or seating capacity of the establishment?	Occupant Load	Same Occupant Load	Occupant Load	Occupant Load (13
	Licensed Capacity	Licensed Capacity	Licensed Capacity	Licensed Capacity
		Seating Capacity		Seating Capacity
Is the entire operation enclose	sed? (For example: the	e operation is interior	space only)	
Yes No V				
Section 3: Drawing R	equirements:			
An accurately scaled floor p questionnaire. Your floor pla and should show both indoor	in should include exit	posed location of <u>AL</u> door locations, washr	<u>L</u> licenced area(s) moom counts, and squ	ust be attached to this are footage of the unit,
3.1 What is the distance	1 What is the distance to the closest other establishment(s) serving alcohol?			
3.2 Please provide the alcohol within 120 m	Please provide the operating names(s) and describe the target market of other establishments serving alcohol within 120 m (approximately 400 ft) radius of the proposed location:			
3.3 What is the distance	What is the distance to the closest residential dwelling unit? 20 (ft)m APREMENT ABOVE			
3.4 Does the subject pro	perty contain resident	tial units?	Yes No	
If yes, please descri	be below:	ACTIMENT ABO	WE STORE	



Section 4: Operating Hours, Target Market, Nature of Business

	Indoor Area	Outdoor Area
Hours of Operation of the Business?	4en- 10pm	4en-10en
Hours of Operation associated with alcohol sales?	4 pm - 10 m	40m. ppm

Hours	s of Operation associated with alcohol sales? 4 Pm - 10 m 4 pm . 10 pm
4.1	What is the primary nature of the establishment? (For example, family restaurant, fine dining, lounge/nightclub, bar/tavern, coffee house, etc.)
	Before 10:00 pm: FINE DINING
	After 10:00 pm: NA
	Describe your target market: 40 + VRS , COUPLES, BUSINESS
4.2	Describe the proposed security both internally and externally to the establishment (For example, total number of staff, training or experience of staff, number of security persons):
	Before 10:00 pm: WAITSAFF 2-GPERIE KITORN 2-4 PROPLE
	After 10:00 pm: N A
4.3	Are all security personnel trained and licensed? Yes No
	If you answered <u>yes</u> , please describe below. (For example, in-house or hired service)
	SMRT SERVE
Note:	If you require more space, please attach additional documentation to this form.



4.4	Are exterior lineups (queues) anticipated for your establishment? Yes No
4.5	Is either internal or external video surveillance planned for the establishment?
	Yes No No
	If was please describe below:
	CCTV
4.6	Describe your plans for crowd management:
	Before 10:00 pm: Owner of the bull of
	Before 10:00 pm: RUGGLVATIONS FOR DINNER
	Affac 40:00 arri
	After 10:00 pm: N
4.7	Is a cover charge to enter the premises proposed?
4.8	What is the anticipated percentage of liquor sales to gross sales?
	15°/0 LIQUER SILES
	13/0 LIGURE VILES
Note:	If you require more space, please attach additional documentation to this form.
	you rogulto more space, please attach additional documentation to this form.
1	



Indoor Area SIT DOWN DINING TOBLES
& BAR STOOLS AT BAR
Outdoor Area SIT DOWN DINING TOBLES
& RAD STOOLS OT BAR
Indoor Area FULL KITCHEN
Outdoor Area
Outdoor Area N (A)
Indoor Area
, , , , , , , , , , , , , , , , , , ,
Outdoor Area
Indoor Area
/v fo
Outdoor Area
Indoor Area N
Outdoor Area



10 00 00 00 00 00 00 00 00 00 00 00 00 0	
	Indoor Area
	Dance floor
	Yes No V
	Live Music
	Yes No V
	Recorded Music
	Yes V No
	Amplified Sound
	Yes V No
	<u>Unamplified Sound</u>
Describe any musical entertainment to be provided	Yes No 🗸
(for example, dance floor, live/recorded music, amplified sound, etc.).	Outdoor Area
	Dance floor
	Yes No V
	Live Music
	Yes No 1
	Recorded Music
	Yes No No
	Amplified Sound
	Yes No No
	Unamplified Sound
	Yes No



Section 5 Ownership / Management Information

5.1	code deficiencies noted on an ir	performance record including any by-law violations, building, health, fire spection report, and any pending charges or convictions or liquor licence NO VIOLATIONS NO PENPING LIMPLOCY NO CONVICTIONS
		NO PENPING LIMPLOCY
		NO CONVICTIONS
5.2	Has a principal officer of the bus liquor licence related offence? Yes No If yes, provide details of a pendin	iness or a manager of the business been charged with or convicted of a grant g
5.3	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 crim	nal records check below:
5.4	Is there a pending charge or conv	iction against the business related to a liquor-related offence?
	Yes No	
	If yes, please describe below:	
	Try yee, product describe below.	
5.5	List the names and addresses o same operator or owner:	fany other license establishments in Canada owned or operated by the
Note:	If you require more space, please	attach additional documentation to this form.
	y and a party product	



Section 6 Affidavit of Liquor Sales Licence Application Questionnaire

I, Steve Koussian (name of applicant/owner), hereby certify that the information provided pursuant to this liquor sale 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 ______day of _____.

Signature of Applicant

A Commissioner, etc.

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 faise 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 bylaws, 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.

Personal information contained on this form is collected under the authority of the Ontario Building Code, Ontario Regulation 332/12 as amended and the City of Barrie By-law 2009-141 and will be used to respond to requests for information on properties.