LIQUOR LICENSING INFORMATION FORM

The following information is required of all applicants for a liquor licence for facilities in the City of Windsor prior to the completion of the Municipal Information Form on behalf of the municipality.

NAME AND ADDRESS OF LIQUOR LICENCE APPLICANT	
Note: Where applicant is a corporation, include names of	officers.
TELEPHONE NO.	FAX NO.
ADDRESS OF THE LICENSED PREMISES	
ADDRESS OF OTHER LICENSED PREMISES WI	HICH YOU OPERATE
PROPOSED NAME OF THE ESTABLISHMENT	
ANTICIPATED GROSS SEATING	
ADDITIONAL SEATING IN OUTDOOR AREAS	
ADDITIONAL SEATING IN OUTDOOK AREAS	
REASON FOR APPLICATION:	
EXPANSION? YES	NO
EXITATION:	
OWNERSHIP TRANSFER? YES	NO
OWNERSHIP NEW? YES	NO
HOURS OF OPERATION	
HOURS OF OI ERATION	
DETAILS OF THE NATURE OF THE BUSINESS (e.g. bar or restaurant, theme/décor/intended market)	
TYPE OF ENTERTAINMENT OFFERED (include details of type of live entertainment, recorded music, video	
games, pool tables, etc.)	
ON SITE PARKING AVAILABILITY (number of parking spaces)	
IDENTIFICATION OF NEED FOR SECURITY PERSONNEL	
DETAILS OF DEVIOUS LIQUOD LICENCE CONVICTIONS	
DETAILS OF PREVIOUS LIQUOR LICENCE CONVICTIONS	
NOTE: DETAILED PLANS AND PROPOSED LAYOUT OF INTERIOR AND OUTDOOR SEATING	
AREAS MUST BE ATTACHED.	