# APPLICATION FOR A MEDICAL CANNABIS DISPENSING ORGANIZATION AUTHORIZATION

## ADDENDUM C: DOCUMENTATION OF PROPERTY OWNERSHIP FORM

**Winter 2016**

## SECTION 1: TO BE COMPLETED BY APPLICANT

| 1. BUSINESS/LEGAL NAME OF APPLICANT: |  |
| 2. STREET ADDRESS OF THE PROPOSED DISPENSARY: | 3. MEDICAL CANNABIS DISTRICT NUMBER: |
| 4. CITY: | 5. COUNTY: | 6. ZIP CODE: |
| 7. NAME OF OWNER OF THE STREET ADDRESS OF THE PROPOSED DISPENSARY: |  |
| 8. IS APPLICANT ALSO THE PROPERTY OWNER? | YES | NO |

## SECTION 2: TO BE COMPLETED BY PROPERTY OWNER

**CERTIFICATION**

By signing below, I certify I am the owner of the above-listed property. I know and understand that the entity listed on this form is applying to the Illinois Department of Financial and Professional Regulation for a medical cannabis dispensary registration. If the applicant is issued a registration, the applicant may operate a medical cannabis dispensary at the above-listed property.

Property Owner Name

Phone Number

Property Owner Signature

Date

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

(SEAL)

Notary Public

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**486-2111 10/21**