

CITY OF HAMILTON

MOTION

Council Date: September 26, 2012

MOVED BY COUNCILLOR FARR.....

SECONDED BY COUNCILLOR

Objection to Application for Changes or Additions to Existing Liquor Licensed Area - 1704343 Ontario Limited o/a Aout 'n About, 21 Augusta Street, Hamilton, Ontario, L8N 1P6

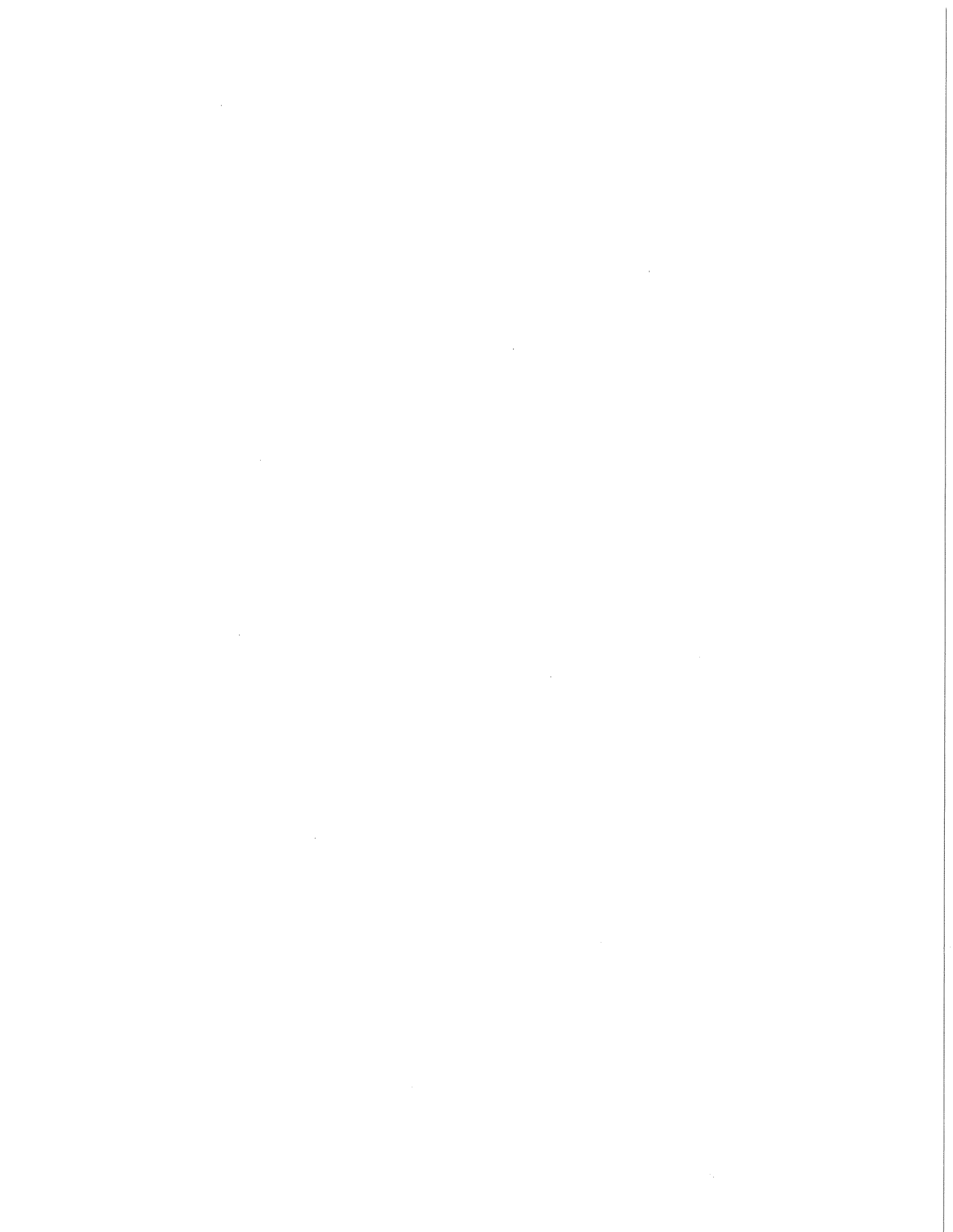
Whereas, Aout 'n About at 21 Augusta Street, Hamilton has applied for an increase to the Occupancy of their existing liquor licensed area within their establishment;

And Whereas, under Section 7.1 (1) of the Alcohol and Gaming Commission of Ontario's legislation, they shall consider a resolution of Council of the municipality, in which are located the premises for which a person makes an application to sell liquor or holds a license to sell liquor, as proof of the needs and wishes of the residents of the municipality for the purposes of clause 6 (2) (h) of the Act;

And Whereas, due to concerns from Hamilton Police Services and comments submitted by the City's Building Department attached hereto;

Therefore, be it resolved:

That the Alcohol and Gaming Commission of Ontario (AGCO) be advised that based on the concerns noted by Hamilton Police Services and the comments by the Hamilton Building Department, the City of Hamilton objects to the said application for a change to the Existing Liquor Licensed area which would increase the Occupancy of the existing liquor licensed area of this establishment.





LANHACK Consultants Inc.
Consulting Engineers
5230 South Service Road
Main Level
Burlington, ON L7L 5K2
Tel.: (905) 336-1454
Fax: (905) 336-8142

August 9, 2012

City of Hamilton , Licensing
77 James St N, Suite 250
Hamilton, ON L8R 2K3

Attention: Todd Lawrie
Liquor Licensing Facilitator

**Re: Liquor License Number 808648
21 Augusta Street**

Dear Sir:

The establishment 1704343 Ontario Limited o/a Aout 'n About, currently occupies a 2-storey building of gross floor area of 185sm. There exists a basement level which is used for storage and staff washrooms only. The liquor license includes the indoor area of the building of 185sm gross floor area and an outdoor patio of 37sm.

The operators are requesting an increase in the occupant load of the building (interior only) and an application to the building department was made on Friday August 3, 2012. To supplement the building permit application we include the following documents to complete the application:

- AGCO application for Changes of Additions to Existing Licensed Areas
- AGCO Municipal Information
- AGCO Establishment Description Form
- 2 sets of plans and schedules prepared by Lanhack Consultants Inc. Drawings A1, A2, A3

We trust this completes the application form.

