

Municipal Endorsement for Temporary Liquor Licence Extension of Hours

As mandated by the Municipal Freedom of Information and Protection of Privacy Act, section 2(2.1) and 2(2.2), information collected on this form/collection/application is considered business identity information. Business identity information could be made publicly available and/or disclosed upon request, unless an exception applies.

Please do not include any personal information.

Information and Instructions

Applications must meet the definition of municipal significance in order to be considered for endorsement by the City of Toronto.

An event should be deemed municipally significant, if, in the opinion of the councillor for the ward, an event:

- meets the criteria prescribed in the Delegation of Authority for the Endorsement of Liquor Licences, as confirmed by the City Clerk;
- has a positive cultural, social and/or economic impact on the local community;
- is considered to be in the public interest; and
- complies with any other factors the ward councillor considers relevant to their determination

Exception: the City Clerk cannot endorse applications for the following:

- serving of alcohol indoors later than 4 am
- amplified music or sound outdoors after 9 pm, including sound emanating from inside (directly from the establishment, does not apply to music or sound from an outdoor festival)

How to request the City's Endorsement

Submit the following to the City Clerk's Office, liquorlicence@toronto.ca using your business email.

- completed application form
- letter of support from event partner(s)/sponsor(s)

The City Clerk will forward applications to the Ward Councillor for consideration. If approved, an endorsement letter declaring the event to be municipally significant will be sent to the email address indicated on this form.

How to submit your application

Please submit applications by email (from your business email account only). Office hours Monday to Friday 8:30am - 4:15pm.

Email liquorlicence@toronto.ca	Fax 416-392-1260	Telephone 416-392-7036
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Mailing Address

City of Toronto, City Clerk's Office, Toronto City Hall, 100 Queen St. West, M5H 2N1

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Event Information

Event Name					
Is this event part of a larger event?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, what event?
Event Contact/Organizer Last Name			Event Contact/Organizer First Name		
Establishment Name			Councillor/Ward		
Street Number	Street Name			Suite/Unit Number	
City/Town		Province		Postal Code	
Business Telephone Number			Business Email		

The event is one of the following

<p>Local live sports event</p> <p>Nationally or internationally recognized televised sports event in a different time zone</p> <p>A performing arts event (including multi-event festivals and associated events)</p> <p>Event with special live performances throughout serving hours</p> <p>Other, please specify: _____</p>
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I understand that the event must conform to the following:

<p>The event will take place indoors only.</p> <p>Liquor service will end no later than 4:00 a.m.</p> <p>There will be no amplified music or sound emanating from inside after 9:00 p.m.</p>
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Event Date(s) and Time(s)

Please list the date(s) and time(s) the extension is being requested for

(Please only list hours of extension, not total event operating time).

Extension Date(s)			Time(s) Alcohol Will Be Served			
	From (yyyy-mm-dd)	To (yyyy-mm-dd)	From (hh:mm)		To (hh:mm)	
1			<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
2			<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
3			<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
4			<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
5			<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
6			<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
7			<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
8			<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
9			<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
10			<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

List additional dates on a separate page and submit with this application.

Applicant Declaration

I declare that the information provided in this application is correct.

Signature

Date (yyyy-mm-dd)

For Office Use Only

Date Received (yyyy-mm-dd)

Received by

Ward