



Hamilton

Planning and Economic Development
Licensing and By-Law Services
71 Main Street West, 1st Floor, City Hall
Hamilton, Ontario L8P 4Y5
Phone: (905) 546-2782 Option 3
Email: liquorlicense@hamilton.ca

HST# 88932 3218 RT0001

LIQUOR LICENCE APPLICATION & CHECKLIST

License Type

- NEW SALE (Establishment Only)
NEW SALE (Establishment and Patio)
NEW SALE (Patio Only)
Change to Existing License

City Property being licensed?
Yes No

FOR OFFICE USE ONLY

PERMIT NUMBER
PAYER
RECEIPT NUMBER
PAYMENT TYPE
FEE
APPLICATION DATE
RECEIVED BY

NOTE: All liquor licence applicants MUST also make application directly to the AGCO at www.agco.on.ca or 1-800-522-2876. The City of Hamilton is only the commenting party for all licence applications within The City of Hamilton. We DO NOT issue or revoke liquor licences.

Liquor Licences will not be approved by the AGCO without Municipal consent.

Establishment Name:
Street Address of Establishment:
Public Notice Period End Date: (dd:mm:yy)
Municipal Business Licence Number:
Unit No:
Ward:

OWNER: (The following will appear on all documentation issued to the AGCO)

Last Name:
First Name:
Address:
City:
Province:
Postal Code:
Phone Number:
Alternate Number:
Email Address:

APPLICANT: (If different than Owner)

Last Name:
First Name:
Address:
City:
Province:
Postal Code:
Phone Number:
Alternate Number:
Email Address:

Note: Applications for liquor must accompany all requirements. Incomplete applications will not be processed.
Scope of an AGCO Zoning Compliance Letter: The intent of the AGCO compliance letter is to confirm the seating capacity for a building and any associated outdoor patio recognized by the City of Hamilton Zoning bylaw, to confirm that the establishment meets all Fire Code and Ontario Health Regulations. Please note that this process does not substitute the requirement of a building permit under the Building Code Act to comply with The Ontario Building Code requirements. The proposal may result and be subject to the issuance of a building permit in the normal manner. The use and operation of an establishment/patio serving alcohol is subject to the issuance and maintenance of a municipal business licence from the Licensing section of The Licensing & By-Law Services Division.

ESTABLISHMENT INFORMATION:

Please answer all questions below, check all that apply:

Establishment is:
Proposed Establishment opening date:
Type of establishment:
Has the AGCO application been filed?
Indoor Capacity of Establishment is to be:
Outdoor Capacity of Establishment is to be:
Seating capacity requested on AGCO application
Has a Fire Safety Plan been prepared?
Other business to be operated from this establishment?

Are the businesses physically separated from the licensed area(s) so that the access or exits to and from the other businesses are not through the licensed area(s)? Please specify:

BUILDING INFORMATION - Missing or inaccurate information may cause delays or denial of this application

| | | | |
|---|--|---|---|
| Is the establishment NEW or EXISTING? _____ | | If NEW please provide the Building Permit # _____ | |
| Size of the establishment Note: square feet (ft²) x 0.093 = square metres (m²) | Indoor: _____ m² | Outdoor: _____ m² | |
| Floor Area - first floor (m2): | Proposed indoor seating capacity: | | |
| Floor Area - second floor (m2): | Total Proposed indoor occupant load (Seats + Standing room + Staff): | | |
| Floor Area - basement floor (m2): | Total Existing Occupant Load (TOTAL GROSS FLOOR AREA - M2): | | |
| Location of licensed area: | <input type="checkbox"/> Indoor | <input type="checkbox"/> Outdoor | <input type="checkbox"/> Both |
| Portion of building to be occupied: | <input type="checkbox"/> Basement | <input type="checkbox"/> First Floor | <input type="checkbox"/> Upper Floor(s) |
| Number of parking spaces: | Existing: _____ | Proposed: _____ | |
| What food preparation facilities are to be provided? | <input type="checkbox"/> Commercial Kitchen | <input type="checkbox"/> Light meal prep | <input type="checkbox"/> None |

PATIO INFORMATION:

| Location | Number of Patio(s) | Area of Patio(s) | Located on: | | For Boulevards: Has City Approval Been Obtained? | | Patio permitted by the applicable zoning by-law? | | Is patio "enclosed" with a fence or railing? | |
|--------------------------------|--------------------|------------------|--------------------------|--------------------------|---|-----------------------------|--|-----------------------------|--|-----------------------------|
| | | | Private Property | City Boulevard | Yes | No | Yes | No | Yes | No |
| <input type="checkbox"/> Front | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Side | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Rear | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Roof | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Total | | | | | | | | | | |

Encroachment Agreement _____

Site Plan File Number _____

| | |
|---|-------------------------------------|
| Dimensions of proposed outdoor patio (m2) | Capacity of proposed outdoor patio: |
| Dimensions of existing outdoor patio (m2) | Capacity of existing outdoor patio: |
| Total area of all outdoor areas (m2) | Total new capacity of patio: |

HOURS OF OPERATION- please circle time of day (AM/PM)

| | | | | |
|------------------|------|-------|--------|-------|
| Monday | Open | AM/PM | Closed | AM/PM |
| Tuesday | Open | AM/PM | Closed | AM/PM |
| Wednesday | Open | AM/PM | Closed | AM/PM |
| Thursday | Open | AM/PM | Closed | AM/PM |
| Friday | Open | AM/PM | Closed | AM/PM |
| Saturday | Open | AM/PM | Closed | AM/PM |
| Sunday | Open | AM/PM | Closed | AM/PM |

FOR OFFICE USE: Documentation Submitted: (Check any missing documents, if applicable and return to applicant)

| | |
|--|---|
| <input type="checkbox"/> Building Permit (indicating use & occupancy, if applicable) <input type="checkbox"/> Site Plan Approval (Patio Only) <input type="checkbox"/> Encroachment Agreement or Letter of Acknowledgement <input type="checkbox"/> Establishment Licence (issued/applied for) <input type="checkbox"/> Municipal Information Form <input type="checkbox"/> Certificate of Compliance application (New licenses ONLY) <input type="checkbox"/> Interior Drawings stamped/sealed by an Architect, Engineer or BCIN Qualified Designer | Bar/Nightclub Applications ONLY (additional information req'd) <input type="checkbox"/> Electrical Safety Authority Certificate (every three years) <input type="checkbox"/> Noise Control Plan <input type="checkbox"/> Crowd Control Plan |
|--|---|

DRAWINGS MUST INCLUDE THE FOLLOWING ; (Note: Drawings shall accurately reflect the design and location of all items. This will be verified upon inspection.

- Siteplan (Must be scaled and legible) Floor area and intended use
- Floor area and intended use
- Occupant Load (calculation must be shown, with Building Code reference)
- All Fixed Millwork and/or equipment
- Washrooms
- All Dimensions (including dimensions of stages and dance area(s))
- Steps and Stairs (up and/or down)
- Entry and Exit points
- All non-fixed elements greater than 1 m2 (i.e. Pool tables, arcade games, etc.)

I, (please print name) _____ acknowledge it is my responsibility to notify the City of Hamilton in writing immediately of any

| | |
|--|------------------------------------|
| _____ Signature of Applicant | _____ Date of Submission |
|--|------------------------------------|

****Submission of this application does not constitute approval by the City of Hamilton and its Departments****

The personal information collected on this form will be used to contact you for the administration of performing record searches as authorized under the Municipal Act, 2001, section 227. If you have any questions regarding the collection of the information please contact the Licensing Section 905-546-2782 Option # 3 or via email: licensing@hamilton.ca

Providing false or incomplete information could result in the refusal of this application or, if your approval has been issued, in a recommendation to the AGCO that your