



## LEGISLATIVE AND COURT SERVICES MEMORANDUM

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**TO:** MAYOR J. LEHMAN, AND MEMBERS OF COUNCIL

**FROM:** T. MAYNARD, COMMITTEE SUPPORT CLERK

**RE:** LIQUOR SALES LICENCE APPLICATION REVIEW – SANDBOX CENTRE FOR  
SHARED ENTREPRENEURSHIP AND INNOVATION – 24 MAPLE AVENUE  
STREET, 2ND FLOOR

**DATE:** OCTOBER 25, 2021

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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 the Sandbox Centre for Shared Entrepreneurship and Innovation located at 24 Maple Avenue, 2<sup>nd</sup> Floor, 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 by November 8, 2021 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](mailto: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.

APPENDIX "A"

MUNICIPAL INFORMATION FORM



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  
Inquiries: [www.agco.ca/iagco](http://www.agco.ca/iagco)  
Website: [www.agco.ca](http://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.

**Section 1 – Application Details**

Premises Name

Sandbox Centre for Shared Entrepreneurship & Innovation

Premises Phone Number (include area code)

[REDACTED]

Premises Address

24 Maple Avenue, 2nd Floor

City/Town

Barrie

Province

ON

Postal Code

L4N 7W4

Contact Name

Christopher Mazzone

Contact's Phone Number (include area code and extension)

[REDACTED]

Contact's Email Address

[REDACTED]

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 amalgamated, provide the name that the village, town, township or city was known as.)

Barrie

Is the area where the establishment is located "wet", "damp" or "dry"? Please select one.



Wet (for spirits, beer, wine)



Damp (for beer and wine only)



Dry



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

Address of Municipal Office

70 Collier Street, Barrie, ON L4M 4T

Date (dd/mm/yyyy)

Title

Signature of Municipal Official



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## CITY OF BARRIE LIQUOR LICENCE APPLICATION QUESTIONNAIRE



### Liquor License Application Questionnaire

#### GENERAL INFORMATION

Name of Establishment: (Registered name and Operating name, if different)	SANDBOX CENTRE FOR SHARED ENTREPRENEURSHIP + INNOVATION
Street Address of Establishment:	24 MAPLE AVE., 2ND FLOOR
Closest Intersection:	MAPLE @ SIMCOE
Mailing Address: (If different from the location of the establishment)	LYN Fwy
Name of Owner: (Indicate individual sole proprietor, partnership or corporation, as appropriate) If partnership or corporation, provide names and contact information for all shareholders	CORPORATION / NOT FOR PROFIT. CRAIG BUSH JOANNE MCPHAIL THOMAS AMBEAU
Name of Applicant: (if different from owner)	CHRIS MAZZONA
Mailing Address for Applicant:	
Applicant Business Phone/Fax Number:	
Applicant Business E-mail address:	

Purpose of the Liquor License 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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## Liquor License Application Questionnaire

### SIZE AND LOCATION

What is the size (floor area) of the establishment?	<u>CURRENT</u> <u>Indoor Area</u>	<u>PROPOSED</u> <u>Indoor Area</u>	<u>CURRENT</u> <u>Outdoor Area</u>	<u>PROPOSED</u> <u>Outdoor Area</u>
	<u>8000</u> <u>sq</u> /m <sup>2</sup>	<u>8000</u> <u>sq</u> /m <sup>2</sup>	<u>1400</u> <u>sq</u> /m <sup>2</sup>	<u>1400</u> <u>sq</u> /m <sup>2</sup>
What is the occupant load and/or seating capacity of the Establishment?	<u>CURRENT</u> <u>Indoor Area</u>	<u>PROPOSED</u> <u>Indoor Area</u>	<u>CURRENT</u> <u>Outdoor Area</u>	<u>PROPOSED</u> <u>Outdoor Area</u>
	<u>107</u> Occupant load	<u>107</u> occupant load	<u>40</u> occupant load	<u>40</u> occupant load
	<u>107</u> Licensed capacity	<u>107</u> licensed capacity	<u>40</u> licensed capacity	<u>40</u> licensed capacity
	<u>107</u> Seating capacity	<u>107</u> seating capacity	<u>40</u> seating capacity	<u>40</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 licensed 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? 200 ftm

