



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

APPLICATION FOR A MEDICAL CANNABIS DISPENSING ORGANIZATION REGISTRATION
EXHIBIT A: PRINCIPAL OFFICER ATTESTATION FORM

All principal officers shall sign, 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. Signatures on this form signify compliance with 68 IAC 1290.110.**

Respond to each question. If additional space is required please attach a separate sheet for each separate response. Identify the question number you are responding to and use no more than 250 words in each supplemental response.

1.	I have examined the application and all supporting documents and confirm that the information provided to the Division is true, correct and complete.	Yes	No
2.	I attest that the dispensary property line is more than 1,000 feet from the property line of all preexisting private preschool or elementary or secondary school or day care center, day care home, group day care home or part day child care facility. <i>410 ILCS 130/130(d).</i>	Yes	No
3.	I attest and confirm that the proposed dispensary location is in compliance with minimum local zoning ordinances. I understand the application will be denied if the dispensary site does not meet minimum zoning requirements. <i>410 ILCS 130/115(f)(2).</i>	Yes	No
4.	I attest that the dispensary will have safes or vaults with dimensions sufficient for storage of cannabis and currency. <i>Section 1290.110(b)(22).</i>	Yes	No
5.	I attest that the dispensary will meet State and local building and fire codes.	Yes	No
6.	I attest and 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. <i>Section 1290.110(d).</i>	Yes	No
7.	I attest that all dispensing organization principal officers are identified in the registration materials.	Yes	No
8.	I attest that an Illinois licensed physician as defined in the Act will not serve as an employee or on the dispensing organization's board of directors. <i>410 ILCS 130/35(b)(5).</i>	Yes	No
9.	I attest that I am not an Illinois registered qualified patient or a designated caregiver registered with the Illinois Department of Public Health, nor will I become one if I am a registered dispensing organization principal officer. <i>Section 1290.110(h)(7).</i>	Yes	No
10.	I attest that I will not divert cannabis. <i>430 ILCS 130/115(c)(7).</i>	Yes	No
11.	I attest that I will promptly respond to the Division's requests for information. <i>68 IAC 1290.50(a)(21).</i>	Yes	No
12.	I attest that I will communicate directly with the Division, and not through a consultant. <i>68 IAC 1290.50(e).</i>	Yes	No
13.	I attest that if the dispensing organization is registered, I will promptly apply for an agent identification card, and visibly display it while at the dispensary.	Yes	No

<p>14. I attest that I will immediately return my dispensing organization agent identification card to the dispensing organization if I no longer serve as a principal officer.</p>	<p>Yes No</p>
<p>15. If I lose my dispensing organization agent identification card, I attest that I will ensure the loss is reported to the Illinois State Police and the Department of Financial and Professional Regulation immediately upon discovery.</p>	<p>Yes No</p>
<p>16. I attest that I will complete construction as swiftly as possible, and not operate the dispensary until it is inspected and registered by the Division.</p>	<p>Yes No</p>
<p>17. In accordance with 20 ILCS 2105-15(a)(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)</p> <p>Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State? If yes, provide an explanation in the comment section below.</p> <p>Comments:</p>	<p>Yes No</p>
<p>18. 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 or federal taxes? If yes, provide an explanation in the comment section below.</p> <p>Comments:</p>	<p>Yes No</p>

<p>19. 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>Yes No</p>
<p>20. Have you filed for bankruptcy? If yes, provide an explanation in the comment section below.</p> <p>Comments:</p>	<p>Yes No</p>
<p>21. Are you delinquent in the payment of an alimony order? If yes, provide an explanation in the comment section below.</p> <p>Comments:</p>	<p>Yes No</p>
<p>22. 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>Yes No</p>

<p>23. 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 attest that I will immediately disclose the fine, censure, suspension or revocation to the Division. I understand this is a continuing duty as a principal officer. <i>410 ILCS 130/115(f)(5)</i>.</p>	<p>Yes No</p>
<p>24. Have you managed or served on the board of any business or not-for-profit that was convicted, fined, censured, or had a registration suspended or revoked in an administrative or judicial proceeding? If yes, provide an explanation in the comment section below.</p> <p>Comments:</p>	<p>Yes No</p>
<p>25. Do you have knowledge of any principal officer affiliated with your application that has a disease or condition that interferes with the ability to perform the essential functions of this profession, including one generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) substance abuse; (3) physical disease or condition, that presently interferes with the ability to practice in this profession? If yes, provide an explanation in the comment section below.</p> <p>Comments:</p>	<p>Yes No</p>
<p>26. Have you been denied a professional license, privilege of taking an examination, or had a professional license or permit disciplined by a licensing authority in Illinois or another state? If yes, provide an explanation in the comment section below.</p> <p>Comments:</p>	<p>Yes No</p>
<p>27. Do you currently hold a license or registration through the Illinois Department of Financial and Professional Regulation? If yes, identify the license.</p> <hr/>	<p>Yes No</p>