Should there be any questions, please contact me at your convenience.

LANHACK Consultants Inc.

David Hacking, P.Eng.

Cc: Dante Dalia, Owner





Alcohol and Gaming
Commission of Ontario
Licensing and Registration
90 SHEPPARD AVE E
SUITE 200
TORONTO ON M2N 0A4
Tel./Téléphone : 416 326-8700
1 800 522-2876 toll free in Ontario/sans frais en Ontario
Website/Site Web : www.agco.on.ca

Commission des alcools
et des jeux de l'Ontario
Inscription et délivrance des permis
90 AV SHEPPARD E
BUREAU 200
TORONTO ON M2N 0A4
Fax/Téloc. : 416 326-5555

**Application for Changes or
Additions to Existing Licensed Areas
Demande de modifications aux
zones pourvues d'un permis ou
d'ajout à ces zones**

Preferred Language / Langue préférée

English Français

1. Type of Application / Genre de demande

Indoor area(s) / Zone(s) intérieure(s)

- Additional areas / Zones supplémentaires
 Changes to existing areas / Modifications à des zones actuelles

Occupancy (Capacity) / Capacité

- No change / Pas de changement
 Increase / Augmentation
 Decrease / Diminution

Outdoor area(s) / Zone(s) extérieure(s)

- Additional areas / Zones supplémentaires
 Changes to existing areas / Modifications à des zones actuelles
 Relocation of Patio / Déplacement d'une terrasse

Occupancy (Capacity) / Capacité

- No change / Pas de changement
 Increase / Augmentation
 Decrease / Diminution

- Convert areas currently licensed under WHS Policy (e.g. washrooms, hallways, stairwells, etc.) to areas licensed for the sale, service and consumption of liquor. / Convertissez les régions actuellement avec un permis sous politique actuel WHS (toilettes, couloirs, d'escalier, etc.) à des régions avec un permis pour la vente, service et consommation d'alcool.
 Add temporary tiered seating approval / Ajoutez une autorisation pour des gradins temporaires

2. Establishment Information / Renseignements sur l'établissement

Establishment name / Nom de l'établissement 1704343 Ontario Limited o/a Aout 'n About			Liquor licence Number / N° de permis d'alcool 808648
Address of Establishment (not mailing address) / Emplacement exact de l'établissement (pas l'adresse postale) 21 Augusta Street			Tel. No. / N° de téléphone (905) 525-7,164
Unit Number / Unité	City, Town or Village / Ville ou village Hamilton	Postal Code / Code postal L 8 N 1 P 6	Fax No / N° de télécopieur () -

Mailing Address of establishment (if different from above) / Adresse postale de l'établissement (si différente de celle indiquée ci-dessus)

Street number / Numéro	Street name / Nom de rue	Street type / Genre de rue	Direction / Orientation de rue
Suite, Floor, Apt. Bureau/étage/App.	Lot, Concession, Rural Route	City, Town, Municipality / Ville, village, municipalité	Postal Code / Code postal

3. Contact Person (for processing this application) /

Renseignements sur la personne-ressource (en vue du traitement de la demande)

Name / Nom David Hacking c/o Lanhack Consultants Inc.		Email Address / Courriel dhacking@lanhack.ca	
Street number / Numéro 5230	Street name / Nom de rue South Service Rd.	Street type / Genre de rue	Direction / Orientation de rue
Suite, Floor, Apt. Bureau/étage/App. Main	Lot, Concession, Rural Route	City, Town, Municipality / Ville, village, municipalité Burlington	Postal Code / Code postal L 7 L 5 K 2
Telephone No.(Home) / N° de téléphone (domicile) (807) 474 - 6116		Telephone No. (Work) / N° de téléphone (travail) (905) 336 - 1454 ex.2301	Fax No. / N° de télécopieur (905) 336 - 8142

4. Proposed Licensed Areas / Zones devant faire l'objet du permis

- Do not complete for ancillary areas (washrooms, hallways, stairwells, etc.) that do not increase the overall occupancy. / Ne complétez pas pour les régions subordonnées (toilettes, couloirs, escaliers etc.) si cela n'augmente pas l'occupation totale.

Capacity calculations: Example / Détermination de la capacité : exemple					
Existing or proposed area E or P / Zone existante (E)* ou proposée (P)	Exact Location & Description of Licensed area / Emplacement exact et description de la zone Please indicate if the area will be licensed for tiered seating / Veuillez indiquer si la zone sera pourvue d'un permis autorisant des gradins.	Indoors or Outdoors / Intérieure ou extérieure	Total area (length X width) m ² or sq. ft. / Superficie totale (longueur sur largeur) m ² ou pi ²	Estimated Capacity (Total area + 1.11 m. or 12 ft.) / Capacité estimative (Superficie totale + 1,11 m ou 12 pi)	BYOW Endorsement YES or NO / Avenant « Apportez votre propre vin » OUI ou NON
E	main floor north section / Rez-de-chaussée, partie nord	IN / INT.	120	108	YES/ OUI
E	basement north-west section / Sous-sol, partie nord-ouest	IN / INT.	60	54	YES/ OUI
P	main floor adjoining dining room / Rez-de-chaussée, salle à manger attenante	OUT / EXT.	95	86	YES/ OUI
Total occupancy figure / Capacité totale				248	

Capacity calculations (if additional space is required, attach a separate sheet) / Détermination de la capacité (au besoin, utiliser une feuille séparée)

Existing or proposed area E or P / Zone existante (E)* ou proposée (P)	Exact Location & Description of Licensed area / Emplacement exact et description de la zone Please indicate if the area will be licensed for tiered seating / Veuillez indiquer si la zone sera pourvue d'un permis autorisant des gradins.	Indoors or Outdoors / Intérieure ou extérieure	Total area (length X width) m ² or sq. ft. / Superficie totale (longueur sur largeur) m ² ou pi ²	Estimated Capacity (Total area + 1.11 m. or 12 ft.) / Capacité estimative (Superficie totale + 1,11 m ou 12 pi)	BYOW Endorsement YES or NO / Avenant « Apportez votre propre vin » OUI ou NON
E	Location 1 - Foyer (ground floor)	IN / INT	5	5	NO / NON
E	Location 2 - Standing Bar (ground floor)	IN / INT	38	35	NO / NON
E	Location 3 - Seating Lounge (ground floor)	IN / INT	17	16	NO / NON
E	Location 8 - Standing Bar (second floor)	IN / INT	43	39	NO / NON
E	Location 9 - Seating Lounge (second floor)	IN / INT	17	16	NO / NON
E	Location 4 - Kitchen (ground floor)	IN / INT	15	2	NO / NON
Total occupancy figure / Capacité totale				113	

*Note: E - Existing - means presently licensed areas / *Remarque: E - existant - signifie pourvu actuellement d'un permis d'alcool

If this application is for an outdoor area, please check with your local municipality **before** submitting the application to ensure that you are in compliance with local zoning by-laws and that you qualify for a permit/agreement, if you require one.

