

Page: 1 File: P09 Pending #:

TO: DEPUTY MAYOR, B. WARD, AND MEMBERS OF COUNCIL

FROM: T. MCARTHUR, COORDINATOR OF ELECTIONS AND SPECIAL PROJECTS

RE: LIQUOR SALES LICENCE APPLICATION REVIEW – INFINITY ARTS

PRODUCTIONS IAPC CORPORATION - 4 ALLIANCE BOULEVARD, UNITS 4

AND 5

DATE: MAY 16, 2022

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 was received from a business named Infinity Arts Productions IAPC Corporation located at 4 Alliance Boulevard, Units 4 and 5, 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 sales 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 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.



Page: 2 File: P09 Pending #:

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 9A4

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 Renseignements Information 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**.

liquor licence.	existant.
Section 1 - Application Details	Section 1 - Détails de la demande
Establishment name / Nom de l'établissement Tokinity Arts Productions // Contact name / Nom de la personne à contacter Alinka Angelowa	Contact's tel. no. / Nº de tél. de la personne à contacter
Exact location of establishment (not mailing address) / Emplaceme Street Number / Numéro Alliance Location Alliance Location Alliance Location Emplacement Street Name / Nom de rue Alliance Location Alliance Location Emplacement Street Name / Nom de rue	Street Type / Genre de rue Street Type / Orientation de rue Suite/Floor/Apt. / Orientation de rue Suite/Floor/Apt. / Bureau/é/age/app.
Lot/Concession/Route / City/ Town/Municipality / Ville/village/municipalite	
Does the application for a liquor licence include: / La demande de pindoor areas / des zones intérieures	
Section 2 - Municipal Clerk's official notice of application for a liquor licence in your municipality Municipal Clerk: please confirm the "wet/damp/dry" status below.	Section 2 - Avis officiel de demande de permis d'alcool dans votre municipalité à l'intention du (de la) secrétaire municipal(e) Secrétaire municipal(e): Confirmer le statut de la région ci-dessous.
Name of village, town, township or city where taxes are paid / Nom of (If the area where the establishment is located was annexed or ame known as). City of Barrie (Si la région où se trouve l'établissement a été annexée ou fusionné	Ilgamated, provide the name of the Village, Town, Township or City was
Is the area where the establishment is located: / La vente de boissons	alcooliques est-elle autorisée dans la région où se trouve l'établissement? pre (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
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Page: 3 File: P09 Pending #:

1



Liquor License Application Questionnaire

GENERAL INFORMATION

Name of Establishment:	Infinity Arts troductions
(Registered name and Operating	IAPC COSP.
name, if different)	INTIC COP.
Street Address of Establishment:	4 Alliance blud unit #4/#5 Barrie autorio Lym 519
Closest Intersection:	curdles and St. Vincent
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	Alinka Angelova (Owner) This is a corporation
Name of Applicant: (if different from owner)	
Mailing Address for Applicant:	
Applicant Business Phone/Fax Number:	
Applicant Business E-mail address:	2 5
Purpose of the Liquor License Appl	lication:
New establishment	
New owner/operator of	existing establishment
Name of previous business	
Change to indoor occup	pant load/seating capacity (including addition or alteration to interior)
Change to outdoor occupatio)	upant load/seating capacity (including addition or alteration to outdoor
Other. Describe below	
20-1-000	
	A WALLES AND A WAL



Page: 4 File: P09 Pending #:



	30-130 0 1 0 10 10 N	SIZE AND LOCATION	اله ا	A
What is the size (floor area) of the establishment?	CURRENT Indoor Area	PROPOSED Indoor Area	CURRENT Outdoor Area	PROPOSED Outdoor Area
	3159 M2m2	747.76@m2	m ² ft ² /	ff²/ m²
What is the occupant load and/or seating capacity of the	CURRENT Indoor Area	PROPOSED Indoor Area	CURRENT Outdoor Area	PROPOSED Outdoor Area
Establishment?	200 Occupant load	80-/∞ occupant load	occupant load	occupant load
	1	1	\$1 \$	
	Licensed capacity	licensed capacity	licensed capacity	licensed capacity
	200 Seating capacity	80-/00 seating capacity	seating capacity	seating capacity
Is the entire operation e Yes No An accurate diagram/s licensed areas include	scaled floor plan inc	dicating the propose	d location of the lic	
What is the distance to the closest other establishment(s) serving alcohol? 130 (m)				
Please provide the ope within a 120 m (approxi	mately 400 ft) radius	of the proposed locati	ion:	
Fancy's fish and chips-Seafood Restaurant				
Forget market: 19 and up for alchol				
Families For restainant				
		SECTION TO		A TOTAL CONTRACTOR OF THE PARTY
Note: If you require mor	re space please attac	h additional documen	tation to this form.	** - ** - *
What is the distance to the closest residential dwelling unit?				
Does the subject prope Yes No	rty contain residentia	lunits?		121



