

**FAIRFIELD BAY ALCOHOL PERMIT FEES
EFFECTIVE FEBRUARY 1, 2021**

Retail Package Beer	\$175.00
<i>Allows permittee to purchase from wholesaler.</i>	
Retail Package Beer and Wine	\$175.00
<i>Allows permittee to purchase from wholesaler.</i>	
Retail Beer and Wine	\$175.00
<i>Allows permittee to purchase from wholesaler.</i>	
Retail Package Liquor	\$175.00
Hotel Motel Restaurant Mixed Drink	\$375.00
<i>Allows permittee to purchase from wholesaler</i>	
<i>Beer and Wine Permit not required if permittee has this license.</i>	
Private Club	\$750.00
<i>Alcohol must be purchased from Retail provider.</i>	
<i>Purchase from wholesaler prohibited.</i>	
Microbrewery – Restaurant – on premises consumption	\$375.00
<i>Beer or mixed drink permit is also required</i>	
Microbrewery – Restaurant – Distributor (wholesale)	\$175.00
Liquor manufacturing/distilling	\$500.00
<i>Applicable mixed drink/wholesale permits also required</i>	
Restaurant Wine	\$150.00
Temporary Wine	\$ 25.00
Temporary Beer	\$ 25.00
Temporary Mixed Drinks	\$ 25.00
Retail Package Liquor	\$425.00
Satellite Catering	\$250.00
Off Premises Catering	\$250.00
Beer Festival	\$125.00
Transfer of Location	\$ 25.00
Change of Name	\$ 25.00
Change of Manager	\$ 25.00
Small Farm Winery	\$ 50.00
Grocery Store Wine – small	\$500.00
Grocery Store Wine – large	\$1750.00
Wine Sampling	\$250.00
Small brewery	\$150.00

CITY OF FAIRFIELD BAY
P.O. BOX 1400
FAIRFIELD BAY, ARKANSAS 72088

APPLICATION FOR _____

PERMIT FEE: _____

ALL INFORMATION MUST BE FILLED OUT BEFORE APPLICATION WILL BE PROCESSED
ANNUAL PERMIT FEE DUE JUNE 30TH OF EACH YEAR

PLEASE PRINT OR TYPE THE FOLLOWING:

BUSINESS NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

MAILING ADDRESS: _____

APPLICANT NAME _____

(MUST BE PERSON LISTED ON STATE PERMIT)

ADDRESS: _____

CITY, STATE, ZIP _____

PHONE _____

DATE OF BIRTH _____

DRIVER'S LICENSE# _____

AFFIDAVIT FOR APPLICATION FOR ALCOHOL PERMIT

In the CITY OF FAIRFIELD BAY

I do hereby swear and affirm that the location of the business for which this permit is sought meets all the requirements of the Alcoholic Beverage Code of the City of Fairfield Bay and that a current license from the State of Arkansas has been issued.

Affidavit- The below signed applicant, being 21 years of age or older, after being duly sworn, states that all the information on the application is true and accurate to the best of his or her knowledge and belief.

APPLICANT'S SIGNATURE _____

(Must be person listed on State Permit)

Subscribed and sworn before me this _____ day of _____ 20_____

Seal

Notary Public

My commission expires _____

AFFIDAVIT FOR APPLICATION FOR ALCOHOL PERMIT

In the CITY OF FAIRFIELD BAY

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APPLICANT'S SIGNATURE _____

(Must be person listed on State Permit)

Subscribed and sworn before me this _____ day of _____ 20_____

Seal

Notary Public

My commission expires _____

APPLICATION FOR ON PREMISES CONSUMPTION- HOTEL, MOTEL OR RESTAURANT PERMIT

CITY OF FAIRFIELD BAY

PO BOX 1400

FAIRFIELD BAY, AR 72088

ALL INFORMATION MUST BE FILLED OUT BEFORE APPLICATION WILL BE PROCESSED.

A COPY OF YOUR CURRENT STAT PERMIT MUST ACCOMPANY THIS APPLICATION

ANNUAL PERMIT FEE DUE JUNE 30TH OF EACH YEAR

Please Print or Type the following:

Business Name _____

Address _____

City, State, Zip _____

Phone: _____

Mailing Address: _____

Applicant Name _____

(Must be person listed on State Permit)

Address _____

City, State, Zip _____

Phone: _____

Date of Birth _____

Driver's License # _____

PERMIT FEE-HOTEL, MOTEL and Restaurant

Hotel _____ Motel _____ Restaurant _____

Hotel/Motel Rooms: less than 100-\$375.00 More than 100- \$750.00

Restaurant Seating Capacity: less than 100-\$375.00 More than 100-\$750.00