

IMPORTANT NOTICE:
Completion of this form is necessary for consideration for licensure in connection with the Medical Cannabis Pilot Program Act, 410 ILCS 130 and 68 IAC 1290.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

SUPPORTING DOCUMENT

NOTICE OF PROPER ZONING FORM

MEDICAL CANNABIS DISPENSARY

TO BE COMPLETED BY APPLICANT

1. BUSINESS NAME OF ENTITY APPLYING

2. STREET ADDRESS OF THE PROPOSED DISPENSARY LOCATION

3. DISTRICT AND / OR REGISTRY ID #

4. CITY

5. COUNTY

6. ZIP CODE

CHECK ALL THAT APPLY

Are there local zoning restrictions specific to a medical cannabis dispensary at the proposed location?

Yes

No

If applicable, is the location of the proposed medical cannabis dispensary in compliance with local zoning restrictions for medical cannabis dispensaries?

Yes

No

If applicable, has the proposed dispensary organization filed a request with the appropriate local zoning authority to approve the proposed location for a medical cannabis dispensary?

Yes

No

If a zoning request was filed but has not been approved, the zoning determination is expected to be issued in approximately _____ DAYS WEEKS MONTHS (check one)

Is the proposed location in compliance with Section 130(d) of the Act?

Yes

No

TO BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE LOCAL ZONING OFFICE

Title of the Authorized Zoning Representative

Name of the Local Jurisdiction

Printed Name

Telephone Number

Signature / Date

Subscribed and sworn to before me this _____ day of _____, 20_____.

(SEAL)

Notary Public

NOTE: Section 130(d) of the Medical Cannabis Pilot Program Act states in pertinent part:

(d) A dispensing organization may not be located within 1,000 feet of the property line of a pre-existing public or private preschool or elementary or secondary school or day care center, day care home, group day care home, or part day child care facility. A registered dispensing organization may not be located in a house, apartment, condominium, or an area zoned for residential use.