Page: 5 File: P09 Pending #:



OPERATING HOURS, TARGET MARKET, NATUR	E OF BUSINESS
Hours of Operation of the business: Indoor Area	Outdoor Area
Hours associated with alcohol sales Indoor Area non-wed * Close Thurs-4pm-12 pm m-5un-12am	Outdoor Area
What is the primary nature of the establishment? (i.e. family restaurant, bar/tavern, coffee house, etc)	fine dining, lounge/nightclub,
Before 10 PM: Musical theatre closses: 5 pm Theatre/Dinner theatre:// After 10 PM: Theatre shows / Dinner Describe your target market: Alcoho/ Sales: 25	milies
Describe the proposed security both internally and exterior to the establi training or experience of staff, number of security persons):	ishment (i.e. total number of staff,
Before 10 PM: 2 Staff members (we dan on After 10 PM: 2 Staff members (we dan on the staff members) Note: If you require more space please attach additional documentation	- CIRNA
Are all security personnel trained and licensed? Yes No_ or hired service) All our Staff are trained and	Describe (i.e. in-house
reparizing and runing shows. Note: If you require more space please attach additional documentation	11 so though extensi
Are exterior line ups (queues) anticipated for your establishment? Yes_	No



Page: 6 File: P09 Pending #:



Is either internal or external video surveillance planned for the establishment? Yes No Describe We are He corners, now Hey 15+
We aready have the corneras, now they just
need to be installed
Note: If you require more space please attach additional documentation to this form.
Describe your plans for crowd management:
Before 10 PM: To control ar crowd management, we always self tickets or line prix to the
event and allow in the amount
Note: If you require more space please attach additional documentation to this form.
We sell advanced tickets to control
exact amount allotted in preposed
areas.
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? 20% Liquor Sales to



Page: 7 File: P09 Pending #:



William Co.		
Describe the nature of the proposed seating for the venue (i.e. dining tables, cocktail tables, stand up bar):	Indoor Area Labby: Standing bar, Stock, tables (cocktail tables) Theatre; chairs, thining tables	
Describe any food preparation facilities for the venue:	an extended food prepared for cotterers.	
	Outdoor Area	
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, nonmotorized refreshment vehicles, etc?):	indoor Area Musical Heatre closses (IPAS) on during the week on Mon-Well and sometimes thursdays. Outdoor Area	
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 The businesses are completed because they run of completely different Lynn Outdoor Area	re/z v.
Describe any ancillary entertainment (i.e. video games, pool tables, etc):	Indoor Area none. Test theatre shows and Events	s
	Outdoor Area	



Page: 8 File: P09 Pending #:



Describe any musical entertainment to be	Indoor Area Only
provided (i.e. dance floor, live/recorded	Dance Floor
music, amplified sound , etc)	YesNo
J	
i e	Live Music
	Yes No
	Recorded Music
	Yes No
	Amplified Sound
	Yes No
	Unamplified Sound
56 50 50 50	Yes No
	Outdoor Area Only
	Dance Floor N/a
	Yes No
	Live Music
	Yes
	Recorded Music
	Yes No
	Amplified Sound
	Yes No
	Unamplified Sound
	Yes No



Page: 9 File: P09 Pending #:



Liquor License 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 license offences within the last 3 years: Has a principal officer of the business or a manager of the business been charged with or convicted of a liquor license 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? No / If yes, provide a copy of the criminal records check Is there a pending charge occonviction against the business related to a liquor related offence? Yes No List the names and addresses of any other licensed establishments in Canada owned or operated by the same operator or owner: Note: If you require more space please attach additional documentation to this form

- 9 -

7



Page: 10 File: P09 Pending #:



Liquor License Application Questionnaire

that the information provided pursuant to this liquor lic complete to the best of my knowledge and ability. I with respect to the establishment changes materially, updated questionnaire. I further understand and acquestionnaire or the inclusion of false statements is deby the City and may be grounds for such license to be	understand and acknowledge that if the information, I am responsible for completing and submitting an cknowledge that the submission of an incomplete eemed to be a breach of any business license issued
Sworn (Affirmed) before me at The City of Barrie, in the Province of Ontario on the day	Signature of Applicant
May , 20 22. A Commissioner, etc.	Michelie Diane Barker a Commissioner, etc., Province of Ontario, for the Corporation of the City of Bartle Expires November 3, 2024

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 Atochol 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.