Si la présente demande a trait à une zone extérieure, veuillez communiquer avec votre municipalité locale **avant** de présenter la demande afin de vous assurer que vous vous conformez aux règlements de zonage locaux et que vous êtes admissible à un permis ou un accord, si nécessaire.

5. Applicant Signature / Signature de l'auteure ou auteur ou des auteurs de la demande

If the applicant is a sole proprietor, he/she must sign below.

If the applicant is a corporation, **a person with authority to bind the corporation** must sign below.

If the applicant is a partnership, **all partners** must sign below.


La demande doit être signée ci-dessous par **la ou le propriétaire** de l'entreprise lorsqu'il s'agit d'une entreprise personnelle.

La demande doit être signée ci-dessous par une **personne habilitée à engager l'entreprise** lorsqu'il s'agit d'une personne morale.

La demande doit être signée ci-dessous par **tous les associés** lorsqu'il s'agit d'une société en nom collectif.

By signing this form I/we solemnly declare that all information provided in this application is true and correct. /

En signant cette formule, je déclare (nous déclarons) solennellement que les renseignements fournis sont fidèles et exacts.

Print name / Nom en lettres moulées David Hacking	Signature 	Date 1 2 - 0 8 - 0 9
Print name / Nom en lettres moulées	Signature	Date
Print name / Nom en lettres moulées	Signature	Date

Notification

The above information is collected pursuant to the *Liquor Licence Act*, R.S.O. 1990, c. L.19, as amended. The principal purpose of the collection is to determine eligibility for the issuance of a liquor sales licence. The information may also be disclosed pursuant to the *Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. F.31. For questions about the collection of this information, please contact the Manager, Liquor Licensing, Alcohol and Gaming Commission of Ontario, 90 SHEPPARD AVE E, SUITE 200, TORONTO ON M2N 0A4, telephone 416 326-8700, toll free in Ontario 1 800 522-2876. Email address: Licensing@agco.on.ca

Avis

Les renseignements fournis dans la présente formule sont recueillis aux termes de la *Loi sur les permis d'alcool*, L.R.O. 1990, chap. L.19, telle que modifiée, dans le but premier de déterminer l'admissibilité à un permis de vente d'alcool. Ces renseignements peuvent également être divulgués aux termes de la *Loi sur l'accès à l'information et la protection de la vie privée*, L.R.O. 1990, chap. F.31. Les questions relatives à la collecte de renseignements doivent être adressées à la ou au chef du Service de délivrance des permis d'alcool et de circonstance, Commission des alcools et des jeux de l'Ontario, 90 AV SHEPPARD E, BUREAU 200, TORONTO ON M2N 0A4. Tél. : 416 326-8700 ou 1 800 522-2876 (interurbains sans frais en Ontario). Courriel : Licensing@agco.on.ca



Return completed form to:
 Alcohol and Gaming Commission of Ontario
 90 SHEPPARD AVE E
 SUITE 200
 TORONTO ON M2N 0A4

Remplir et retourner cette formule à :
 Commission des alcools et des jeux de l'Ontario
 90 AV SHEPPARD E
 BUREAU 200
 TORONTO ON M2N 0A4

Municipal Information Renseignements municipaux

The information requested below is required in support of all applications for a **new** liquor licence or outdoor areas being added to an **existing** liquor licence.

Les renseignements sont recueillis conjointement à toute demande de **nouveau** permis d'alcool ou d'ajout de zones de plein air à un permis d'alcool **existant**.

Section 1 - Application Details

Section 1 - Détails de la demande

Establishment name / Nom de l'établissement 1704343 Ontario Limited o/a Aout 'n About		Establishment tel. no. / N° de tél. de l'établissement 905-525-7164		
Contact name / Nom de la personne à contacter David Hacking c/o Lanhack Consultants Inc.		Contact's tel. no. / N° de tél. de la personne à contacter 807-474-6116		
Exact location of establishment (not mailing address) / Emplacement exact de l'établissement (non l'adresse postale)				
Street Number / Numéro 21	Street Name / Nom de rue Augusta Street	Street Type / Genre de rue side street	Direction / Orientation de rue W-E	Suite/Floor/Apt. / Bureau/étage/app. n/a
Lot/Concession/Route / Lot/concession/route rurale		City/ Town/Municipality / Ville/village/municipalité Hamilton	Postal Code / Code postal L8N 1P6	

Does the application for a liquor licence include: / La demande de permis d'alcool porte-t-elle entre autres sur :

Indoor areas / des zones intérieures outdoor areas / des zones de plein air

Section 2 - Municipal Clerk's official notice of application for a liquor licence in your municipality

Section 2 - Avis officiel de demande de permis d'alcool dans votre municipalité à l'intention du (de la) secrétaire municipal(e)

Municipal Clerk:
 please confirm the "wet/damp/dry" status below.

Secrétaire municipal(e) :
 Confirmer le statut de la région ci-dessous.

Name of village, town, township or city where taxes are paid / Nom du village, de la ville ou du canton à qui les impôts sont versés :
(If the area where the establishment is located was annexed or amalgamated, provide the name of the Village, Town, Township or City was known as)
(Si la région où se trouve l'établissement a été annexée ou fusionnée, nom sous lequel le village, la ville ou le canton était connu)

Is the area where the establishment is located: / La vente de boissons alcooliques est-elle autorisée dans la région où se trouve l'établissement?
 Wet (for spirits, beer, wine) / Oui (spiritueux, bière, vin) Damp (for beer and wine only) / Oui (bière et vin seulement) Dry / Non

Note:
 Specify concerns regarding zoning, non-compliance with bylaws, or general objections to the application by council or elected municipal representatives, must be clearly outlined, in a separate submission or letter within 30 days of this notification.

