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SPRINGFIELD, ILLINOIS 62702  
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WEBSITE: ILCC.Illinois.gov

## APPLICATION FOR STATE OF ILLINOIS BASSET LICENSE

**Email completed application, supporting documents,  
and a copy of payment to [LCC.Licensing@illinois.gov](mailto:LCC.Licensing@illinois.gov)**

**Payments shall be made by check or money order through  
the mail within 3-7 business days to either office location.**

In accordance with 77 Ill. Adm. Code, 3500.101 through 3500.175, the Illinois Liquor Control Commission is authorized to license and regulate persons who operate Beverage Alcohol Sellers and Servers Education and Training (BASSET) programs. A BASSET license will permit the licensee to conduct seller/server training of individuals provided curriculum and testing requirements are met. Renewals will occur on an annual basis and renewal notices will be sent 6-7 weeks in advance of license expiration.

<b>BASSET LICENSE</b>	<b>FEE:</b>	<b>\$350.00</b>
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### DOCUMENTS REQUIRED:

- A copy of training curriculum;
- A copy of the certificate of course completion;
- A copy of the pre- and post-tests given to course participants;
- A copy of any instructional materials used in the course; and
- If the applicant is a corporation, proof from the Office of the Illinois Secretary of State that the applicant is registered to do business in Illinois and is in good standing.

All applicants for licensing as a BASSET program must respond to all questions on this application and furnish all required supporting documents. Failure to do so will result in the rejection of the application.

**Make check or money order payable to: ILLINOIS LIQUOR CONTROL  
COMMISSION.** *The Commission does not accept U.S. currency/cash as payment.*

**Please print or type the information requested in the spaces provided. The application form must bear  
an original signature. Rubber stamped, photocopied, or faxed documents are not accepted.**

IMPORTANT NOTICE: THE ILLINOIS LIQUOR CONTROL COMMISSION IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY UNDER THE ILLINOIS LIQUOR CONTROL ACT (235 ILCS 5/1 ET SEQ.). DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION WILL RESULT IN THE NON-ISSUANCE OF YOUR LICENSE.



## 2. STATUS OF BUSINESS

Check the applicable box (sole proprietorship, partnership, Illinois corporation, foreign corporation, limited liability company) which corresponds to your business' official papers filed with the Office of the Illinois Secretary of State.

Based on the box that you check, provide the date of the filing of the sole proprietorship with the county clerk; in the case of a partnership, the date of formation of the partnership; in the case of an Illinois corporation, the date of its incorporation; in the case of a foreign corporation, the foreign state where it was incorporated and the date as well as the date of its becoming qualified under the "Business Corporation Act of 1983" to transact business in the State of Illinois; or in the case of a limited liability company, the date of formation of such entity.

- A.  Sole Proprietorship      Date Filed With County Clerk: \_\_\_\_\_
- B.  Partnership      Date Of Formation: \_\_\_\_\_
- C.  Illinois Corporation      Date Of Incorporation: \_\_\_\_\_
- D.  Foreign Corporation      State Of Incorporation: \_\_\_\_\_ Date Qualified To Do Business In Illinois: \_\_\_\_\_
- E.  Limited Liability Company      Date Formed: \_\_\_\_\_

## 3. OWNERSHIP INFORMATION

Provide the owner/officer/partner information in accordance with the business status described under Question 2. This information must be submitted for all owners/officers/partners. The same information must be submitted for shareholders with interests equal to or exceeding five percent.

The following information must be provided for each individual applicant, sole proprietor, partner, corporate officer or director (whether or not they own any stock), shareholder owning aggregate stock equal to or more than five percent, (including officers, directors and shareholders with stock equal to or more than five percent for all corporate shareholders), and/or manager or agent conducting the business. Indicate the total percentage of stock of the corporation, if any, which is held by persons who hold less than a five percent interest. If additional space is needed, provide information on a separate sheet(s) in the same format as this application. **Before completing this section, check the questions in Section 5 - Eligibility.**

For each owner/officer/partner/five percent shareholder, provide full name, home address, city, state, ZIP code, Social Security number, date of birth, sex, title/position, home telephone number, and ownership percentage. Total ownership percentage should equal 100 percent. If there are a number of shareholders owning less than five percent, indicate the aggregate total of ownership under Line E.

