



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

**APPLICATION FOR PROPOSED PRINCIPAL OFFICER
ADULT USE DISPENSING ORGANIZATION - SAME SITE**

Please read the Cannabis Regulation and Tax Act, (410 ILCS 705), and this information carefully before submitting your application.

A proposed principal officer ("applicant") must complete this application form for Department of Financial and Professional Regulation, Division of Professional Regulation, Cannabis Enforcement Section ("Division") review and approval.

"Principal officer" includes a cannabis business establishment applicant or licensed cannabis business establishment's board member, owner with more than 1% interest of the total cannabis business establishment or more than 5% interest of the total cannabis business establishment of a publicly traded company, president, vice president, secretary, treasurer, partner, officer, member, manager member, or person with a profit sharing, financial interest, or revenue sharing arrangement. The definition includes a person with authority to control the cannabis business establishment, a person who assumes responsibility for the debts of the cannabis business establishment.

A person may not be a principal officer or hold financial interest in more than 10 early approval or adult use dispensing organizations.

The Division may verify the information contained in this application and the accompanying addenda to assess the applicant's character and fitness. The application may be denied if the Division finds the applicant is lacking in good character, honesty and integrity. All information requested below is for the proposed principal officer unless otherwise identified.

Once complete, a current principal officer of the medical cannabis dispensing organization, preferably the dispensary's primary or alternate contact, shall email a cover letter on dispensary letterhead requesting the addition of the proposed principal officer to the early approval adult use dispensing organization along with the application form and addenda to the Division at FPR.AdultUseCannabis@illinois.gov.

FIRST NAME	M.I.	LAST NAME
MAIDEN NAME (If Applicable)		ALIAS (If Applicable)
MAILING ADDRESS (P.O. Box may not be used)		
PHONE NUMBER		E-MAIL ADDRESS
DATE OF BIRTH	GENDER	RACE
SOCIAL SECURITY NUMBER	PROPOSED TITLE IN THE DISPENSING ORGANIZATION	
PERCENT OWNERSHIP	TYPE OF OWNERSHIP	
DISPENSING ORGANIZATION BUSINESS NAME		
DISPENSING ORGANIZATION BUSINESS ADDRESS		
DISPENSING ORGANIZATION LICENSE NUMBER(S)		
DISPENSARY NAME		
DISPENSARY ADDRESS		
Other than this application, name any other Dispensing Organization or Cultivation Center, this applicant is associated with:		

MANDATORY ADDENDA:

- Addendum A.** Principal Officer Attestation: Each principal officer must sign, date and complete the Cannabis Principal Officer Attestation Form.
- Addendum B.** Criminal History Form, if needed.
- Addendum C.** Fingerprint-based criminal history records check: Submit the IDFPR Fingerprint Consent Form and the livescan vendor receipt. Fingerprints must be taken by an Illinois licensed livescan vendor within 30 days before the date on this application.
- Addendum D.** Submission of a resume summarizing education, work experience and involvement in the cannabis business or related industry.
- Addendum E.** Financial Disclosures including:
 1. A statement disclosing relevant business transactions and financial information between the applicant and the dispensing organization.

Addendum E. Financial Disclosures including: (Continued)

2. Copies of compensation agreements among the applicant and any persons having a financial interest in the dispensing organization, or a narrative if the compensation agreement is oral.

Addendum F. Letter of Good Standing: For each out-of-state registered cannabis dispensary and/or cultivation center that you are a principal officer, manager, board member or owner of, submit a letter of good standing from the licensing agency.

Applicants that already have an existing adult use dispensary license or medical cannabis registration do not need to submit a letter of good standing.

Addendum A.

Adult Use Cannabis Dispensing Organization Prospective Principal Officer - Attestation Form

A proposed principal officer must sign, date and have this form notarized. Signatures on this form signify compliance with 410 ILCS 705/5-20(a) and 410 ILCS 705/15-15(b)(3) and (6), 15-20(c)(14), or 15-25(d)(5).

All proposed principal officers shall certify and attest, under penalty of perjury, that each of the following statements made are true and correct. **Failure to certify and attest or making a false statement may result in denial of the application.**

	YES	NO
1. I understand that the information provided to the Division on this application is true, correct and complete.		
2. I understand that the dispensary has safes or vaults with dimensions sufficient for storage of cannabis and currency. 410 ILCS 705/15-100(c)(6) and (7).		
3. The dispensary does or will meet State and local building and fire codes. Local ordinances are or will be met relevant to the dispensary location prior to operation. I understand that the dispensing organization will continue to meet State and local building and fire codes, and applicable local ordinances.		
4. I understand that the Division's approval of the registration packet means the information and plans in the registration packet became a condition of the registration. I understand that dispensing organizations have a duty to promptly disclose any material changes to the information contained in the registration packet.		
5. I understand that all principal officers of the dispensary are listed in the registration materials or have been subsequently disclosed to the Division.		
6. I understand that I am not and will not be a principal officer in or hold financial interest, whether indirect or direct, in more than ten early approval adult use dispensing organization licenses, conditional adult use dispensing organization licenses, or adult use dispensing organization licenses.		
7. I understand that I will not divert cannabis pursuant to 430 ILCS 130.		
8. I understand that I will respond to the Division's requests for supplemental information.		
9. I understand that I will apply for an agent identification card through the Division, and visibly display it while at the dispensary.		
10. I understand that I will immediately return my dispensing organization agent identification card to the dispensing organization if I no longer serve as a principal officer.		

