



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
MEDICAL CANNABIS DISPENSING ORGANIZATION

PROPOSED PRINCIPAL OFFICER CRIMINAL HISTORY FORM

INSTRUCTIONS: The proposed principal officer must complete, sign and date this form. In order for the principal officer application to be evaluated, the applicant must respond to each of the following questions truthfully.

NOTE: Your answers must match the results of your fingerprint based criminal history record background check. An applicant or registrant who knowingly signs a fraudulent document commits perjury as defined in Section 32-2 of the Criminal Code of 2012 and for the purpose of this Section shall be guilty of a Class A misdemeanor. 20 ILCS 2105/2105-25.

Falsifying a State form is perjury which may result in denial of the application.

If you have ever been charged with or convicted of any crime or offense in this or any other country:

- Include all charges and convictions, regardless of whether the charges were dismissed or you were found not guilty.
Include all charges and convictions, regardless if the record was sealed or expunged.
Include all charges and convictions, regardless of the class of the crime.

1. Have you ever been charged with any criminal offense in any domestic or foreign jurisdiction? YES NO

If yes, list the charges and nature of the circumstances for each charge in the space provided below. Use additional sheets of paper as necessary to provide an explanation. Provide the police and court documents for each offense.

Criminal Charge: _____

Date of Charge: _____

Case Number: _____

County: _____

State: _____

Felony or Misdemeanor: _____

Did this offense involve injury to another: _____

Dismissed or discharged? YES NO If yes, date of discharge: _____

2. If you answered NO to Question No. 1, skip this question. If you answered YES, were you *convicted* of any criminal offense in any domestic or foreign jurisdiction? YES NO

If yes, list the conviction information requested below for each offense. Use additional sheets of paper as necessary. Provide court documents showing how each conviction was resolved.

Criminal Charge: _____

Criminal Conviction: _____

Date of Conviction: _____

Court Case Number: _____

Arresting County, and State: _____

Courthouse name and arresting police authority name: _____

Felony or Misdemeanor: _____

Did this offense involve injury to another: _____

Sentence: _____

3. Are any of the convictions also an excluded offense under the Act? 410 ILCS 130/10(l). YES NO

4. Are you requesting the Division waive an excluded offense? YES NO

If yes, provide a complete and detailed account of the offense(s) for which you are seeking a waiver. Provide the factual circumstances of the offense, including details that demonstrate whether the conduct would have resulted in a conviction under the Act, the intended medical use of the cannabis and the amount of cannabis possessed.

Applicant's Printed Name

Applicant's Signature

Date