



File No.: 04-1000-20-2017-323

September 19, 2017

s.22(1)

Dear s.22(1)

Re: Request for Access to Records under the Freedom of Information and Protection of Privacy Act (the "Act")

I am responding to your request of August 30, 2017 for:

Records related to Victoria Restaurant (the "Business") located at 6482 Victoria Drive, Vancouver BC, which business is being operated by NCL Enterprises Ltd. (the "Business Owner") under Business Licence #17-144616 from December 1, 2013 to August 30, 2017:

- 1. Any defect notice issued by City of Vancouver with respect to the Business;
- 2. Any notice or records indicating contravention, violation, non-compliance of any by-laws, rules or regulations of the City of Vancouver regarding the Business and/or the Business Owner;
- 3. Any notice, demand, order or request to comply or for works to be completed issued to the Business and/or the Business Owner;
- 4. Any notice or records indicating outstanding orders or works to be completed regarding the Business and/or the Business Owner;
- Any notice, demand or request for payment issued to the Business and/or the Business Owner; and
- Any records regarding outstanding payments payable by the Business and/or the Business Owner.

All responsive records are attached. Some information in the records has been severed, (blacked out), under s.22(1) of the Act. You can read or download this section here: http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/96165_00

Under section 52 of the Act you may ask the Information & Privacy Commissioner to review any matter related to the City's response to your request. The Act allows you 30 business days from the date you receive this notice to request a review by writing to: Office of the Information & Privacy Commissioner, info@oipc.bc.ca or by phoning 250-387-5629.

If you request a review, please provide the Commissioner's office with: 1) the request number assigned to your request (#04-1000-20-2017-323); 2) a copy of this letter; 3) a copy of your original request for information sent to the City of Vancouver; and 4) detailed reasons or grounds on which you are seeking the review.

Please do not hesitate to contact the Freedom of Information Office at foi@vancouver.ca if you have any questions.

Yours truly,

Barbara J. Van Fraassen, BA
Director, Access to Information & Privacy

Barbara.vanfraassen@vancouver.ca 453 W. 12th Avenue Vancouver BC V5Y 1V4

Phone: 604 .873.7999 Fax: 604.873.7419

Encl.

:kt



Property Use Complaint - Pests - (Other Inside Pests) - 101000517348

Case Created: 11/30/2013 4:00:00 PM

Address of Premises Involved:

Address: 6480 VICTORIA DRIVE

Complainant:

Contact: s.22(1)

Address: Vancouver

Phone number: **5.22(1)**Preferred contact: Phone

Request Details:

Request Details.	=
1. What is the nature of the concern?	Pests - (Other Inside Pests)
2. If Other selected or there are Multiple Issues, provide	Mice infested building.
details:	and the state of t
3. If Business Licence selected, provide Business Name:	
4. If Home-based Business selected, provide details (i.e.	
business type, hours of operation, are customers coming	
on site):	
If Pesticides selected, who applied it:	
5a. Provide pesticide used and when applied:	
6. If Problem Premise selected, provide details (i.e.	
illegal activity details, was VPD contacted):	
7. If a Rental Unit issue selected, has the landlord been	Yes
advised of the issue?	
8. If Yes selected, what was the outcome?	No resolution. New owners.
9. If Signs selected, provide sign wording or identifying	
details:	
10. Caller's Daytime Phone Number:	s.22(1)
11. (Don't ask, just record - did caller indicate they want	aYes
call back?)	S. C.C.

Additional Details:

s.22(1) is the business owner and can be reached at s.22(1)

EN 092461 FYA to: Butch Mori



COMMUNITY SERVICES GROUP Licences & Inspections Licence Division 453 West 12th Avenue Vancouver BC, V5Y 1V4 Tel. No. 3-1-1 Outside Vancouver No. 604,873,7000 Fax No. 604,871,6394 vancouver,ca

BUSINESS LICENCE APPLICATION FOR TRANSFER

		S Per Lice
		Licence Year 2013
	Liçer	nce Number(s) 13-198595
NEW BUSINESS OWNER(S):		
The second secon		
		te Number.
SUSINESS TRADE NAME: VICTOR	A RESTAURANT	
6482 Victoria Drive, Vancouvor	B.C. V5P 3X7	
6482 Victoria Drive, Vancouver	B.C. V5P 3X7	
Please present one form of curre	ent photo identification tter of authorization is	upon application. If a required upon application.
NIEC .	Date of Birth	-1511
	Date of birdi.	
ID No	☐ Passport	10 No
ID No	☐ Other	ID No
	HOME PHONE NO:	
	CELLULAR PHONE NO)
	T Passont	ID No.
	And the second	
THE PART OF THE PA		The second secon
	ice charge will be applied to verification. BUSINESS TRADE NAME: VICTOR 6482 Victoria Drive, Vancouver 6482 Victoria Drive, Vancouver Please present one form of curre fing for the business licence, a le NAME) 1D No. Landed Immigrant/I	Corporated or Limited, a copy of the certificate is required to charge will be applied to verify company registration. Certificate to the certificate is required to charge will be applied to verify company registration. Certificate to the certificate is required to the certificate in the certification in the certification of the certification in the certificatio

