

PERMIT NO. _____

**TOWN OF FAIRVIEW
ALCOHOL MIXED BEVERAGE PERMIT VERIFICATION**

COMPANY NAME: _____

CONTACT NAME: _____

PHYSICAL ADDRESS: _____

PHONE: _____

Applicant Contact No. _____

Mailing Address (if different than above): _____

**APPLICANT BUSINESS VERIFICATION
MIXED BEVERAGE CERTIFICATE**

I, the undersigned, hereby acknowledge that I am receiving a permit for the sale of **Alcoholic Beverages for On-premise consumption**. I also acknowledge that in addition to a Mixed Beverage Permit, I am required to have a Food and Beverage Certificate from the Texas Alcoholic Beverage Commission. Further, I acknowledge that I am a business owner who will **earn less than 50%** of my total revenue from the sale of alcoholic beverages.

If at any time the sale of **alcoholic beverages** exceeds 50% of the total revenue of my business, my business will be an illegal use in my zoning classification until such time that the revenues do not exceed 50%. 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