

Township of Chatsworth Council Agenda

Wednesday June 24, 2015 at 6:00 p.m.

- 1) Call to Order:
- 2) Opening Ceremonies:
- 3) Adoption of Agenda:
- 4) Disclosure of Pecuniary Interest:
- 5) Minutes of Previous Meetings:

- 6) Public Meetings:
- 7) Deputations: 7:00 Community Centre Arena boards
8:30 Community Centre Ball diamond boards
- 8) Accounts: None
- 9) Reports/Recommendations/Quotes/RFP:

- 10) Unfinished Business:
 - 10.1 BioDigester RFP 6:00 p.m.
- 11) New Business:
 - 11.1 Liquor License approval application- Sherry's Chatsworth Café
 - 11.2 Waste and Recycling contracts
- 12) Information Items:
- 13) Closed Meeting Session
- 14) Agreements
- 15) By-Laws:

2015-53	ATV By-law
2015-55	Confirming By-law
- 16) Adjournment:

7) Deputations

7:00 p.m. Arena Boards & Minor Hockey

8:30 p.m. Ball diamond boards

Community Centre Arenas

The Community Centre Board representatives and Minor Hockey are invited to discuss Arenas in general.

This is intended to be an initial discussion and give direction

Community Centre Ball diamonds

The Community Centre ball diamond representatives are invited to discuss Ball diamonds.

This is intended to be an initial discussion and give direction

10) Unfinished business

10.1 BioDigester RFP

RFP to follow for Council input when drafted by
Conestoga Rovers

11) New Business

11.1 Liquor License approval

11.2 Waste & Recycling contracts



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 TOWNSHIP OF CHATSWORTH				
Address				
Street Number 316837	Street Name HYW 6	Street Type	Direction	Suite/Floor/Apt.
Lot/Concession/Rural Route		City/Town/Municipality CHATSWORTH	Postal Code N.O.H. 1.G.O	
Re:				
Name of Establishment SHERRY'S CHATSWORTH CARE.			Municipality CHATSWORTH	
Street Number 176	Street Name GARAFKAXA	Street Type ST.	Direction	Suite/Floor/Apt.
Lot/Concession/Rural Route		City/Town CHATSWORTH.	Postal Code N.O.H. 1.G.O	
Please indicate: <input type="checkbox"/> New Building OR <input type="checkbox"/> Alterations <input checked="" type="checkbox"/> Indoor Areas <input type="checkbox"/> Outdoor Areas <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. <input checked="" 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 <u>36</u> Outdoor _____ <i>Note: If the total occupant load should be segmented into specific areas, please define below or provide appropriate attachment.</i> <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>				
COPY				
<input type="checkbox"/> See attachment				
Name of approving official (please print) JOHN R. ACRES		Title of approving official CHIEF BUILDING OFFICIAL		Date JUNE 18, 2015
Signature of approving official <i>John R. Acres</i>		Telephone number (519) 794-3232	Fax number () -	



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Name of approving agency TOWNSHIP OF CHATSWORTH FIRE DEPARTMENT				
Address				
Street Number 75	Street Name MCNAB STREET	Street Type	Direction	Suite/Floor/Apt.
Lot/Concession/Rural Route		City/Town/Municipality CHATSWORTH	Postal Code N.O.H. 1.G.O	
Re:				
Name of Establishment SHERIDAN'S CHATSWORTH CARE			Municipality CHATSWORTH	
Street Number 176	Street Name GARBERANA ST.	Street Type ST.	Direction	Suite/Floor/Apt.
Lot/Concession/Rural Route		City/Town CHATSWORTH	Postal Code N.O.H. 1.G.O	
Please indicate: <input type="checkbox"/> New Building OR <input type="checkbox"/> Alterations				
<input checked="" type="checkbox"/> Indoor Areas <input type="checkbox"/> Outdoor Areas				
<input checked="" 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.				
<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 _____ Note: If the total occupant load should be segmented into specific areas, please define below or provide appropriate attachment.				
<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. Note conditions below or provide appropriate attachment.				
<input type="checkbox"/> See attachment				
Name of approving official (please print) MIKE GIVENES		Title of approving official CHIEF FIRE OFFICIAL		Date 19/06/2015
Signature of approving official 		Telephone number (519) 794-3188	Fax number (519) 794-4146	

11.2 Waste and Recycling

Prices will be presented at the meeting.

15) By-laws