



## LEGISLATIVE AND COURT SERVICES MEMORANDUM

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**TO: MAYOR J. LEHMAN, AND MEMBERS OF COUNCIL**

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

**RE: LIQUOR LICENCE APPLICATION REVIEW – COPPER BRANCH – 307 CUNDLES ROAD EAST, UNITS 1 - 4**

**DATE: FEBRUARY 26, 2018**

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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 were received on Friday, February 16, 2018 from an establishment named the Copper Branch located at 307 Cundles Road East, Units 1 – 4, 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 licences) through the Acting City Clerk by Thursday, March 3, 2018 as follows:

Alcohol and Gaming Commission of Ontario  
c/o Wendy Cooke, Acting 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.



**LEGISLATIVE AND COURT SERVICES  
MEMORANDUM**

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**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

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

Copper Branch

Contact name / Nom de la personne à contacter

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

Amanda Mashinter

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. Unit I-4
307	Cundles Road East			

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

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

Postal Code /  
Code postal  
L4M0G9

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)	Copper Branch
Street Address of Establishment:	307 Cundles Rd E
Closest Intersection:	
Mailing Address: (If different from the location of the establishment)	Unit I-4 L4M 0G9
Name of Owner: (Indicate individual sole proprietor, partnership or corporation, as appropriate) If partnership or corporation, provide names and contact information for all shareholders	Amanda Mashinter Brandon Mashinter
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 Licence 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 \_\_\_\_\_
- 
-

**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>
	<u>1400</u> ft <sup>2</sup> /m <sup>2</sup>	<u>1350</u> ft <sup>2</sup> /m <sup>2</sup>	<u>N/A</u> ft <sup>2</sup> /m <sup>2</sup>	<u>N/A</u> ft <sup>2</sup> /m <sup>2</sup>
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>
	<u>36</u> occupant load	<u>36</u> occupant load		
	<u>40</u> licensed capacity	<u>40</u> licensed capacity		
	<u>36</u> seating capacity	<u>36</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 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? 20 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:

- SYMPOSIUM
- BOSTON PIZZA
- STATE 7 MAIN

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

What is the distance to the closest residential dwelling unit? 300 ft/m

Does the subject property contain residential units?  
 Yes  No

**OPERATING HOURS, TARGET MARKET, NATURE OF BUSINESS**

Hours of Operation of the business: Indoor Area 8am - 10pm Outdoor Area \_\_\_\_\_

Hours associated with alcohol sales Indoor Area 11:00 - 10 PM Outdoor Area \_\_\_\_\_

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

Before 10 PM:

Fast food plant based restaurant

After 10 PM:

Closed

Describe your target market:

- HEALTH CONSCIOUS CONSUMERS

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:

FULL SECURITY SYSTEM W/ CAMERAS + MONITORS: INDOOR / OUTDOOR.

After 10 PM:

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

**OPERATING HOURS, TARGET MARKET, NATURE OF BUSINESS (Continued)**

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

Yes  No  Describe

CAMERAS / SENSORS / MONITORS

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

Describe your plans for crowd management:

Before 10 PM:

Hire Security -> Aspiration STANDS.

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

After 10 PM:

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? 5%

## OPERATING HOURS, TARGET MARKET, NATURE OF BUSINESS (Continued)

Describe the nature of the proposed seating for the venue (i.e. dining tables, cocktail tables, stand up bar):	Indoor Area TABLES + chairs, ONE Booth.
	Outdoor Area N/A
Describe any food preparation facilities for the venue:	Indoor Area Baking ONLY
	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 /
	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 /
	Outdoor Area N/A
Describe any ancillary entertainment (i.e. video games, pool tables, etc):	Indoor Area /
	Outdoor Area N/A

**OPERATING HOURS, TARGET MARKET, NATURE OF BUSINESS (Continued)**

Describe any musical entertainment to be provided (i.e. dance floor, live/recorded music, amplified sound, etc)	<u>Indoor Area Only</u>	
	Dance Floor	
	Yes _____	No <input checked="" type="checkbox"/> _____
	Live Music	
	Yes _____	No <input checked="" type="checkbox"/> _____
	Recorded Music	
	Yes <input checked="" type="checkbox"/> _____	No _____
	Amplified Sound	
	Yes _____	No <input checked="" type="checkbox"/> _____
	Unamplified Sound	
Yes _____	No <input checked="" type="checkbox"/> _____	
<u>Outdoor Area Only</u>		
Dance Floor		
Yes _____	No <input checked="" type="checkbox"/> _____	
Live Music		
Yes _____	No <input checked="" type="checkbox"/> _____	
Recorded Music		
Yes <input checked="" type="checkbox"/> _____	No _____	
Amplified Sound		
Yes _____	No <input checked="" type="checkbox"/> _____	
Unamplified Sound		
Yes _____	No <input checked="" type="checkbox"/> _____	

**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:

ONE OWNER A POLICE OFFICER, THE OTHER A PROFESSIONAL  
Hockey player.

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 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  If yes, provide details

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

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

I Amanda Mashinter (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.

MP Town of Whitby [Signature]  
Sworn (Affirmed) before me at (The City of Barrie) Signature of Applicant  
in the Province of Ontario on the 7th day

November, 2017.

[Signature]  
A Commissioner, etc.

Marisa Grace Dillon, a Commissioner, etc.,  
Province of Ontario,  
for the Corporation of the Town of Whitby.  
Expires March 1, 2019.

**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.