



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

APPLICATION FOR PROPOSED PRINCIPAL OFFICER
MEDICAL CANNABIS DISPENSING ORGANIZATION

Please read the Illinois Compassionate Use of Medical Cannabis Pilot Program Act, (410 ILCS 130), the Administrative Rules, (68 IAC 1290), 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, Medical Cannabis Unit (“Division”) review and approval.

A principal officer includes a prospective dispensing organization or dispensing organization board member, owner, president, vice president, secretary, treasurer, partner, officer, member, shareholder, person with a profit sharing arrangement or with authority to control, manage or operate the dispensing organization and is further defined in the administrative rules. This definition excludes a person or entity holding one percent interest or less of the total ownership or interest rights if the person or entity does not participate directly or indirectly in the control, management or operation of the dispensing organization. A trust cannot have an ownership interest.

A person may not be a principal officer in more than five registered 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 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 along with the application form and addenda to the Division at FPR.MedicalCannabis@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 REGISTRATION 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 Medical Cannabis Principal Officer Attestation Form.
- Addendum B.** Criminal History Form.
- 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, if applicable.
- 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. The updated Table of Organization, Ownership and Control of the dispensing organization, if the applicant is approved. The Table of Organization, Ownership and Control shall identify all principal officers and Business Entities that through direct or indirect means, manage, own or control the interests and assets of the registration holder.

The Table of Organization, Ownership and Control shall also identify the following information:

- a) The management structure including i) name of each Business Entity; ii) the office or position held by each individual; and iii) the percentage ownership interest of each individual and Business Entity. If the Business Entity has a parent company, the name of each parent company's principal officer(s) and the percentage ownership interest.
- b) All Business Entities identified in the table must be broken down to the individual level with each individual's title and ownership share, regardless of whether they meet the definition of a "Principal Officer."
- c) If a Business Entity identified in the table is a publicly traded company, the following information shall be provided in the Table of Organization, Ownership and Control:
 - i) The name and percentage of ownership interest of each individual or Business Entity with ownership of more than 5 percent of the voting shares of the entity, to the extent such information is known or contained in 13D or 13G Securities and Exchange Commission filings.
 - ii) To the extent known, the names and percentage of interest of ownership of persons who are relatives of one another and who together exercise control over or own more than 10 percent of the voting shares of the entity.
- d) If a Business Entity identified in the table is a limited liability company, provide a copy of the Articles of Organization and operating agreement, and list all persons or Business Entities holding an ownership interest.
- e) If a Business Entity identified in the table is a corporation, provide a copy of the Articles of Incorporation, Corporate Resolutions if any, and list all persons or Business Entities holding an ownership interest.
- f) If a Business Entity identified in the table is an unincorporated association, organization or not-for-profit organization, provide documents or agreements relevant to its ownership, profit sharing and liability.
- g) If a Business Entity identified in the table is a partnership, provide a copy of the partnership or joint venture documents. If there is no written agreement, provide a statement signed by all partners affirming there is no agreement.

"Principal Officer" includes a prospective dispensing organization or dispensing organization board member, owner, president, vice president, secretary, treasurer, partner, officer, member, shareholder, person with a profit sharing arrangement or with authority to control, manage or operate the dispensing organization and is further defined in the Administrative Rules. This definition excludes a person or entity holding 1 percent interest or less than of the total ownership or interest rights if the person or entity does not participate directly or indirectly in the control, management or operation of the dispensing organization. A trust cannot have an ownership interest.

3. 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 medical 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.

Addendum A.

Medical 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 68 IAC 1290.110.

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. Section 1290.110(b)(22).		
3. The dispensary meets State and local building and fire codes. Local ordinances are met relevant to the dispensary location. 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 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. 410 ILCS 130/130(d).		
5. 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.		
6. I understand that all principal officers of the dispensary are listed in the registration materials or have been subsequently disclosed to the Division.		
7. I understand 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. 410 ILCS 130/35(b)(5).		
8. In accordance with the Division's administrative rules, Section 1290.110(h)(7), a principal officer of a dispensing organization cannot be an Illinois registered qualified patient or a designated caregiver with the Illinois Department of Public Health. Are you currently an Illinois registered qualified patient or a designated caregiver? If yes, provide an explanation in the comment section below. Comments:		

	YES	NO
<p>9. I understand that I am not and will not be a principal officer in more than five Illinois registered dispensing organizations. Section 1290.40(a)(14).</p>		
<p>10. I understand that I will not divert cannabis pursuant to 430 ILCS 130.</p>		
<p>11. I understand that I will respond to the Division's requests for supplemental information.</p>		
<p>12. I understand that I will apply for an agent identification card through the Division, and visibly display it while at the dispensary.</p>		
<p>13. 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.</p>		
<p>14. I understand that if I lose my dispensing organization agent identification card, 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>15. 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>16. 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>		

	YES	NO
<p>17. 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>18. 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>19. 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>20. 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 130/115(f)(5).</p>		
<p>21. I understand that cannabis is a prohibited Schedule I controlled substance under federal law.</p>		
<p>22. I understand that 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>23. 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>24. I understand that use of medical cannabis may affect an individual's ability to receive federal or state licensure in other areas.</p>		

	YES	NO
<p>25. I understand that use of medical cannabis, in tandem with other conduct, may be a violation of State or federal law.</p>		
<p>26. I understand that 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>27. 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.</p> <p>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 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. 		

	YES	NO
<p>28. Have you ever 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> <p>(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</p> <p>(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> <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>29. I understand that 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. 410 ILCS 130/115(f)(4), Section 1290.210(n).</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 _____