



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				
<b>Address</b>				
Street Number	Street Name	Street Type	Direction	Suite/Floor/Apt.
Lot/Concession/Rural Route		City/Town/Municipality		Postal Code
<b>Re:</b>				
Name of Establishment			Municipality	
Street Number	Street Name	Street Type	Direction	Suite/Floor/Apt.
Lot/Concession/Rural Route		City/Town		Postal Code
<p><b>Please indicate:</b>   <input type="checkbox"/> <b>New Building</b>   OR   <input type="checkbox"/> <b>Alterations</b></p> <p>                          <input type="checkbox"/> <b>Indoor Areas</b>                   <input type="checkbox"/> <b>Outdoor Areas</b></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
Signature of approving official		Telephone number (     )     —	Fax number (     )     —	