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:

MEXICO - Target is VEGETARIAN MEXICAN FOOD TENDERS

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

What is the distance to the closest residential dwelling unit? 100 ftm

Does the subject property contain residential units?  
Yes ✓ No \_\_\_\_\_



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## Liquor License Application Questionnaire

### OPERATING HOURS, TARGET MARKET, NATURE OF BUSINESS

Hours of Operation of the business: Indoor Area 9-5 M,T,W,F. Outdoor Area SAME  
9-8 - THURSDAY

Hours associated with alcohol sales: Indoor Area 6 HOURS - M,T,W,F Outdoor Area SAME  
9 HOURS - THURSDAY WEATHER PERMITTING

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

Before 10 PM:

MEETING CENTRE

After 10 PM:

NOT OPERATING

Describe your target market:

BUSINESS CLIENTELE LOOKING TO HAVE A DRINK  
OVER A TALK OR MEETING

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: 7 STAFF - ONE WITH SECURITY TRAINING, 1 WITH SPINAT SERVE

After 10 PM: 1 SECURITY GUARD ON SITE - NOT AN EMPLOYEE

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)

IN-HOUSE IS NOT LICENSED

CONTRACT SECURITY GUARD IS LICENSED AND TRAINED

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

Are exterior line ups (queues) anticipated for your establishment? Yes ☐ No ☒



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Liquor License Application Questionnaire

Is either internal or external video surveillance planned for the establishment?  
Yes \_\_\_\_\_ No ☒ Describe

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

Describe your plans for crowd management:

Before 10 PM:

WE DON'T ANTICIPATE CROWDS DURING THE  
BUSINESS DAY

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

After 10 PM:

WE ARE NOT OPEN

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? LESS THAN 10%





## Liquor License Application Questionnaire

Describe the nature of the proposed seating for the venue (i.e. dining tables, cocktail tables, stand up bar):	Indoor Area	STAND UP BAR, SEATED TABLES
	Outdoor Area	SEATED TABLES
Describe any food preparation facilities for the venue:	Indoor Area	NONE - COUNTER AREA AND SINK FOR CATERED FOOD
	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	NONE
	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	
	Outdoor Area	
Describe any ancillary entertainment (i.e. video games, pool tables, etc):	Indoor Area	NONE
	Outdoor Area	NONE





## Liquor License Application Questionnaire

Describe any musical  
entertainment to be  
provided (i.e. dance  
floor, live/recorded  
music, amplified sound,  
etc)

### Indoor Area Only

#### Dance Floor

Yes \_\_\_\_\_ No ☒

#### Live Music

Yes ☒ No \_\_\_\_\_

*OCCASIONALLY*

#### Recorded Music

Yes ☒ No \_\_\_\_\_

#### Amplified Sound

Yes ☒ No \_\_\_\_\_

#### Unamplified Sound

Yes ☒ No \_\_\_\_\_

### Outdoor Area Only

#### Dance Floor

Yes \_\_\_\_\_ No ☒

#### Live Music

Yes ☒ No \_\_\_\_\_

#### Recorded Music

Yes ☒ No \_\_\_\_\_

#### Amplified Sound

Yes ☒ No \_\_\_\_\_

#### Unamplified Sound

Yes ☒ No \_\_\_\_\_



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## 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:

None

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? 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 ☒

List the names and addresses of any other licensed establishments in Canada owned or operated by the same operator or owner:

None

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



Liquor License Application Questionnaire

I CHRIS MAZZONE (name of applicant/owner), hereby certify that the information provided pursuant to this liquor license 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 license issued by the City and may be grounds for such license to be revoked



Signature of Applicant

Sworn (Affirmed) before me at The City of Barrie,  
in the Province of Ontario on the 21 day

October, 2021.



A Commissioner, etc.

Monique Anne Kovacs,  
a Commissioner, etc.,  
Province of Ontario, for the  
Corporation of the City of Barrie  
Expires May 9, 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 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.