



# Liquor Licence Application

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Name of Establishment \_\_\_\_\_

Street Address of Establishment \_\_\_\_\_

Name of Owner \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Applicant Phone Number \_\_\_\_\_

Applicant E-mail Address \_\_\_\_\_

Purpose of application

\_\_\_\_\_ New establishment

\_\_\_\_\_ New owner/operator of existing establishment

\_\_\_\_\_ Change of occupancy load

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

Floor area of building \_\_\_\_\_ Floor area of licence area \_\_\_\_\_

Current seating capacity \_\_\_\_\_ Proposed seating capacity \_\_\_\_\_

Does the subject property contain residential units? Yes \_\_\_\_\_ No \_\_\_\_\_

What is the primary nature of the establishment? (Family restaurant, fine dining, Lounge/night club, bar/ tavern, coffee/ tea house etc.)

Is there a separate washroom for staff? Yes \_\_\_\_\_ No \_\_\_\_\_ # \_\_\_\_\_

Please provide a floor layout of the building showing all exit locations and size, all washrooms, indicating the number of toilets/urinals, and sinks. Indicate the number of tables and seats, bar area etc.

I \_\_\_\_\_(name of applicant/owner),  
hereby certify that the information provided pursuant to this liquor licence application 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.

Questions can be directed to the Building department at 705 687 3412 ext 255 Andy Jones, CBO.

Cost of letter and inspection is \$110.00 to be paid at the Town of Gravenhurst Building Department at 3-5 Pineridge Gate before the inspection.