	YES	NO
<p>11. I understand that If I lose my dispensing organization agent identification card, I will ensure the loss is reported to the Department of State Police and the Department of Financial and Professional Regulation immediately upon discovery.</p>		
<p>12. In accordance with 20 ILCS 2105-15(g) “The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied.”</p> <p>Are you delinquent in the filing of state taxes? If yes, provide an explanation in the comment section below.</p> <p>Comments:</p>		
<p>13. In accordance with 5 ILCS 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order.</p> <p>Are you more than 30 days delinquent in complying with a child support order? If yes, provide an explanation in the comment section below.</p> <p>Comments:</p>		
<p>14. Are you delinquent in the payment of an alimony order? If yes, provide an explanation in the comment section below.</p> <p>Comments:</p>		

	YES	NO
<p>15. Have you ever been a principal officer, manager, board member or owner of a registered medical cannabis dispensary or cultivation center in another State? If yes, please state the name of the business and type of facility in the comment section below.</p> <p>Comments:</p>		
<p>16. Were you a principal officer, manager, board member or owner of a cannabis dispensary or cultivation center in Illinois, or another State, that had its registration fined, censured, suspended or revoked? If yes, provide an explanation in the comment section below.</p> <p>Comments:</p>		
<p>17. If I am a principal officer, manager, board member or owner of a cannabis dispensary or cultivation center in another State, and that dispensary or cultivation center's registration is fined, censured, suspended or revoked, I must immediately disclose the fine, censure, suspension or revocation to the Division. I understand this is a continuing duty as a principal officer. 410 ILCS 705/15-30(f)(3).</p>		
<p>18. I understand that cannabis is a prohibited Schedule I controlled substance under federal law.</p>		
<p>19. I understand that participation in the adult use cannabis program is voluntary and permitted only to the extent provided by the strict requirements of the Act and the Administrative Rules.</p>		
<p>20. I understand that growing, distributing or possessing cannabis in any capacity, except through a federally approved research program, is a violation of federal law.</p>		
<p>21. I understand that use of cannabis may affect an individual's ability to receive federal or state licensure in other areas.</p>		
<p>22. I understand that use of cannabis, in tandem with other conduct, may be a violation of State or federal law.</p>		
<p>23. I understand that participation in the adult use cannabis program does not authorize any person to violate federal law or State law and, other than as set out in Section 10-25 of the Act, does not provide immunity from or affirmative defense to arrest or prosecution under federal law or State law.</p>		

	YES	NO
<p>24. I accept the limitations of liability and the requirement to indemnify, hold harmless and defend the State of Illinois, including:</p> <p>Limitation of Liability- the State of Illinois shall not be liable to the Dispensing Organization, Dispensing Organization employees, family members purchasers or guest(s) for any damage, injury, accident, loss, compensation or claim, based on, arising out of or resulting from the licensee's participation in the adult use cannabis program, including, but not limited to, the following: arrest, seizure of persons or property, prosecution pursuant to federal laws by federal prosecutors, any fire, robbery, theft, mysterious disappearance or any other casualty, or the actions of any other licensees or persons. This Limitation of Liability provision shall survive expiration or the early termination of the license if a license is granted.</p> <p>I acknowledge that as an applicant in the Cannabis Program, I have actual notice that, notwithstanding any State Law:</p> <ul style="list-style-type: none"> • Cannabis is a prohibited Schedule I controlled substance under federal law; • Participation in the cannabis program is permitted only to the extent provided by the strict requirements of the Act and the Division's Administrative Rules; • Any activity not sanctioned by the Act or the Division's administrative rules may be a violation of State or federal law and could result in arrest, prosecution, conviction or incarceration; • Growing, distributing, or possessing cannabis in any capacity, except through a federally-approved research program, is a violation of federal law and could result in arrest, prosecution, conviction, or incarceration; • Use of cannabis may affect an individual's ability to receive federal or State licensure in other areas; • Use of medical cannabis, in tandem with other conduct, may be a violation of State or federal law and could result in arrest, prosecution, conviction, or incarceration; • Participation in the adult use cannabis program does not authorize any person to violate federal law or State law and, other than as set out in 410 ILCS 130/25, does not provide immunity from or affirmative defense to arrest or prosecution under federal law or State law; and • Applicants shall indemnify, hold harmless, and defend the State of Illinois for any and all civil or criminal penalties resulting from participation in the program. 		

	YES	NO
<p>25. Have you ever been charged with any criminal offense in any domestic or foreign jurisdiction? If yes, explain the charges, nature of the circumstances and resolution and space provided. Include all charges regardless of whether the charges were dismissed or you were found not guilty. You may attach an additional page if you need more space. Please label it, Exhibit B. Individuals applying for a license, certification or registration under an Act administered by the Illinois Department of Financial and Professional Regulation are not obligated to disclose sealed or expunged records of a conviction or arrest.</p>		
<p>26. Have you ever been convicted of any criminal offense in any domestic or foreign jurisdiction? If yes, list the offense, the class of crime, and the conviction date in the space provided. Include all convictions regardless of the class of the crime (felonies, misdemeanors, and all petty offenses). You may attach an additional page if you need more space. Please label it, Exhibit B. Individuals applying for a license, certification or registration under an Act administered by the Illinois Department of Financial and Professional Regulation are not obligated to disclose sealed or expunged records of a conviction or arrest.</p>		

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 this application.

Principal Officer Printed Name

Signature (in full)

Date

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

(SEAL)

Notary Public _____