<p>28. If I served in the armed service, I attest that I was discharged honorably. If not, provide a brief explanation in the comment section below.</p> <p>Comments:</p>	<p>Yes No</p>
<p>29. I attest that I understand cannabis is a prohibited Schedule I controlled substance under federal law.</p>	<p>Yes No</p>
<p>30. I attest that I understand participation in the Compassionate Use of Medical Cannabis Pilot Program is voluntary and permitted only to the extent provided by the strict requirements of the Act and the Administrative Rules.</p>	<p>Yes No</p>
<p>31. I attest that I understand growing, distributing or possessing cannabis in any capacity, except through a federally approved research program, is a violation of federal law.</p>	<p>Yes No</p>
<p>32. I attest that I understand use of medical cannabis may affect an individual's ability to receive federal or state licensure in other areas.</p>	<p>Yes No</p>
<p>33. I attest that I understand use of medical cannabis, in tandem with other conduct, may be a violation of State or federal law.</p>	<p>Yes No</p>
<p>34. I attest that I understand participation in the medical cannabis program does not authorize any person to violate federal law or State law and, other than as set out in Section 25 of the Act, does not provide immunity from or affirmative defense to arrest or prosecution under federal law or State law.</p>	<p>Yes No</p>
<p>35. 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 or guest(s), qualifying patients or caregivers, qualifying patients' or caregivers' employer or employees, family members or guest(s) for any damage, injury, accident, loss, compensation or claim, based on, arising out of or resulting from the registrant's participation in the Compassionate Use of Medical Cannabis Pilot Program Act, 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 registrants or persons. This Limitation of Liability provision shall survive expiration or the early termination of the registration if a registration is granted. I acknowledge that as an applicant in the Medical Cannabis Pilot 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 medical 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 	<p>Yes No</p>

<ul style="list-style-type: none"> • and could result in arrest, prosecution, conviction, or incarceration; • Use of medical 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 Medical 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. 	
<p>36. Have you been charged with or convicted of an “excluded offense” as defined under 410 ILCS 130/10(l) of the Act. 410 ILCS 130/10(l) defines an excluded offense as:</p> <ol style="list-style-type: none"> 1. A violent crime defined in Section 3 of the Rights of Crime Victims and Witnesses Act or a substantially similar offense that was classified as a felony in the jurisdiction where the person was convicted; or 2. A violation of a state or federal controlled substance law that was classified as a felony in the jurisdiction where the person was convicted, except that the registering Department may waive this restriction if the person demonstrates to the registering Department’s satisfaction that his or her conviction was for the possession, cultivation, transfer, or delivery of a reasonable amount of cannabis intended for medical use. <p>Section 3(c) of the Rights of Crime Victims and Witnesses Act defines Violent Crime as:</p> <p>“Violent Crime” means any felony in which force or threat of force was used against the victim, or any offense involving sexual exploitation, sexual conduct or sexual penetration, or a violation of Section 11-20.1, 11-20.1B, or 11-20.3 of the Criminal Code of 1961 or the Criminal Code of 2012, domestic battery, violation of an order of protection, stalking, or any misdemeanor which results in death or great bodily harm to the victim or any violation of Section 9-3 of the Criminal Code of 1961 or the criminal Code of 2012, or Section 11-501 of the Illinois Vehicle Code, or a similar provision of a local ordinance, if the violation resulted in personal injury or death, and includes any action committed by a juvenile that would be a violent crime if committed by an adult. For the purposes of this paragraph, “personal injury” shall include any Type A injury as indicated on the traffic accident report completed by a law enforcement office that requires immediate professional attention in either a doctor’s office or medical facility. A Type A injury shall include severely bleeding wounds, distorted extremities, and injuries that require the injured party to be carried from the scene.</p>	<p style="text-align: center;">Yes No</p>
<p>37. I attest that I understand if I am convicted of an excluded offense under the Act, I must alert the Division immediately upon conviction. I understand that if I do not alert the Division to a conviction of an excluded offense, the dispensing organization’s registration may be disciplined up to and including revocation. <i>410 ILCS 130/115(f)(4), Section 1290.210(n).</i></p>	<p style="text-align: center;">Yes No</p>

I hereby certify that I personally completed this attestation, that the answers appearing hereon are true and correct and that I am legally authorized to sign this application.

Signature of Principal Officer (in full)

Printed Name of Principal Officer (in full)

Date

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

Notary Public Seal

My commission expires on _____