A.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/HOME TELEPHONE NO.		% OWNED	
				( )			

B.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/HOME TELEPHONE NO.		% OWNED	
				( )			

C.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/HOME TELEPHONE NO.		% OWNED	
				( )			

D.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/HOME TELEPHONE NO.		% OWNED	
				( )			

E. Total percentage of all stock held by all persons with less than five percent interest. \_\_\_\_\_ %

#### 4. LISTING OF TRAINERS

Provide a list of all qualified trainers who will be conducting seller/server training under this license. If additional space is needed, provide information on a separate sheet(s) in the same format as this application. Remember that the eligibility questions in Section 5 also apply to any person providing services under this license.

**A.**

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED
				( )		

**B.**

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED
				( )		

**C.**

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED
				( )		

**D.**

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED
				( )		

**E.**

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED
				( )		

**F.**

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED
				( )		

**G.**

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED
				( )		

**H.**

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED
				( )		

## 5. ELIGIBILITY QUESTIONS

These questions apply to the applicant and any other person listed under Sections 3 and 4. These questions must be answered. If the questions are not checked, the application will be rejected. If any question is checked "yes," a written, detailed explanation is required and must be attached to this application.

6-22  YES  NO HAVE YOU EVER APPLIED FOR AND BEEN DENIED A LIQUOR LICENSE?

6-23  YES  NO HAVE YOU HAD ANY PREVIOUS LIQUOR LICENSE(S) REVOKED?

6-24  YES  NO HAVE YOU EVER BEEN CONVICTED OF A FELONY?

6-25  YES  NO HAVE YOU EVER BEEN CONVICTED OF A GAMBLING OFFENSE AS DEFINED UNDER SECTION 5/6-2 OF THE ACT WHICH INCLUDES OFFENSES ENUMERATED IN 720 ILCS 5/28-1(a)1-11, "GAMBLING;" 720 ILCS 5/28-1.1(a)-(d) "SYNDICATED GAMBLING;" AND 720 ILCS 5/28-3 "KEEPING A GAMBLING PLACE"?

6-26  YES  NO IF OPERATING AS A SOLE PROPRIETORSHIP OR A PARTNERSHIP, ARE YOU OR YOUR PARTNER(S) CURRENTLY NOT CITIZENS OF THE UNITED STATES OR RESIDENT ALIENS WITH LEGAL STATUS?

6-27  YES  NO HAVE YOU RECEIVED OR BORROWED MONEY OR ANYTHING OF VALUE DIRECTLY OR INDIRECTLY FROM ANY OTHER LICENSEES, REPRESENTATIVES OF A LICENSEE, OR SUPPLIERS OF ALCOHOLIC PRODUCTS?

## 6. SIGNATURE/TITLE/DATE

Please sign and date the application form and provide your title with the organization. The application must be signed by an owner, an officer, a partner or an officially authorized agent of the business. **The signature must be original. Rubber stamps, photocopies, or faxed copies are not accepted.**

I, THE UNDERSIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, SWEAR OR AFFIRM THAT: THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE STATE OF ILLINOIS TO ISSUE THE LICENSE HEREIN APPLIED FOR; THE APPLICANT IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA OR THE STATE OF ILLINOIS, IN PARTICULAR, THE ILLINOIS LIQUOR CONTROL ACT, RULES AND REGULATIONS, AND THE CIVIL RIGHTS SECTIONS THEREOF.

FURTHER, I AGREE TO NOTIFY THIS COMMISSION WITHIN 30 WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION.

\_\_\_\_\_  
SIGNATURE OF APPLICANT/AUTHORIZED AGENT

\_\_\_\_\_  
TITLE/POSITION

\_\_\_\_\_  
DATE