Remarque :
 Toute question particulière concernant le zonage, la non-conformité aux règlements municipaux ou toute objection générale relative à la demande de la part de membres du conseil ou de représentants municipaux élus doit être décrite clairement dans un document distinct ou une lettre à l'intérieur d'une période de 30 jours après la remise du présent avis.

Signature of municipal official / Signature du (de la) représentant(e) municipal(e) _____ Title / Poste _____

Address of municipal office / Adresse du bureau municipal _____ Date _____



Alcohol and Gaming
Commission of Ontario
Licensing and Registration
90 SHEPPARD AVE E SUITE 200
TORONTO ON M2N 0A4
416 326-8700 1 800 522-2876 toll free in Ontario / sans frais en Ontario

Commission des alcools
et des jeux de l'Ontario
Inscription et délivrance des permis
90 AV SHEPPARD E BUREAU 200
TORONTO ON M2N 0A4

Establishment Description Form

You are required to notify the registrar immediately of any changes to the information provided on this form.

1. Establishment name and address

Establishment Name 1704343 Ontario Limited o/a Aout 'n About				
Street number 21	Street Name Augusta Street	Street Type side	Direction W-E	Suite/Floor/Apt. n/a
Lot/Concession/Rural Route		City/Town Hamilton	Province Ontario	Postal Code L 8 N 1 P 6

Check off the items that apply below. Ensure that you answer all the questions. For details regarding the questions, see back of form.

2. Type: Mark the one that is closest to your operating style (*See definitions on page 2.)

Adult Entertainment <input type="checkbox"/>	Bowling Alley <input type="checkbox"/>	Hotel/Motel <input type="checkbox"/>	Restaurant Bar* <input checked="" type="checkbox"/>
Arcade-style Facility <input type="checkbox"/>	Community Centre <input type="checkbox"/>	Internet Café <input type="checkbox"/>	Restaurant/Club* <input type="checkbox"/>
Art Gallery <input type="checkbox"/>	Educational Facility* <input type="checkbox"/>	Karaoke Bar <input type="checkbox"/>	Retirement Residence <input type="checkbox"/>
Athletic Club <input type="checkbox"/>	- Over 19 years of Age <input type="checkbox"/>	Laundromat <input type="checkbox"/>	Social Club* <input type="checkbox"/>
Auditorium <input type="checkbox"/>	Educational Facility* <input type="checkbox"/>	Medical Facility <input type="checkbox"/>	Spa <input type="checkbox"/>
Automotive/Marine <input type="checkbox"/>	- Under 19 years of Age <input type="checkbox"/>	Military <input type="checkbox"/>	Specialty Food Store <input type="checkbox"/>
Banquet Room <input type="checkbox"/>	Funeral Home <input type="checkbox"/>	Movie Theatre <input type="checkbox"/>	Specialty Merchandise Store <input type="checkbox"/>
Bar/Sports Bar <input type="checkbox"/>	Gaming Premises* <input type="checkbox"/>	Museum <input type="checkbox"/>	Stadium* <input type="checkbox"/>
Big Box Retail Store <input type="checkbox"/>	General Store* <input type="checkbox"/>	Nightclub* <input type="checkbox"/>	Theatre* <input type="checkbox"/>
Billiard/Pool Hall <input type="checkbox"/>	Golf Course <input type="checkbox"/>	Place of Worship <input type="checkbox"/>	Train* <input type="checkbox"/>
Bingo Hall <input type="checkbox"/>	Grocery Store <input type="checkbox"/>	Railway Car* <input type="checkbox"/>	Other: <input type="checkbox"/>
Boat for Hire <input type="checkbox"/>	Hair Salon/ Barber Shop <input type="checkbox"/>	Restaurant* <input type="checkbox"/>	
Bookstore <input type="checkbox"/>	Historical Site/ Landmark <input type="checkbox"/>	Restaurant/(Franchise)* <input type="checkbox"/>	

3. Location Information (Mark all that apply)

Greater than 250 metres from a residence, residential neighbourhood, school or place of worship <input type="checkbox"/>	Less than or equal to 250 metres from: Residence or residential neighbourhood <input type="checkbox"/>	Elementary School <input type="checkbox"/>
	Junior/High School <input type="checkbox"/>	Place of worship <input checked="" type="checkbox"/>

4. Hours of Operation

		SUN	M	T	W	TH	F	SAT
11:30	<input checked="" type="checkbox"/> a.m. to <input type="checkbox"/> p.m.	02:00	<input checked="" type="checkbox"/> a.m. to <input type="checkbox"/> p.m.					
	<input type="checkbox"/> a.m. to <input type="checkbox"/> p.m.							

5. VIP/Private Rooms

Do you have VIP/Private Rooms? Yes No

6. Line up for Admission

Will there be a line up for admission on public property? If YES, please provide details on a separate sheet. (See definition on page 2.) Yes No

7. Bottle Service

Do you offer bottle service (excluding wine/beer)? Yes No

8. Lease Rent Own

Name of Mortgager or Landlord:
1704342 Ontario Inc.

