## **Staff Memorandum**



To Mayor A. Nuttall and Members of Council

Subject New Liquor Licence Application Review – Scaddabush Italian Kitchen

and Bar, 129 Park Place Blvd

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 Scaddabush Italian Kitchen and Bar located at 129 Park Place Blvd, 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, Coordi	nator of Elections	s and Special P	rojects	
File #:				
P09 - Licences				
Pending #:				
Not Applicable				

### Appendix A

## Municipal Information Form and City of Barrie Liquor Licence Application Questionnaire



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 (including Tied House)

The information requested below is required in support of all applications for a new Liquor Sales Licence (including Tied House) or areas being added to an existing Liquor Sales Licence.

Section 1 – Application Details					
Premises Name			Premises Phone Number (include		
Scaddabush Italian Kitchen and Bar			area code)		
		(705)	712-2561		
Premises Address	City/Town		Province	Postal Code	
129 Park Place Blvd	Barrie		ON	L4N 6P1	
Contact Name					
Bianca Rinaldi			ct's Phone N code and exte	umber (include ension)	
Contact's Email Address			ous and sale		
X Indoor Areas Outdoor Areas  Section 2 – Municipal Clerk's Offici Licence (including Tied House) in y			for a Liquo	or Sales	
Municipal Clerk:	our marnorpanty.				
Please confirm the "wet/damp/dry" st	atus below.				
Name of village, town, township or city when (If the area where the establishment is locat the village, town, township or city was know	ed was annexed or a	malgama	ated, provide	the name that	
City of Barrie					
Is the area where the establishment is locat	ed "wet", "damp" or "o Damp (for beer and w				

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Disponible en français

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		
Name of Municipal Official	Title	Date (dd/mm/yyyy)
Telephone number	Email Address	
	Signa	ture of Municipal Official

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## Liquor License Application Questionnaire

#### GENERAL INFORMATION

Name of Establishment: (Registered name and Operating name, if different)	Scaddabush Italian Kitchen and Bar
Street Address of Establishment:	129 Park Place Blvd, Barrie ON L4N 0L1
Closest Intersection:	Park Place Blvd & Mapleview Drive
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	SIR Corp, Corporation
Name of Applicant: (if different from owner)	Bianca Rinaldi
Mailing Address for Applicant:	
Applicant Business Phone/Fax Number: Applicant Business E-mail address:	
Purpose of the Liquor License Applica  X	istingestablishment
	nt load/seating capacity (including addition or alteration to interior)
	ant load/seating capacity (including addition or alteration to outdoor
Other. Describe below	



Section	on 2: Size and L	ocation			
<b>Note:</b> If any changes have occurred since the previous occupant load inspection, you must provide the required information at the time of application.					
18// 4	i- 41i (F)	Current Indoor Area	Proposed Indoor Area	Current Outdoor Area	Proposed Outdoor Area
area)	is the size (floor of the lishment?	6,679 ft2 ft2/m2	ft2/m2	ft2/m2	ft2/m2
	is the occupant				
capac	and/or seating city of the lishment?	Occupant Load	Occupant Load	Occupant Load	Occupant Load
		270		74	
		Licensed Capacity	Licensed Capacity	Licensed Capacity	Licensed Capacity
		Seating Capacity	Seating Capacity	Seating Capacity	Seating Capacity
Is the e	entire operation enclos	ed? (For example: the	e operation is interior	space only)	
Yes	✓ No				
Sectio	n 3: Drawing Re	equirements:			
An accurately scaled floor plan indicating the proposed location of <u>ALL</u> 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 es	stablishment(s) servin	g alcohol? 3,800	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 residen	tial dwelling unit? 2 k	km	_ft/m
3.4		perty contain resident	ial units?	Yes No	$\checkmark$
	If yes, please describ	le below.			
Notes	If you require more s	naca planca attach a	dditional documentati	on to this form	



#### Operating Hours, Target Market, Nature of Business Section 4: Indoor Area **Outdoor Area**

Hour	s of Operation of the Business?	Sun-Thurs 11am	Same	
Hours of Operation associated with alcohol sales?		same as above	same as above	
4.1	What is the primary nature of the establishment? lounge/nightclub, bar/tavern, coffee house, etc.)	(For example, family	restaurant, fine dining,	
	Before 10:00 pm:			
	Full service resturant After 10:00 pm:			
	Full service restaurant Describe your target market:			
	Family			
4.2	Describe the proposed security both internally and externa of staff, training or experience of staff, number of security		(For example, total number	
	Before 10:00 pm: N/a			
	After 10:00 pm:			
	n/a			
4.3	Are all security personnel trained and licensed?	Yes No	$\checkmark$	
	If you answered <u>yes</u> , please describe below. (For example	le, in-house or hired ser	vice)	
	N/A			
Note:	If you require more space, please attach additional docum	nentation to this form.		

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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 II  If yes, please describe below:
	We have video surveillance in the restaurant
4.6	Describe your plans for crowd management:  Before 10:00 pm:  Maintain occupancy and Lig
	After 10:00 pm:  Maintain occupancy and Lig
4.7	Is a cover charge to enter the premises proposed?
4.8	What is the anticipated percentage of liquor sales to gross sales?
Note:	If you require more space, please attach additional documentation to this form.
.1016.	Type require more opene, preude attach additional accumentation to the form.



	Indoor Area
Describe the nature of the	Dinning tables and booths, cocktail tables, stand $\mu$
proposed seating for the venue (i.e. dining tables, cocktail tables, stand up bar):	Outdoor Area
ables, sociali tables, starta ap bary.	Dinning tables and chairs
	Indoor Area
	Fully equipped commercial dinning kitchen
Describe any food preparation facilities for the venue:	Outdoor Area
	N/A
Describe any other type of	Indoor Area
business to be operated from the establishment on a permanent basis, or from time (i.e. bakeshop, variety store,	N/A
grocery store, billiard hall, take-out restaurant, adult entertainment, non- motorized	Outdoor Area
refreshment vehicles, etc?):	N/A
	Indoor Area
If yes, are the businesses physically separated from the licensed area(s) so that access or exits to and from the	N/A
other business are not through the licensed	Outdoor Area
area(s)?	N/A
	Indoor Area
Describe any ancillary,	N/A
entertainment (for example, video games, pool tables, etc.).	Outdoor Area
poor tables, etc.).	N/A

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



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



K. An Milyullop Parameter of Applicant

#### Section 6 Affidavit of Liquor Sales Licence Application Questionnaire

I, Kim van Nieuwkoop (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, Burling Whin the Province of Ontario on the 16th day of February 2025

Bianca Alexandria Rinaidi Licensed Paralegal & Notary Public 200-5360 South Service Road Burlington, Ontario L7L 5L1 905-681-2997

**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 bylaws, 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.