1. Federal registration is mandatory before any activity relating to or the use of controlled substances is permitted.

2. A check or money order made payable to the Illinois Department of Financial and Professional Regulation, must accompany this application. The required fees are:

   - New License (any/all schedules): $50
   - New License (Schedule V Only): $15
   - Change of Ownership: $50
   - Change of Name: $20
   - Change of Address: $20
   - Add/Change of Drug Schedules: $50
   - Add/Change Type of Activity: $50

3. 004 Wholesale Drug Distributor License is a prerequisite for 304 Distributor/Manufacturer Controlled Substances License. Applications for 304 must EITHER:
   1) be accompanied by an application for 004 Illinois Wholesale Drug Distributor License; OR
   2) already hold 004 Illinois Wholesale Drug Distributor License.

4. Applications for 097 Controlled Substances License cannot be issued to an address outside of Illinois.

5. Applications for 304 Wholesale Drug Distributor/Manufacturer Controlled Substance License for facilities located outside of Illinois must include a photocopy of a current Drug Enforcement Administration (DEA) Registration.

6. The NAME on the application must correspond with the DEA registration.

7. The license will be issued to the FACILITY address. This must be the address where the activity will be conducted.


9. Upon acceptance and review, complete applications will be forwarded to the Division’s Drug Compliance Unit for inspection/final approval.

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.
### Illinois Controlled Substances License Application

**Important Notice:** Completion of this form is required by 720 ILCS 570. Disclosure of this information is MANDATORY. Failure to comply could result in a fine up to $30,000.

#### 1. Type of License: (check only one)
- [ ] 304 Controlled Substances Manufacturer
- [ ] 304 Controlled Substances Distributor
- [ ] 097 Research/Teaching
- [ ] 097 Chemical Analysis (Analytical Laboratory)
- [ ] 097 University/College/Instructional Activity
- [ ] 097 Canine Training **MUST COMPLETE BOX 4**

#### 2. Type of Application: (check only one)
- [ ] $50 New (any/all schedules)
- [ ] $15 New (schedule V only)
- [ ] $50 Change of Ownership

**Current ILLINOIS License No.**

**TYPE OF REAPPLICATION:** (check all that apply)
- [ ] $20 Change of Business Name
- [ ] $20 Change of Address
- [ ] $50 Change of Drug Schedules
- [ ] $50 Add/Change type of Activity

**Current ILLINOIS License No.**

#### 3. Type of Business Ownership: (check only one)
- [ ] Sole Proprietor
- [ ] Partnership
- [ ] Corporation
- [ ] Limited Liability Corporation (LLC)
- [ ] Government Unit
- [ ] University

#### 4. 097 CANINE TRAINING ONLY

PRIVATE DETECTIVE / SECURITY AGENCY LICENSE NO.
- [ ] 117- __________ OR [ ] 122- __________

DESIGNATED REP CANINE TRAINER AUTHORIZATION CARD NO.
- [ ] 266- __________

#### 5. Name of Firm, Corporation, LLC, Government Unit, University

#### 6. DBA (Assumed Name)

#### 7. FEIN

#### 8. Designated Representative

**DESIGNATED REPRESENTATIVE**

- [ ] Social Security Number
- [ ] Date of Birth
- [ ] Sex

**9d. Home Street Address**

**9e. Home City, State, Zip Code, County**

**9f. Home Telephone (Include Area Code)**

#### 10. Facility Street Address

**11. Facility City, State, Zip Code, County**

**12. Facility Telephone (Include Area Code)**

#### 13. Have you (the applicant) applied for or do you have registration under the Federal Controlled Substances Act?

(Out-of-state applicants must submit a copy of current DEA registration.)

- [ ] Applied: Yes [ ] No

- [ ] Registered: Yes [ ] No

#### 14. Check all applicable schedules and list each specific drug handled. Any license issued pursuant to this application applies only to the schedules checked. (Distributors need only to check applicable schedule and do not need to list specific drugs.)

<table>
<thead>
<tr>
<th>Schedule</th>
<th>List Specific Drugs</th>
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<tbody>
<tr>
<td>I</td>
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<tr>
<td>II</td>
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<td>III</td>
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<td>IV</td>
<td></td>
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<tr>
<td>V</td>
<td></td>
</tr>
</tbody>
</table>

#### 15. Name and Address of Source of Controlled Substances - Distributors need not complete this item.

Additional application forms can be downloaded from the IDFPR Web site at [www.idfpr.com](http://www.idfpr.com).
16. LIST NAME(S) AND ADDRESS(ES) INVOLVED IN THE HANDLING AND/OR USE OF CONTROLLED SUBSTANCES. (Attach additional page(s) if necessary. Also include Date of Birth, Sex, and Social Security Number.)

________________________________________________________________________________________________________________________________________________________________________________________________________

16a. LIST QUALIFICATIONS OF PRINCIPAL PERSON(S) - (Include name, academic degrees, number of years in profession or occupation and other qualifying experience. Also include Date of Birth, Sex, and Social Security Number.)

________________________________________________________________________________________________________________________________________________________________________________________________________

17. BRIEFLY DESCRIBE SECURITY PROVISIONS FOR STORAGE OF THE CONTROLLED SUBSTANCES AND NAME PERSON PRINCIPALLY RESPONSIBLE FOR SECURITY. (You must also include person’s Date of Birth, Sex, and Social Security Number.)

________________________________________________________________________________________________________________________________________________________________________________________________________

18. LIST ALL PERSONS WITH AUTHORITY TO ORDER DRUGS OR THOSE WHO WILL HAVE THE POWER OF ATTORNEY. (Also include Date of Birth, Sex, and Social Security Number.)

________________________________________________________________________________________________________________________________________________________________________________________________________

19. LIST ALL PREPARATIONS MANUFACTURED WHICH CONTAIN ANY CONTROLLED SUBSTANCE. (Attach additional page(s) if necessary. The firm’s catalog will suffice.)

________________________________________________________________________________________________________________________________________________________________________________________________________

20. Has applicant, or any names therein listed, ever been charged in a court of law, hearing, or other administrative procedure with any violation of the laws of the United States or of any individual state relating to drugs, liquor, poisonous substances or any felony offense? □ Yes □ No (If “Yes,” state all particulars, dates, places and present status on separate sheet.)

21. Has applicant, or any of the persons listed above, ever had any disciplinary action taken against him or been convicted of any violation of the laws of the United States or of any individual state, relating to the manufacture, distribution, or dispensing of Controlled Substances? □ Yes □ No (If “Yes,” state all particulars, dates, places, and present status on separate sheet.)

I hereby certify that I personally completed this application, that the answers appearing hereon are true and correct to the best of my knowledge and belief, and that I am legally authorized to sign for this business.

________________________________________________________________________________________________________________________________________________________________________________________________________

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than $50.