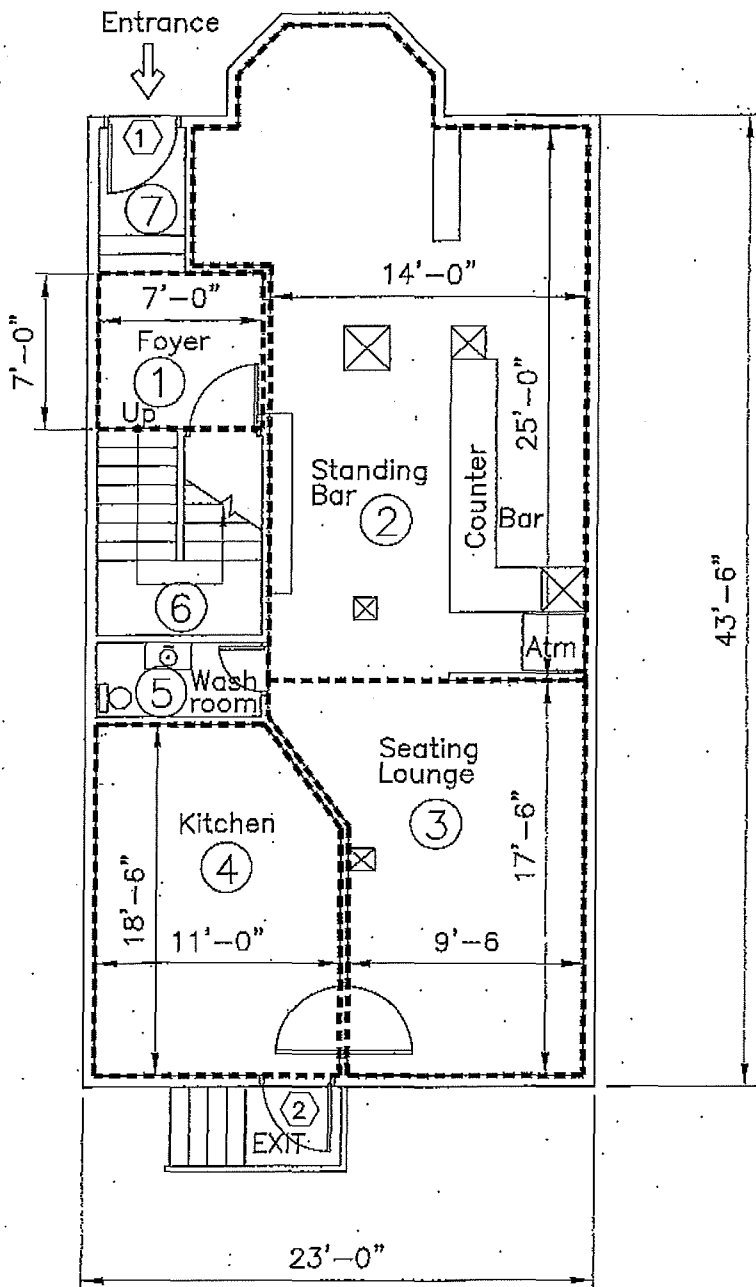
9. Automated Dispense System

Do you offer an automated dispense system? (See definition on page 2.) Yes No

10. Tiered seating

Do you intend to use tiered seating? Yes No

AUGUSTA STREET



GROUND FLOOR PLAN



LANHACK Consultants Inc.
 Consulting Engineers
 5230 South Service Road
 Burlington, ON L7L 5K2
 Tel: (905) 336-1454
 Fax: (905) 336-8142

PROJECT: ADUT 'N' ABOUT
 21 AUGUSTA ST. HAMILTON ON

DRAWING: GROUND FLOOR PLAN

Date (m/d/y): 07/17/2012

DRWN BY: ARC

Project No.

SCALE: 1/8"=1'-0"

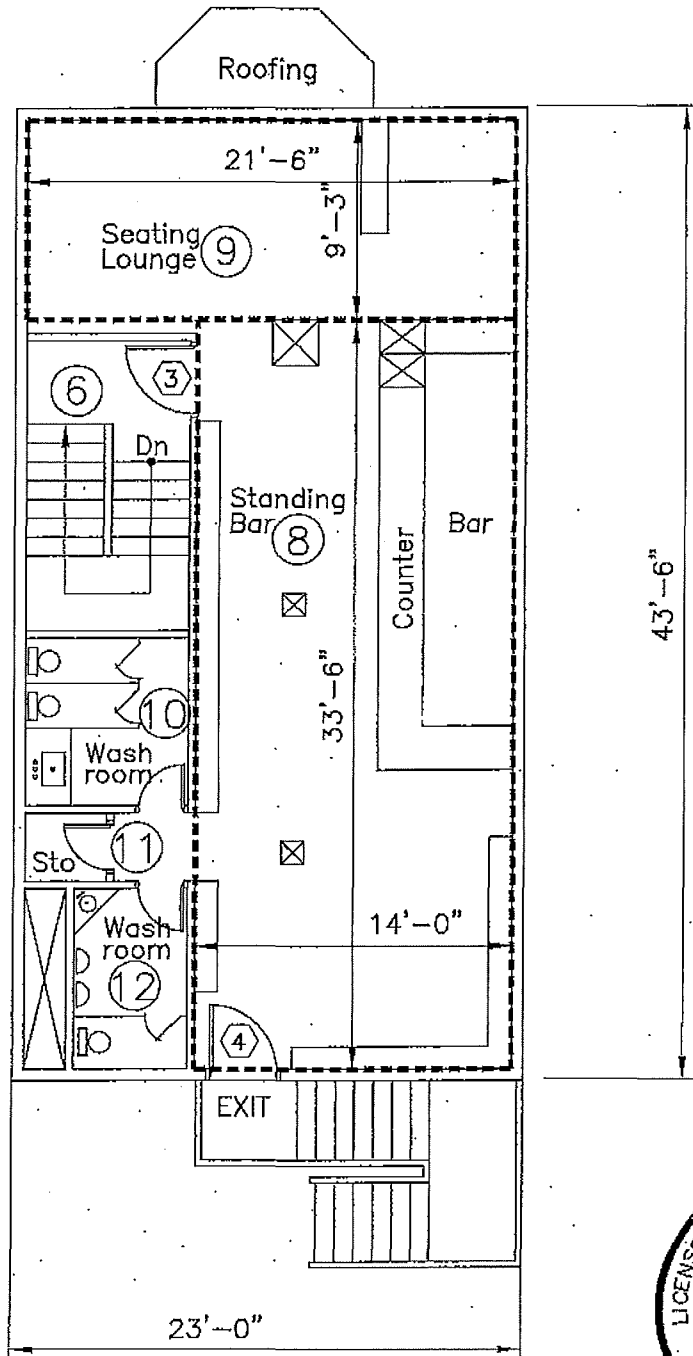
CHKD BY: DJH

Des. No.

