



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

FIONN MACCOOL'S

705-986-0150

Contact name / Nom de la personne à contacter

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

Nitin Mendiratta

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.

547

Cundles Road East

A1.1

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

City/ Town/Municipality /  
Ville/village/municipalité

Postal Code /  
Code postal

Barrie

L1C 0K5

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)	FIONN MACCOOL'S (N.A.M 9 Hospitality Inc.)
Street Address of Establishment:	547 Cundles Road East, Unit A1.1
Closest Intersection:	Cundles Road and Duckworth Street
Mailing Address: (If different from the location of the establishment)	59 Marshview Avenue, Aurora, ON L4G 7W5
Name of Owner: (Indicate individual sole proprietor, partnership or corporation, as appropriate) If partnership or corporation, provide names and contact information for all shareholders	Owner – Nitin Mendiratta
Name of Applicant: (if different from owner)	
Mailing Address for Applicant:	
Applicant Business Phone/Fax Number:	705 986-0150
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

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

Hours of Operation of the business:	Indoor Area 9 am to 4am or 24 hrs	Outdoor Area
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Hours associated with alcohol sales	Indoor Area 11am to 2 am	Outdoor Area
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What is the primary nature of the establishment? (i.e. family restaurant, fine dining, lounge/nightclub, bar/tavern, coffee house, etc)

Before 10 PM:

PUB and Family Restaurant

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After 10 PM:

PUB and Family Restaurant

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Describe your target market:

PUB and Family Restaurant

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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

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After 10 PM: N/A

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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

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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

Describe the nature of the proposed seating for the venue (i.e. dining tables, cocktail tables, stand up bar):	Indoor Area  Tables and chairs
	Outdoor Area  Tables and chairs
Describe any food preparation facilities for the venue:	Indoor Area  Full Commercial Kitchen
	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  Take-out, with UBER and Skip Dish – Customer Pickup
	Outdoor Area  NO
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  NO
	Outdoor Area  NO
Describe any ancillary entertainment (i.e. video games, pool tables, etc):	Indoor Area  NO
	Outdoor Area  NO

## 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:

NO

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

NO

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

NO

Is there a pending charge or conviction against the business related to a liquor related offence? Yes \_\_\_\_\_ No ☒

NO

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

NO

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