



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation - Medical Cannabis Unit

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