



LEGISLATIVE AND COURT SERVICES MEMORANDUM

TO: MAYOR J. LEHMAN, AND MEMBERS OF COUNCIL

FROM: W. COOKE, CITY CLERK/DIRECTOR OF LEGISLATIVE AND COURT SERVICES

RE: LIQUOR SALES LICENCE APPLICATION REVIEW – THE ITALIAN EATERY

DATE: JULY 4, 2019

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 were received on Friday, June 28, 2019 from an establishment named The Italian Eatery located at 90 Park Place Boulevard, Unit 6, 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 Friday, July 12, 2019 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.

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 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 The Italian Eatery		Establishment tel. no. / N° de tél. de l'établissement 705-733-2697	
Contact name / Nom de la personne à contacter Dominic Seminara		Contact's tel. no. / N° de tél. de la personne à contacter 705-733-2697	
Exact location of establishment (not mailing address) / Emplacement exact de l'établissement (non l'adresse postale)			
Street Number / Numéro 90	Street Name / Nom de rue Park Place Blvd	Street Type / Genre de rue Bld	Direction/ Orientation de rue -
Suite/Floor/Apt. / Bureau/étage/app. #6		Postal Code / Code postal L4N-6P8	
Lot/Concession/Route / Lot/concession/route rurale		City/ Town/Municipality / Ville/village/municipalité BARRIE	

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



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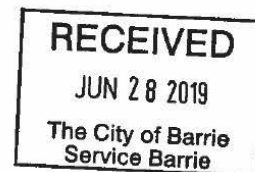
Liquor License Application Questionnaire

GENERAL INFORMATION

Name of Establishment: (Registered name and Operating name, if different)	Registered Name: 2646563 Ontario LTD Operating Name: The Italian Eatery
Street Address of Establishment:	90 Park Place Blvd
Closest Intersection:	HIGHWAY 400 + MAPLEVIEW
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	Dominic Seminara Corporation
Name of Applicant: (if different from owner)	MARIA ILARDO
Mailing Address for Applicant:	[REDACTED]
Applicant Business Phone/Fax Number:	705-733-2697
Applicant Business E-mail address:	italian eatery @ yahoo . com .

Purpose of the Liquor License Application:

- ☐ New establishment
- ☒ New owner/operator of existing establishment
- Name of previous business Irregular Courtyard Cafe
- ☐ 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 License Application Questionnaire

SIZE AND LOCATION

What is the size (floor area) of the establishment?	CURRENT Indoor Area	PROPOSED Indoor Area	CURRENT Outdoor Area	PROPOSED Outdoor Area
	151 ft ² /m ²	171 ft ² /m ²	61 ft ² /m ²	
What is the occupant load and/or seating capacity of the Establishment?	CURRENT Indoor Area	PROPOSED Indoor Area	CURRENT Outdoor Area	PROPOSED Outdoor Area
Occupant load	35		66	
Licensed capacity	35		66	
Seating capacity	35		66	

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? 1 ft/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:

TWISTED INDIAN - FAMILY RESTAURANT

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

What is the distance to the closest residential dwelling unit? 2 ft/m km

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	Outdoor Area
<u>Mon-Sat 11am-10pm</u>	<u>Mon-Sat 11am-10pm</u>
<u>Sun 11am-8pm</u>	<u>Sun 11am-8pm</u>

Hours associated with alcohol sales

Indoor Area	Outdoor Area
<u>Mon-Sat 11am-10pm</u>	<u>Mon-Sat 11am-10pm</u>
<u>Sun 11am-8pm</u>	<u>Sun 11am-8pm</u>

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

Before 10 PM:

Family Restaurant, Bar

After 10 PM:

Family Restaurant

Describe your target market:

General Public (Families)

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

After 10 PM:

N/A

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 ✓
N/A



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Liquor License Application Questionnaire

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

24 HRS SURVEILLANCE CAMERA'S
+ ALARM SYSTEM

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 ☒ (routinely / special events)

What is the anticipated percentage of liquor sales to gross sales? 10-20%



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	Dining tables + chairs
	Outdoor Area	Patio tables + chairs
Describe any food preparation facilities for the venue:	Indoor Area	Full 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	BAKERY
	Outdoor Area	NA
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	YES
	Outdoor Area	N/A
Describe any ancillary entertainment (i.e. video games, pool tables, etc):	Indoor Area	N/A
	Outdoor Area	N/A



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 ☒

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 ☒



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:

N/A

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



Liquor License Application Questionnaire

I, Maria Harbo (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 28th day

June, 20 19.



A Commissioner, etc.

Kristi Lynn Mashpool,
a Commissioner, etc.,
Province of Ontario, for the
Corporation of the City of Barrie.
Expires May 9, 2021

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.