A1

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Plot Date: 08/02/12



SECOND FLOOR PLAN



LANHACK Consultants Inc.
 Consulting Engineers
 5230 South Service Road
 Burlington, ON L7L 5K2
 Tel: (905) 336-1454
 Fax: (905) 336-8142

PROJECT: ADUT 'N' ABOUT
 21 AUGUSTA ST. HAMILTON ON

DRAWING: SECOND FLOOR PLAN

Date (m/d/y): 07/17/2012

DRWN BY: ARC

Project No.:

SCALE: 1/8"=1'-0"

CHKD BY: DJH

Dwg. No.:

A2

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Plot Date: 08/02/12

OCCUPANT LOAD CALCULATIONS AS PER ONTARIO BUILDING CODE (OBC)

**(1) AREA/PERSON BASED ON USE – OBC 3.1.17.1
(NSU – NON SIMULTANEOUS USE)**

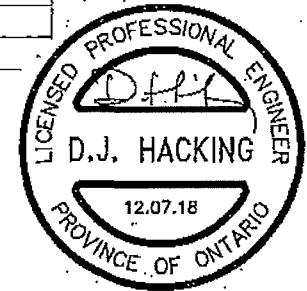
LOCATION	LICENCE AREA	FLOOR	AREA (SQ.M)	OCCUPANT LOAD
1	FOYER	1	5	5
2	STANDING BAR	1	38	35
3	SEATING LOUNGE	1	17	16
4	KITCHEN	1	15	2
5	WASHROOM	1	2.5	NSU
6	STAIRS	1	6.5	NSU
7	ENTRANCE	1	2.5	NSU
8	STANDING BAR	2	43	39
9	SEATING LOUNGE	2	17	16
10	WASHROOM	2	17	NSU
11	STORAGE/HALL	2	3.5	NSU
12	WASHROOM	2	18	NSU
TOTAL			185	113

(2) EXIT WIDTH BASED ON ASSEMBLY USE – OBC 3.4.3.2

LOCATION	DOOR #	FLOOR	EXIT WIDTH (MM)	OCCUPANT LOAD
7	1	1	914	150
4	2	1	914	150
6	3	2	914	150
8	4	2	914	150
TOTAL			3656	600

**(3) WASHROOM CALCULATION – OBC 3.7.4.3.(4) & (7) TABLE 3.7.4.3.D
(NSU – NON SIMULTANEOUS USE)**

LOCATION	FLOOR	# WATER CLOSETS		OCCUPANT LOAD
		MALE	FEMALE	
5	1	0	0	NSU
10	2	0	2	70
12	2	2	0	70
TOTAL		2	2	140



LANHACK Consultants Inc.
 Consulting Engineers
 5230 South Service Road
 Burlington, ON L7L 5K2
 Tel: (905) 336-1454
 Fax: (905) 336-8142

PROJECT: ADUT "N" ABOUT
 21 AUGUSTA ST. HAMILTON ON

DRAWING: OCCUPANT LOAD CALCULATION

Date (m/d/y): 07/17/2012

DRWN BY: ARC

Project No.

SCALE: NTS

CHKD BY: DJH

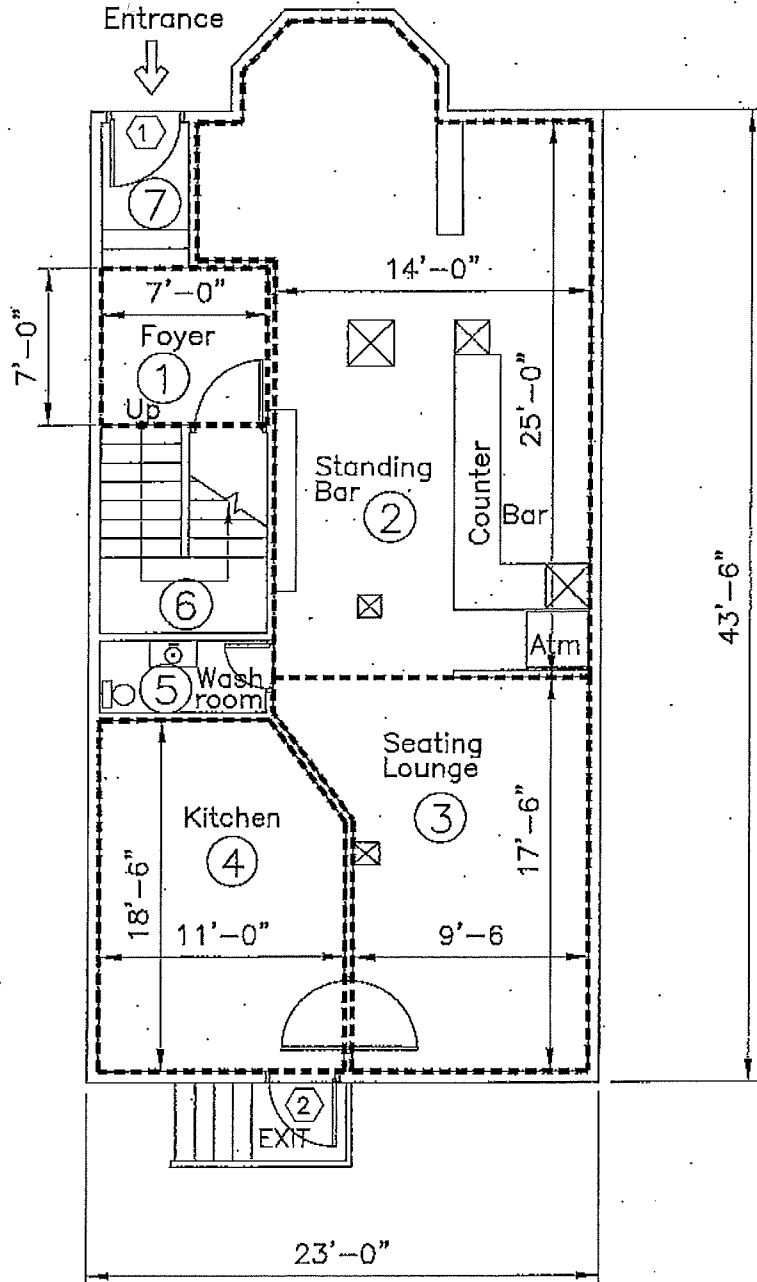
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A3

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Plot Date: 03/02/12

AUGUSTA STREET



GROUND FLOOR PLAN



LANHACK Consultants Inc.
 Consulting Engineers
 5230 South Service Road
 Burlington, ON L7L 5K2
 Tel: (905) 336-1454
 Fax: (905) 336-8142

PROJECT: ADUT 'N' ABOUT
 21 AUGUSTA ST. HAMILTON ON

DRAWING: GROUND FLOOR PLAN

Date (m/d/y): 07/17/2012

DRWN BY: ARC

Project No.:

