



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

Waterford Retirement Residence Barrie

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

705-792-2442

Contact name / Nom de la personne à contacter

Derek Brown, General Manager

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

705-792-2442

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.
132	Edgehill	Drive		

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

City/ Town/Municipality /
Ville/village/municipalité
Barrie, ON

Postal Code /
Code postal
L4N 1M1

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

GENERAL INFORMATION

Name of Establishment: (Registered name and Operating name, if different)	Waterford Retirement Residence Barrie (Proposed name: Waterford Barrie Retirement Residence)
Street Address of Establishment:	132 Edgehill Drive, Barrie, ON L4N 1M1
Closest Intersection:	Anne St. N & Edgehill Drive
Mailing Address: (If different from the location of the establishment)	N/A
Name of Owner: (Indicate individual sole proprietor, partnership or corporation, as appropriate) If partnership or corporation, provide names and contact information for all shareholders	Purchase and Sale Transaction to close on Dec. 1 2017: The Royale GP Corporation / Sienna Senior Living Inc. (being the sole shareholder)
Name of Applicant: (if different from owner)	N/A
Mailing Address for Applicant:	302 Town Centre Blvd., Markham, ON L3R 0E8
Applicant Business Phone/Fax Number:	905-477-4006 x 2091
Applicant Business E-mail address:	Nicole.julott@siennaliving.ca

Purpose of the Liquor Licence Application:

☐ New establishment

☒ New owner/operator of existing establishment

Name of previous business: **4197658 Canada Inc. (Waterford Retirement Residence Barrie)**

☐ 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>PROPOSED</u> <u>Indoor Area</u>	<u>CURRENT</u> <u>Outdoor Area</u>	<u>PROPOSED</u> <u>Outdoor Area</u>
	33,742 Sq. ft.	_____ ft ² / m ²	_____ ft ² / m ²	_____ ft ² / m ²
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>
	See attached form. occupant load	_____ occupant load	_____ occupant load	_____ occupant load
	_____ licensed capacity	_____ licensed capacity	_____ licensed capacity	_____ licensed capacity
	_____ seating capacity	_____ seating capacity	_____ seating capacity	_____ seating capacity

Is the entire operation enclosed? (i.e. the operation is interior space only)
Yes _____ No X (all licensed areas indoor)

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? _____ 400 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:

N/A

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

What is the distance to the closest residential dwelling unit? _____ M

***Onsite as this is a retirement residence.**

Does the subject property contain residential units?
Yes X No _____

Liquor Licence Application Questionnaire

OPERATING HOURS, TARGET MARKET, NATURE OF BUSINESS

Hours of Operation of the business:	Indoor Area <u>24 hours</u>	Outdoor Area _____
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Hours associated with alcohol sales	Indoor Area <u>12:00PM – 12:00AM Sun-Sun</u>	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:

Retirement Residence

After 10 PM:

Retirement Residence

Describe your target market:

Seniors/Residents which live in Waterford Barrie Retirement Residence

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:

General Manager with experience/Smart Serve; Food and Beverage Manager with experience/Smart Serve, additional dining room staff and servers with experience/Smart Serve

After 10 PM:

Same as above

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

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

Liquor Licence Application Questionnaire

Is either internal or external video surveillance planned for the establishment?

Yes _____ No _____ Describe

Currently there is video surveillance indoors & outdoors

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 X(routinely / special events)

What is the anticipated percentage of liquor sales to gross sales? N/A

Describe the nature of the proposed seating for the venue (i.e. dining tables, cocktail tables, stand up bar):	Indoor Area Dining tables/lounge chairs & tables
	Outdoor Area N/A
Describe any food preparation facilities for the venue:	Indoor Area Main Kitchen by dining room
	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 Retirement Residence
	Outdoor Area N/A
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 N/A
	Outdoor Area N/A
Describe any ancillary entertainment (i.e. video games, pool tables, etc):	Indoor Area N/A
	Outdoor Area N/A

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

Indoor Area Only

Dance Floor

Yes _____ No X

Live Music

Yes _____ No X

Recorded Music

Yes _____ No X

Amplified Sound

Yes _____ No X

Unamplified Sound

Yes _____ No X

Outdoor Area Only

N/A

Dance Floor

Yes _____ No N/A

Live Music

Yes _____ No N/A

Recorded Music

Yes _____ No N/A

Amplified Sound

Yes _____ No N/A

Unamplified Sound

Yes _____ No N/A

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 X _____ 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 X _____ 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 X _____

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

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


Liquor Licence Application Questionnaire

I Lois Cormack (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


Signature of Applicant

Sworn (Affirmed) before me in The City of Markham,
in the Province of Ontario on the 14th day

November, 20 17.


A Commissioner, etc. CRISTINA ALAIMO
A notary public in the Province
of Ontario.

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.

From Questionnaire: Names and addresses of any other licensed establishments in Canada owned or operated by the same operator or owner.

License #	Name of Business	Address
800131	Royale Development GP Corporation – Cedarvale Lodge Retirement & Care Community	121 Morton Rd Township of Georgina Keswick, ON L4P 3T5
813572	Royale Development GP Corporation – Island Park Retirement Residence	18 Trent Dr. Campbellford, ON K0L 1L0
813655	Royale Development GP Corporation – Trillium Retirement & Care Community	800 Edgar St. Kingston, ON K7M 8S4
813679	Royale Development GP Corporation – Lincoln Park Retirement Residence	265 Main St. East, Grimsby, ON L3M 1P7
812512	The Royale GP Corporation - Rosewood Retirement Centre	833 Sutton Mills Ct. Kingston, ON K7P 2N9
814317	The Royale Development LP – Traditions of Durham Retirement Residence	1255 Bloor St. E Oshawa, ON L1H 0B3
813708	Woods Park Care Centre Inc.	110 Lillian Cres. Barrie, ON L4N 5H7
814048	The Royale LP – Royale Place Retirement Residence	2485 Princess St. Kingston, ON K7M 3G1
815275	The Royale LP – Red Oak Retirement Residence	3501 Campeau Dr. Kanata, ON K2K 0C1
306340	The Royale LP – Astoria Retirement Residence	2245 Kelly Ave. Port Coquitlam, BC V3C 081
306115	The Royale LP – Pacifica Retirement Residence	2525 King George Blvd. Surrey, BC V4P 0C8
306109	The Royale West Coast LP – Peninsula Retirement Residence	2088 152 nd St. Surrey, BC V4A 9Z4
302434	The Royale West Coast LP – Mayfair Terrace Retirement Residence	2267 Kelly Avenue, Port Coquitlam, BC V3C 6N4
301564	The Royale West Coast LP – Rideau Retirement Residence	1850 Rosser Avenue, Burnaby, BC V5C 5E1