

VILLAGE OF SMITHTON
LIQUOR LICENSE ESTABLISHMENT
CONTACT INFORMATION FORM

MUST BE COMPLETED ANNUALLY PRIOR TO BEING ISSUED A LIQUOR LICENSE

BUSINESS NAME _____

BUSINESS ADDRESS _____

BUSINESS TELEPHONE _____ # OF YEARS IN BUSINESS _____

OWNER'S FULL NAME _____ DATE OF BIRTH _____

OWNER'S ADDRESS _____

OWNER'S EMAIL _____

OWNER'S TELEPHONE _____

THE FOLLOWING INFORMATION MUST BE ENTERED FOR EVERY MANAGER AT THE ESTABLISHMENT

MANAGER'S FULL NAME _____ DATE OF BIRTH _____

MANAGER'S PHONE NUMBER _____

REGULAR SHIFT HOURS _____

COMPLETED BASSETT TRAINING PROGRAM? YES _____ NO _____

MANAGER'S FULL NAME _____ DATE OF BIRTH _____

MANAGER'S PHONE NUMBER _____

REGULAR SHIFT HOURS _____

COMPLETED BASSETT TRAINING PROGRAM? YES _____ NO _____

MANAGER'S FULL NAME _____ DATE OF BIRTH _____

MANAGER'S PHONE NUMBER _____

REGULAR SHIFT HOURS _____

COMPLETED BASSETT TRAINING PROGRAM? YES _____ NO _____

BASSETT (BEVERAGE ALCOHOL SELLERS AND SERVER EDUCATION AND TRAINING) INFORMATION IS AVAILABLE AT THE ILLINOIS LIQUOR CONTROL COMMISSION WEBSITE: www.state.il.us/lcc/