



BD-F-323

Alcohol and Gaming Commission of Ontario

Licensing and Registration

90 Sheppard Avenue east, Suite 200

Toronto, ON M2N 0A4

Tel.: 416-326-8700, Fax: 416-326-8711

Toll free in Ontario: 1-800-522-2846

Inquiries: www.agco.ca/iagco

Website: www.agco.ca

Agency Letter of Approval

Name of Approving Agency:

**Collingwood FIRE DEPARTMENT and
Collingwood BUILDING SERVICES**

P.O. Box 157

Collingwood, ON L9Y 3Z5

705-445-1030

Note: The AGCO requires a letter from Building and Fire authorities, and separately from Health authorities.

This form is not required for applications for changes in ownership.

Premises Information:

Name of Premises:

Street Address:

Town: _____ Province: _____ Postal Code:

Phone Number:

Email Address:

Application

Please indicate if the application is for:

New Liquor Sales Licence

Indoor areas

Outdoor areas

Alterations to an Existing Licence

Indoor areas

Outdoor areas



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Agency has no objections to the use of this facility as a licensed premises under the *Liquor Licence and Control Act*. No determination or assessment has, or will be made, at this time with respect to the occupant load.

Agency has no objection to the use of this facility as a licensed premises under the *Liquor Licence Act*.

A total occupant load has been established at:

Indoor

Outdoor

Note: If the total occupant load should be segmented into specific areas, please define below or provide appropriate attachments.

Agency has no objections to the use of this facility as a licensed premises under the *Liquor Licence Act*, following compliance with the identified requirements. Note conditions below or provide appropriate attachments.

Attachment(s)

No Attachment(s)

Name of Approving Official:	Title of Approving Official:	Signature:
Jeff Gage	Fire Prevention Officer	
Phone: 705-445-3920	Email: jgage@collingwood.ca	Date:

Name of Approving Official:	Title of Approving Official:	Signature:
Tammy Hogg	Chief Building Official	
Phone: 705-445-1030	Email: thogg@collingwood.ca	Date: