

Illinois Department of Financial and Professional Regulation Division of Professional Regulation

Medical Cannabis Dispensing Organization

Surety Bond

Effective Date:	Dispensi	ing Organization License Number: 280.	
Dispensing Organization Address	:		
Name of Bonding Company:			
Bonding Company Address:			· · · · · · · · · · · · · · · · · · ·
Surety Bond Number:		Bonding Company Phone Number _	
KNOW ALL PERSONS BY THEST That we, [Full Legal Name of Dispense		of the City of	,
County of	, State of Illinois, as Prir	ncipal, and	g Company)
business authorized to transact in and Professional Regulation, Div of the Principal's violation of the	n the State of Illinois, are held an vision of Professional Regulatio conditions applied under the m <u>00.00)</u> , the payment of which v	, State of d firmly bound unto the State of Illinois D n (the "Division"), as Obligee, for any lo edical cannabis dispensary license in the we jointly and severally bind ourselves,	repartment of Financial less suffered by reason ne penal sum of FIFTY

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH that the Principal has applied for the issuance or renewal of a dispensing organization registration pursuant to the Illinois Compassionate Use of Medical Cannabis Patient Program Act ("Act"), 410 ILCS 130/1 *et. seq*, which registration or registration renewal shall be valid, if not suspended or revoked, for a registration period ending one year from the last day of the month of issuance of the registration or renewal and through which the Principal is required to give security pursuant to the Division's Illinois Administrative Rules, 68 IAC 1290;

NOW, THEREFORE, if the Principal is granted a registration by the State pursuant to the Act, during the term of said registration and any renewal thereof, the bond shall be used to guarantee that the Principal timely and successfully completes dispensary construction, operates in a manner that provides an uninterrupted supply of cannabis, faithfully pays registration renewal fees, keeps accurate books and records, makes regulatorily required reports, complies with State tax requirements, and conducts the dispensary in conformity with the Act and the Division's Illinois Administrative Rules, 68 IAC 1290.

IT IS FURTHER PROVIDED this bond is issued subject to the following express conditions:

- This bond shall be deemed continuous in form and shall remain in full force and effect for the term of the initial bond and all subsequent terms, for all liabilities, acts, omissions or causes arising after this bond becomes effective until terminated as hereinafter provided.
- 2. This bond may be canceled by the Surety by giving thirty (30) days notice in writing to the Division and Principal(s) at the address last known to the Surety by certified mail at least thirty (30) days prior to the termination date specified in the notice and upon giving such notice, the Surety shall be discharged from all liability under this bond for any act or omission of the Principal occurring after such termination date.
- 3. If the Division determines, after a hearing pursuant to its Administrative Rules that the Principal has failed to comply with the terms herein, the Division, as Obligee, may proceed against the Principal or Surety herein, or both, for a right of action upon the bond and the Surety shall immediately make payment of the above penal sum to the Division.
- 4. Regardless of the number of years the bond remains in effect, the number of premiums paid, the number of renewals of the registration, the number of claimants or the number of claims made, the aggregate liability under the bond shall not exceed the amount of the bond.
- 5. The Principal and the Surety agree they shall not amend or modify the terms of this bond without prior written consent of the Division.

Executed in	io dovof			
Executed inon the (City, State)	is day of	(Month)	(Year)	
Principal (Authorized Agent)		Bonding Company (A	Authorized Agent)	
By:Signature of the Principal	By:	By: Signature of Attorney-in-Fact		
Printed Name and Title of Principal		Printed Name of Attorney-in-Fact		
Correspondence to Department	of Einangial and Brof	occional Postulation of	asil be cont to:	
Correspondence to Department Department of Financial and Pr FPR.		Division of Professional oor		
<u>ACK</u>	NOWLEDGMENT OF	<u>SURETY</u>		
STATE OF		Seal		
Subscribed and sworn before me:				
Signature of Notary Public and Date				
Acknowledged and Approved by the Division:				
Ву:	Name and T	itle:		
Date:				

F2428 10/21 Page 2 of 2