

Alcohol and Gaming Commission of Ontario

Licensing and Registration 90 SHEPPARD AVE E SUITE 200 TORONTO ON M2N 0A4

Fax: 416-326-8711

Tel: 416-326-8700 or 1-800-522-2876 toll free in Ontario

Agency Letter of Approval

Note: A separate letter is required from Building, Fire and Health authorities.

THIS FORM IS NOT REQUIRED FOR CHANGES IN **OWNERSHIP ONLY.**

Attention: Approving Agency

This form is supplied for the convenience of approving

Any individual agency may choose to utilise their own specific correspondence.

| Na | ame of Approving Agency | | | |
|---|---|-----------------------|-----------------------|-----------------|
| Address | | City / Town | Province / State | Postal Code |
| Re | : | | l | |
| Name of Premises | | | | Municipality |
| Address City / | | City / Town | Province / State | Postal Code |
| Please indicate: New Building OR | | | | |
| | determination or assessment has, or will be made, at this time with respect to the occupant load. Agency has no objections to the use of this facility as a licensed premises under the <i>Liquor Licence Act</i> . A total occupant load has been established at IndoorOutdoor Note: If the total occupant load should be segmented into specific areas, please define below or provide appropriate attachment. | | | |
| | Agency has no objections to the use of this facility as a licensed premises under the <i>Liquor Licence Act</i> following compliance with the identified requirements. <i>Note conditions below or provide appropriate attachment.</i> | | | |
| | | | | |
| | | | | ☐See attachment |
| Name of Approving Official (please print) | | please print) Title c | of Approving Official | Date |
| Signature of Approving Official | | ial Teleph | none number | Fax number |