SCALE: 1/8"=1'-0"

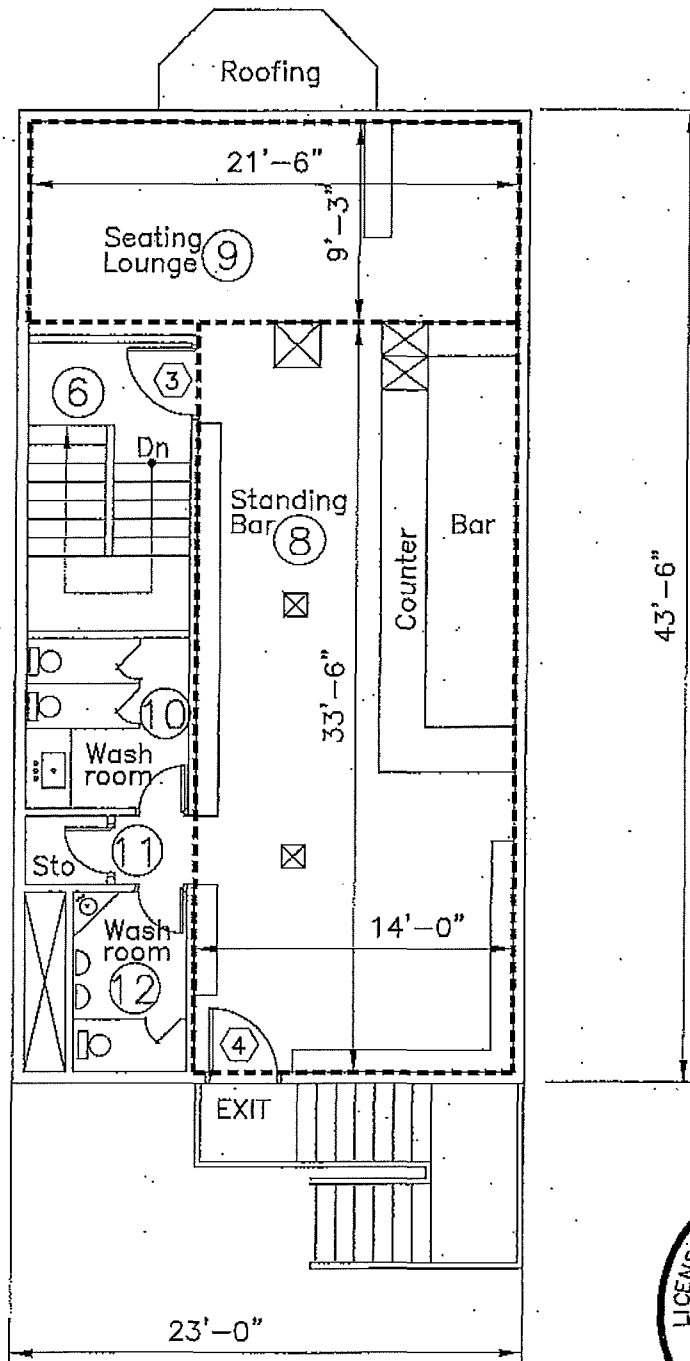
CHKD BY: DJH

Dwg. No.:

A1

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Plot Date: 08/02/12



SECOND FLOOR PLAN



LANHACK Consultants Inc.
 Consulting Engineers
 5230 South Service Road
 Burlington, ON L7L 5K2
 Tel: (905) 336-1454
 Fax: (905) 336-8142

PROJECT: ADUT "N" ABOUT
 21 AUGUSTA ST, HAMILTON ON

DRAWING: SECOND FLOOR PLAN

Date (m/d/y): 07/17/2012	DRWN BY: ARC	Project No.:
SCALE: 1/8"=1'-0"	CHKD BY: DJH	Dwg. No.: A2

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Plot Date: 08/02/12

OCCUPANT LOAD CALCULATIONS AS PER ONTARIO BUILDING CODE (OBC)

**(1) AREA/PERSON BASED ON USE – OBC 3.1.17.1
(NSU – NON SIMULTANEOUS USE)**

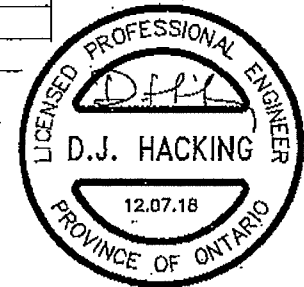
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5	WASHROOM	1	2.5	NSU
6	STAIRS	1	6.5	NSU
7	ENTRANCE	1	2.5	NSU
8	STANDING BAR	2	43	39
9	SEATING LOUNGE	2	17	16
10	WASHROOM	2	17	NSU
11	STORAGE/HALL	2	3.5	NSU
12	WASHROOM	2	18	NSU
TOTAL			185	113

(2) EXIT WIDTH BASED ON ASSEMBLY USE – OBC 3.4.3.2

LOCATION	DOOR #	FLOOR	EXIT WIDTH (MM)	OCCUPANT LOAD
7	1	1	914	150
4	2	1	914	150
6	3	2	914	150
8	4	2	914	150
TOTAL			3656	600

**(3) WASHROOM CALCULATION – OBC 3.7.4.3.(4) & (7) TABLE 3.7.4.3.D
(NSU – NON SIMULTANEOUS USE)**

LOCATION	FLOOR	# WATER CLOSETS		OCCUPANT LOAD
		MALE	FEMALE	
5	1	0	0	NSU
10	2	0	2	70
12	2	2	0	70
TOTAL		2	2	140



LANHACK Consultants Inc.
 Consulting Engineers
 5230 South Service Road
 Burlington, ON L7L 5K2
 Tel: (905) 336-1454
 Fax: (905) 336-8142

PROJECT: ADUT "N" ABOUT
 21 AUGUSTA ST. HAMILTON ON

DRAWING: OCCUPANT LOAD CALCULATION

Date (m/d/y): 07/17/2012	DRWN BY: ARC	Project No.:
SCALE: NTS	CHKD BY: DJH	Draw. No. A3

C:\Users\czz\Documents\Armando\041 Miscellaneous\Dave Hacking\Liquor Licence Plan3.dwg

