



Alcohol and Gaming
Commission
of Ontario

Telephone: 416 326-8700
1 800 522-2876 toll free in Ontario
Fax: 416 326-5555

Agency Letter of Approval

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

THIS FORM IS NOT REQUIRED FOR CHANGES IN OWNERSHIP ONLY.

Attention: Approving Agency

This form is supplied for the convenience of approving authorities.
Any individual agency may choose to utilise their own specific correspondence.

Name of approving agency				
Address				
Street Number	Street Name	Street Type	Direction	Suite/Floor/Apt.
Lot/Concession/Rural Route		City/Town/Municipality		Postal Code
Re:				
Name of Establishment			Municipality	
Street Number	Street Name	Street Type	Direction	Suite/Floor/Apt.
Lot/Concession/Rural Route		City/Town		Postal Code
<p>Please indicate: <input type="checkbox"/> New Building OR <input type="checkbox"/> Alterations</p> <p> <input type="checkbox"/> Indoor Areas <input type="checkbox"/> Outdoor Areas</p> <p><input type="checkbox"/> Agency has no objections to the use of this facility as a licensed premises under the <i>Liquor Licence Act</i>. No determination or assessment has, or will be made, at this time with respect to the occupant load.</p> <p><input type="checkbox"/> 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 Indoor _____ Outdoor _____.</p> <p><i>Note: If the total occupant load should be segmented into specific areas, please define below or provide appropriate attachment.</i></p> <p><input type="checkbox"/> 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></p>				
<input type="checkbox"/> See attachment				
Name of approving official (<i>please print</i>)		Title of approving official		Date (yyyy/mm/dd)
Signature of approving official		Telephone number	Fax number	