



Liquor Licence Approval Request for Review & Inspection

Updated: June 16, 2023

A. Project Information

Street Address: _____ Unit No. _____ Lot/Con.: _____

Name of Establishment: _____

Type of Establishment: _____

Is this application for a temporary outdoor patio? Yes No

B. Applicant

Applicant is: Owner or Authorized Agent of Owner (if selected complete and attach authorization form)

Last Name: _____ First Name: _____

Corporation or Partnership: _____

Street Address: _____ Unit No: _____ Lot/Con: _____

Municipality: _____ Province: _____ Postal Code: _____

Telephone No: _____ Cell No: _____

Email: _____

C. Owner (if different from applicant)

Last Name: _____ First Name: _____

Corporation or Partnership: _____

Street Address: _____ Unit No: _____ Lot/Con: _____

Municipality: _____ Province: _____ Postal Code: _____

Telephone No: _____ Cell No: _____

Email: _____

D. Occupant Load

Indoor Existing Staff Load: _____ Outdoor Existing Staff Load: _____

Indoor Proposed Staff Load: _____ Outdoor Proposed Staff Load: _____

Indoor Existing Public Load: _____ Outdoor Existing Public Load: _____

Indoor Proposed Public Load: _____ Outdoor Proposed Public Load: _____

E. Declaration of Applicant

I the applicant, declare that; the information contained in this application, attached plans and specifications, and other attached documentation is true to the best of my knowledge, building or plumbing upgrades in relation to this licence application have not been completed without necessary permits, and where the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

Date: _____ Signature: _____

Personal information contained in this form is collected under the authority of subsection 8(1.1) of the Building Code Act, 1992, and will be used in the administration and enforcement of the Building Code Act, 1992. Questions about the collection of personal information may be addressed to the Chief Building Official of the City of Niagara Falls.

City of Niagara Falls - Building Services

4310 Queen Street, P.O. Box 1023, Niagara Falls, Ontario, L2E 6X5
Phone: 905 356 7521 ext. 4001 www.niagarafalls.ca

Completing this Form

C. Owner

To ensure that property owners are always notified of activities with the City regarding their property, it is required that the Owner's information be provided to allow for their inclusion in correspondence sent from Building Services. Therefore, if the applicant is not the owner of the property, please provide the owner information in the provided area.

D. Occupant Load

For Building Services to properly review and provide comment on the submitted application for liquor license it is important that the occupant loads of both the indoor and outdoor spaces to be licensed are provided. This occupant load includes the intended public occupancy however it also includes the staffing loads. Please provide the breakdown of occupant loads in the spaces provided.

Previously Licenced Premises

Where a premise has been reviewed and approved previously for a liquor license, please provide a copy of the previous liquor license with the submission for review.

Previously Unlicensed Premises

Existing unlicensed premise with no increase in floor area or occupant load shall provide:

- a) if indoor areas are proposed to be licensed, a floor plan drawn to scale showing the size and location of the licensed area within the building, interior walls, doors, washroom facilities and all exits.
- b) if outdoor areas are proposed to be licensed, a site plan drawn to scale showing the boundaries and dimensions of the subject lands, the location and size of the licensed area and all existing buildings and structures, the distance (setback) of the licensed area as well as building(s) and structures from all lot lines, and finally the size and location of the existing and proposed parking spaces/parking lot layout.

For use by City Staff (Principal Authority)

Zoning / Amendments:

Accepted by:

Zoning Comments:

Building Comments:

Review Conducted By:

Review Clearance Date:

Inspection Conducted By:

Inspection Date:

Inspection Clearance Date:

Fees Collected by:

Total Fees Collected: \$

Receipt Date: