

PERMIT NO. _____

**TOWN OF FAIRVIEW
ALCOHOL BEER AND WINE PERMIT VERIFICATION**

COMPANY NAME: _____

CONTACT NAME: _____

PHYSICAL ADDRESS: _____

PHONE: _____

Applicant Contact No. _____

Mailing Address (if different than above): _____

**APPLICANT BUSINESS VERIFICATION
BEER AND WINE CERTIFICATE**

I, the undersigned, hereby acknowledge that I am receiving a permit for the sale of **Beer & Wine for Off-premise consumption**. I also acknowledge that I am a business owner who will earn less than 75% of my total revenue from the sale of beer and wine. Further, I acknowledge that if I hold a food and beverage certificate from the Texas Alcoholic Beverage Commission (TABC), at least 50% of my total revenue must be from food sales.

If at any time the sale of beer and wine or alcoholic beverages exceeds 75% of the total revenue of my business, my business will be an illegal use in my zoning classification until such time that the revenues fall below 75% or a Specific Use Permit is applied for and approved by the Town Council. During such time that my business constitutes an illegal use, I may be subject to fines of up to \$2,000 per day for violating the Town's Comprehensive Zoning Ordinance and subject to other administrative and legal penalties.

Applicant Signature

Date

State of Texas
County of Collin

_____, personally appeared before me, and being first duly sworn, declared that he/she signed this application in the capacity designated, if any, and further states that he/she has read the above application and the statements therein contained are true.

Notary Public's Signature