	ber of Vending Machines: 0 Nu	mber of Bank Mac	nines: U
If Restaurant or Limited Food Establish	nment: Number of Seats: 48	Outdoor Sea	ating: Yes I No
Have you previously held a Business Lie	cence in Vancouver? TYes I No Whe	n?	
If yes, Name Of Previous Business:			
Address of Previous Business:			
	and a services. December 20, 2012		
Date of occupancy or transfer of ticens	ica premises; December 20, 2013		
I, NCL Enterpriss Ltd.	hereby make application for the to	ransfer of the bus	iness licence in
accordance with the particulars as stat	ted above and declare that the above sta	stement is true ar	nd correct and I
undertake that if I am granted the tran	nsfer of the licence applied for I will com	ply with each and	d every obligation
contained in all laws and bylaws now in	n force or which hereinafter come into f	orce in the City of	Vancouver.
200	Lee	December	. 2013
Signature of Applicant	Print Last Name		Date
Owner Representativ	re e		
Type of Business: Rostaurant			-
To NCL Enterprises Ltd.			
- la . Am			
- Juny My	NG Print I set Name	December 20	THE PERSON NAMED IN
Signature of Licence Hylder	NG Print Last Name	December ≥0	. 2013 Date
**Please Include the appropriate			Date
	Print Last Name documents indicated on the application		Date when submitting
**Please include the appropriate of your application: Photo ID	Print Last Name documents indicated on the application	ı (if applicable) v	Date when submitting
**Please Include the appropriate of your application: Photo ID LICENCE DEPARTMENT USE ONLY	Print Last Name documents indicated on the application Letter of Authorization	n (if applicable) v	hen submitting
**Please include the appropriate of your application: Photo ID LICENCE DEPARTMENT USE ONLY APPROVALS: Zoning Required	Print Last Name documents indicated on the application Letter of Authorization Cert Not Required Building Res	ificate of incorpo	pate when submitting ration
**Please Include the appropriate of your application: Photo ID LICENCE DEPARTMENT USE ONLY APPROVALS: Zoning Required Health Required	Print Last Name documents indicated on the application Letter of Authorization Cert Not Required Building Res	n (if applicable) v	pate when submitting ration
**Please include the appropriate of your application: Photo ID LICENCE DEPARTMENT USE ONLY APPROVALS: Zoning Required	Print Last Name documents indicated on the application Letter of Authorization Cert Not Required Building Res Not Required Police Re-	ificate of Incorpo	pate when submitting ration
**Please Include the appropriate of your application: Photo ID LICENCE DEPARTMENT USE ONLY APPROVALS: Zoning Required Health Required	Print Last Name documents indicated on the application Letter of Authorization	ificate of Incorporation (if applicable) visiticate (if applicable	pate when submitting ration
**Please Include the appropriate of your application: Photo ID LICENCE DEPARTMENT USE ONLY APPROVALS: Zoning Required Health Required	Print Last Name documents indicated on the application Letter of Authorization Cert Not Required Building Res Not Required Police Re-	ificate of Incorporation (if applicable) visiticate (if applicable	pate when submitting ration



Graffiti on Private Property Complaint

Case number: 101006077610 Case created: 2015-04-15, 10:57:00 AM

Incident Location

Address: 6478 VICTORIA DRIVE, Vancouver, V5P 3X7

Address2: Location name:

Contact Details

Name: s.22(1)

Address: \$.22(1) Vancouver, V5P 3W4

Address2:

Phone: **s.22(1)** Email: **s.22(1)**

Alt. Phone: Preferred contact method: Either

Request Details

1.	Graffiti location (i.e. west side of building):	Commercial waste container - Supersave -
		located on the back parking lot
2.	Is the graffiti on a mural?	No
3.	Tag details (size, initials, identifying marks, text):	Unknown
1.	If tag contains profanity or hate message, provide details:	N/A
5.	(Don't ask just record - Did caller indicate they want a call	No
	back?)	

Additional Details

EN 106605

FYA to: Andy Chinfen



Graffiti on Private Property Complaint

Case number: 101006112375 Case created: 2015-04-23, 07:54:00 PM

Incident Location

Address: 6478 VICTORIA DRIVE, Vancouver, V5P 3X7

Address2: Location name:

Contact Details

Name: s.22(1)
Address: s.22(1) Vancouver, V5P 3W4

Address2:

Phone: s.22(1) Email: s.22(1)

Alt. Phone: Preferred contact method: Either

Request Details

1.	Graffiti location (i.e. west side of building):	Front wall	
2.	Is the graffiti on a mural?	No	
3.	Tag details (size, initials, identifying marks, text):	NA	
4.	If tag contains profanity or hate message, provide details:	NA	
5.	(Don't ask just record - Did caller indicate they want a call	No	
	back?)		

Additional Details

EN 106605

FYA to: Andy Chinfen



Graffiti on Private Property Complaint

Incident Location

Address: 6482 VICTORIA DRIVE, Vancouver, V5P 3X7(Main: 6478 VICTORIA DRIVE)

Address2: Location name:

Contact Details

Name: s.22(1)

Address: \$.22(1) Vancouver, V5P 3W4

Address2:

Phone: s.22(1) Email: s.22(1)

Alt. Phone: Preferred contact method: Either

Request Details

1.	Graffiti location (i.e. west side of building):	Front wall	
2.	Is the graffiti on a mural?	No	
3.	Tag details (size, initials, identifying marks, text):	NA	
4.	If tag contains profanity or hate message, provide details:	NA	
5.	(Don't ask just record - Did caller indicate they want a call	No	
	back?)		

Additional Details

EN 106605

FYA to: Andy Chinfen