Plot Date: 08/02/12



Hamilton Police Service

Memorandum

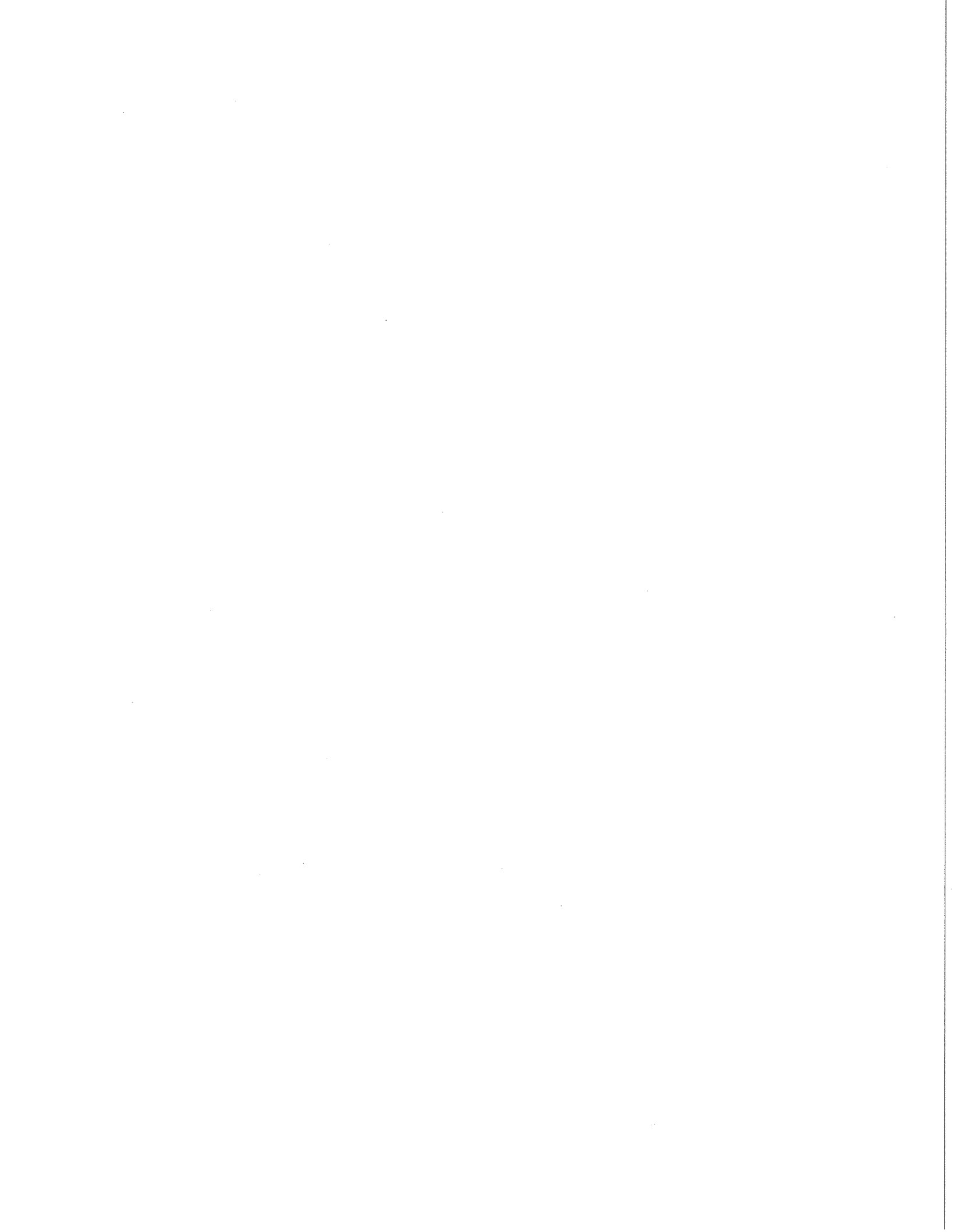
To: Todd Lawrie - Liquor Licence facilitator, City of Hamilton
From: Sgt. Imelda Korda - Vice and Drugs
Date: 9/20/2012
Re: Application for changes to Liquor Licence re: Increase to occupant Load

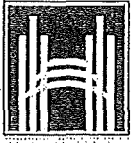
I have reviewed the application submitted to the city of Hamilton for Aout 'n About located at 21 Augusta Street, Hamilton.

I have utilized background checks on the address and the establishment. The police department does have concerns based on the number of incidents we have responded to there in the past 3 year all related to over-serving. Incidents range from a serious assault to property damage and disturbances. The establishment is relatively small in size and it would appear they are having problems accommodating that number of patrons. I have not been provided with the name of the owner or the persons responsible for that premise which is also cause for concern.

I have provided Mark Hall from the AGCO with a copy of all the police reports for his review.

CONFIDENTIAL





Hamilton

PLANNING AND ECONOMIC DEVELOPMENT DEPARTMENT
Building Services Division
71 Main Street West
Hamilton, Ontario, Canada, L8P 4Y5
Phone: 905.546.2720 Fax: 905.546.2764
www.hamilton.ca

August 23, 2012

FILE: LIQ
FOLDER: 12-115530-00 LIQ
ATTENTION OF: Kim Roberts
TELEPHONE NO: (905) 546-2424
EXTENSION: 2581

Alcohol and Gaming Commission of Ontario
90 Sheppard Avenue East, Suite 200
Toronto, Ontario
M2N 0A4

Dear Sir/Madam:

Re: **Liquor Licence Application for an Indoor Area**
Name: DANTE DALIA
Establishment Name: AOUT' N ABOUT
Address: 21 AUGUSTA ST , HAMILTON

The Building Services Division provides the following zoning compliance comments with respect to an application to the Alcohol and Gaming Commission of Ontario for a Liquor Licence.

A restaurant is permitted at this location. As such, the Building Services Division has no objection to the use of this property as a licensed premise under the Liquor Licence Act.

A restaurant is not a recognized use within this building as a building permit has not been issued to establish this use. As such, to establish the restaurant (including the number of seats), the applicant shall apply for and be issued a building permit.

For further information, contact Kim Roberts at 546-2424 extension 2581.

Yours truly

Dio Ortiz, P. Eng.
Manager of Building Engineering and Zoning

cc: Al Fletcher, Manager of Licensing and Permits
cc: Dante Dalia, 21 Augusta St., Hamilton, Ontario L8N 1P6
cc: Todd Lawrie, Liquor Licensing Facilitator

