Staff Memorandum

To	Mayor A. Nuttall and Members of Council
Subject	New Liquor Licence Application Review – The Spa by Nails for You, 130 Live Eight Way, Unit 5
Ward(s)	8
Date	June 11, 2025
Department Head Approval	W. Cooke, City Clerk/Director of Legislative and Court Services
Executive Member Approval	Not applicable
CAO Approval	Not applicable

The purpose of this Memorandum is to advise members of Council that an Alcohol and Gaming Commission (AGCO) Municipal Information Form and an associated City of Barrie Liquor Licence Application Questionnaire were received from a business named The Spa by Nails for You located at 130 Live Eight Way, Unit 5, Barrie. Upon receipt, the documents were circulated to City Departments and community stakeholders.

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 licences) through the City Clerk 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 will be compiled and submitted to the Alcohol and Gaming Commission of Ontario for review and consideration as part of the Commission's liquor sales licence issuance process.

Appendix:

Appendix A - Municipal Information Form and City of Barrie Liquor Licence Application Questionnaire

Memo Author: Tara McArthur, Coordinator of Elections and Special Projects

File #: P09 - Licences

Pending #: Not Applicable

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
Website: 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
THE SPA BY NAILS FOR YOU

Premises Phone Number (include area code)

Premises Address	City/Town	Province	Postal Code
130 LIVE EIGHT WAY, UNIT 5	BARRIE	ON	L4N 6P1

Contact Name
NAM HUNG LE

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

Contact's Email Address

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

Date (dd/mm/yyyy)

Title

Signature of Municipal Official

Name of Establishment: (Registered name and Operating name, if different)	The Spa By Nails For You Inc. O/A The Spa By Nails For You
Street Address of Establishment:	130 LIVE EIGHT WAY, UNIT 5 BARRIE, ON L4N 6P1
Closest Intersection:	
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	THE SPA BY NAILS FOR YOU INC. Contact names: NAM HUNG LE TUYET HONG NGUYEN LE
Name of Applicant: (if different from owner)	Nguyen Tuyet H Le
Mailing Address for Applicant:	
Applicant Business Phone/Fax Number:	
Applicant Business E-mail address:	

Section 1: Purpose of the Liquor Sales Licence Application

- [x] New establishment
- [ ] New owner/operator of an existing establishment
- [ ] If applicable, 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 (If yes, describe below)

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

Section 2: Size and Location

Note: If any changes have occurred since the previous occupant load inspection, you must provide the required information at the time of application.

	Current Indoor Area	Proposed Indoor Area	Current Outdoor Area	Proposed Outdoor Area
What is the size (floor area) of the establishment?	_____ ft2/m2	_____ ft2/m2	_____ ft2/m2	_____ ft2/m2
What is the occupant load and/or seating capacity of the establishment?	15 Occupant Load	15 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? (For example: the operation is interior space only)

Yes ☑ No ☐

Section 3: Drawing Requirements:

An accurately scaled floor plan indicating the proposed location of **ALL** licenced area(s) must be attached to this questionnaire. Your floor plan should include exit door locations, washroom counts, and square footage of the unit, and should show both indoor and outdoor areas.

3.1 What is the distance to the closest other establishment(s) serving alcohol? _____ ft/m

3.2 Please provide the operating names(s) and describe the target market of other establishments serving alcohol within 120 m (approximately 400 ft) radius of the proposed location:

3.3 What is the distance to the closest residential dwelling unit? _____ ft/m

3.4 Does the subject property contain residential units? Yes ☐ No ☑

If yes, please describe below:

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

Section 4: Operating Hours, Target Market, Nature of Business

	Indoor Area	Outdoor Area
Hours of Operation of the Business? 7 DAYS A WEEK ~~From~~ 10 am to 9pm	√	
Hours of Operation associated with alcohol sales? 10am to 9pm		

4.1 What is the primary nature of the establishment? (For example, family restaurant, fine dining, lounge/nightclub, bar/tavern, coffee house, etc.) for a nail salon

Before 10:00 pm: closed

After 10:00 pm: closed

Describe your target market: walk in (walk in) customers for nail services

4.2 Describe the proposed security both internally and externally to the establishment (For example, total number of staff, training or experience of staff, number of security persons): 1

Before 10:00 pm: None

After 10:00 pm: none

4.3 Are all security personnel trained and licensed? Yes [√] No [ ]

If you answered **yes**, please describe below. (For example, in-house or hired service)

in-house

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

4.4 Are exterior lineups (queues) anticipated for your establishment? Yes ☐ No ☑

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

Yes ☑ No ☐

If yes, please describe below: Has internal video surveillance

4.6 Describe your plans for crowd management: role of crowd management may not be relevant as this is a nail salon has limit number of patrons.

Before 10:00 pm: None

After 10:00 pm: None

4.7 Is a cover charge to enter the premises proposed? Yes ☐ No ☑

4.8 What is the anticipated percentage of liquor sales to gross sales?

20%

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

Describe the nature of the proposed seating for the venue (i.e. dining tables, cocktail tables, stand up bar):	**Indoor Area** alcohol served at foot massage station and pedicure station **Outdoor Area**
Describe any food preparation facilities for the venue:	**Indoor Area** Snacks **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** None **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)?	**Indoor Area** **Outdoor Area**
Describe any ancillary, entertainment (for example, video games, pool tables, etc.).	**Indoor Area** None **Outdoor Area**

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

Describe any musical entertainment to be provided (for example, dance floor, live/recorded music, amplified sound, etc.).	**Indoor Area** Dance floor Yes ☐ No ☑ Live Music Yes ☐ No ☑ Recorded Music Yes ☐ No ☐ Amplified Sound Yes ☐ No ☑ Unamplified Sound Yes ☐ No ☑
	Outdoor Area Dance floor Yes ☐ No ☐ Live Music Yes ☐ No ☐ Recorded Music Yes ☐ No ☐ Amplified Sound Yes ☐ No ☐ Unamplified Sound Yes ☐ No ☐

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

Section 5 Ownership / Management Information

5.1 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

5.2 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 a pending charge or conviction below:

5.3 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 below:

5.4 Is there a pending charge or conviction against the business related to a liquor-related offence?

Yes ☐ No ☑

If yes, please describe below:

5.5 List the names and addresses of any other license 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.

Section 6 Affidavit of Liquor Sales Licence Application Questionnaire

I, NGUYEN TUYET H LE (name of applicant/owner), hereby certify that the information provided pursuant to this liquor sale 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.

Sworn (Affirmed) before me
at the City of Barrie,
in the Province of Ontario
on the 4th day of
June, 2025.

Jeddy Ching Hin Wong,
a Commissioner, etc.
Province of Ontario, for the
Corporation of the City of Barrie
Expires October 14, 2025

A Commissioner, etc.

Signature of Applicant

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.

Personal information contained on this form is collected under the authority of the Ontario Building Code, Ontario Regulation 332/12 as amended and the City of Barrie By-law 2009-141 and will be used to respond to requests for information on properties.

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