



## LEGISLATIVE AND COURT SERVICES MEMORANDUM

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**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 – LINX KITCHEN + SOCIAL -  
312 KING STREET, UNIT 1 AND 2**

**DATE: SEPTEMBER 3, 2020**

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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 an establishment named Linx Kitchen + Social located at 312 King Street, Unit 1 and 2, 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 Tuesday, September 15, 2020 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**  
**CITY OF BARRIE LIQUOR LICENCE APPLICATION QUESTIONNAIRE**



**Alcohol and Gaming Commission of Ontario**  
Licensing and Registration  
90 SHEPPARD AVE. E. SUITE 200  
TORONTO ON M2N 0A4  
Fax: 416-326-8711  
Tel: 416-326-8700 or 1-800-522-2876 toll free in Ontario

**Municipal Information**

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 Linx Kitchen + Social 2694612 Ontario Incorporated	Premises Telephone Number		
Contact Name Candice Young and Jason Young	Contact's Telephone Number	Email Address	
Address 312 King Street, Unit 1 and 2	City / Town Barrie	Province / State ON	Postal Code L4N 6L2

Does the application for a Liquor Sales Licence include:

- 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 of the Village, Town, Township or City was known as)
City of Barrie

Is the area where the establishment is located:

- Wet (for spirits, beer, wine)    Damp (for beer and wine only)    Dry

**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.**

Signature of Municipal Official	Title Acting Deputy City Clerk						
Address of Municipal Office 70 Collier Street, Barrie, ON L4M 4T5	Date <table style="width: 100%; text-align: center; border: none;"> <tr> <td>YYYY</td> <td>MM</td> <td>DD</td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> </tr> </table>	YYYY	MM	DD			
YYYY	MM	DD					



Liquor License Application Questionnaire

GENERAL INFORMATION

Name of Establishment: (Registered name and Operating name, if different)	LINX KITCHEN + SOCIAL 2694612 Ontario Incorporated
Street Address of Establishment:	312 KING ST.
Closest Intersection:	KING ST + REID DR (KING ST + VETERANS)
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	CANDICE YOUNG (C) JASON YOUNG (C)
Name of Applicant: (if different from owner)	
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 \_\_\_\_\_



Liquor License Application Questionnaire

SIZE AND LOCATION

	<u>CURRENT</u> Indoor Area	<u>PROPOSED</u> Indoor Area	<u>CURRENT</u> Outdoor Area	<u>PROPOSED</u> Outdoor Area
What is the size (floor area) of the establishment?	<u>      </u> ft <sup>2</sup> /m <sup>2</sup>	<u>7330/</u> <u>681</u> ft <sup>2</sup> /m <sup>2</sup>	<u>      </u> ft <sup>2</sup> / m <sup>2</sup>	<u>      </u> ft <sup>2</sup> /m <sup>2</sup>
What is the occupant load and/or seating capacity of the Establishment?	<u>      </u> Occupant load	<u>145</u> occupant load	<u>      </u> occupant load	<u>      </u> occupant load
	<u>      </u> Licensed capacity	<u>115</u> licensed capacity	<u>      </u> licensed capacity	<u>      </u> licensed capacity
	<u>      </u> Seating capacity	<u>115</u> seating capacity	<u>      </u> seating capacity	<u>      </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? ~~5~~ 108 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:

Thai Bamboo Restaurant - 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? 640 m

Does the subject property contain residential units?  
Yes  No



Liquor License Application Questionnaire

OPERATING HOURS, TARGET MARKET, NATURE OF BUSINESS

Hours of Operation of the business: Indoor Area Outdoor Area  
11 AM - 11 PM (Sun - Thursday)  
11 AM - 12 AM (Fri + Sat)

Hours associated with alcohol sales Indoor Area Outdoor Area  
11 AM - 11 PM (S - T)  
11 AM - 12 AM (F - S)

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

Before 10 PM:

RESTAURANT, GOLF LOUNGE, BAR

After 10 PM:

RESTAURANT, GOLF LOUNGE, BAR

Describe your target market:

25+, BUSINESS INDIVIDUALS, GOLF

ENTHUSIASTS, FOODIES, SOCIAL ENGAGEMENTS,

TEAM BUILDING, CORPORATE

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:

5-10+ STAFF

After 10 PM:

5-10+ STAFF

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)

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

SECURITY CAMERA INSTALLATION + MONITORING  
BOTH INSIDE + OUTSIDE (FRONT, SIDE, BACK)

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

Describe your plans for crowd management:

Before 10 PM:

RESERVATIONS REQUIRED FOR GOLF SIMULATORS  
AMPLE SEATING INSIDE

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

After 10 PM:

NO SERVICE PAST CERTAIN TIME  
(ALCOHOL)

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

50% FOOD SALES

30% SIMULATOR BOOKING SALES.



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, EDIBLE HEIGHT DINING IN LOUNGE 1, COMFORT SEATING IN LOUNGE 2, SEATED BAR, SEATING IN SIM. AREA
	Outdoor Area —
Describe any food preparation facilities for the venue:	Indoor Area FULL OPERATIONAL KITCHEN
	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, non-motorized refreshment vehicles, etc?):	Indoor Area GOLF CLUB STORAGE
	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 NO
	Outdoor Area —
Describe any ancillary entertainment (i.e. video games, pool tables, etc):	Indoor Area GOLF SIMULATOR UNITS x6
	Outdoor Area —



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 \_\_\_\_\_

RADIO

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:

N/A

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 CANDICE YOUNG (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

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

\_\_\_\_\_, 20\_\_\_\_.

  
\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
A Commissioner, etc.

**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.