



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

Adult Use Dispensing Organization License Surety Bond

Name of Bonding Company: _____

Bond Number: _____

Effective Date: _____

KNOW ALL PERSONS BY THESE PRESENTS, That we, _____
_____ (Full Legal Name of Principal),

of the City of _____, County of _____,

State of _____, as Principal, and _____

(Full Legal Name of Surety) of the City of _____,

County of _____, State of _____, as a Surety business authorized to transact in the State of _____, are held and firmly bound unto the State of Illinois Department of Financial and Professional Regulation, Division of Professional Regulation (the "Division"), as Obligee, for any loss suffered by reasons of the Principal's violation of the conditions applied under the cannabis dispensary license in the penal sum of FIFTY THOUSAND DOLLARS (\$50,000.00), the payment of which we jointly and severally bind ourselves, our heirs, executors, administrators, successors and assigns.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH that the Principal has applied for the issuance or renewal of a dispensing organization license pursuant to the Illinois Cannabis Regulation and Tax Act ("Act"), 410 ILCS 705/1 et. seq, which license or license renewal shall be valid, if not suspended or revoked, for a license period ending March 31, 2021 or, if renewed, March 31 of each even-numbered year thereafter, through which the Principal is required to give security pursuant to 410 ILCS 705/15-55;

NOW, THEREFORE, if the Principal is granted a license by the State pursuant to the Act, during the term of said licensure and any renewal thereof, the bond shall be used to guarantee that the Principal timely and successfully completes dispensary construction, operates in a manner that provides an uninterrupted supply of cannabis, faithfully pays license renewal fees, keeps accurate books and records, makes regulatorily required reports, complies with State tax requirements, and conducts the dispensary in conformity with the Act and any administrative rules made pursuant to the Act.

IT IS FURTHER PROVIDED this bond is issued subject to the following express conditions:

1. This bond shall be deemed continuous in form and shall remain in full force and effect for the term of the initial bond and all subsequent terms, for all liabilities, acts, omissions or causes arising after this bond becomes effective until terminated as hereinafter provided.

2. This bond may be canceled by the Surety by giving thirty (30) days notice in writing to the Division and Principal(s) at the address last known to the Surety by certified mail at least thirty (30) days prior to the termination date specified in the notice and upon giving such notice, the Surety shall be discharged from all liability under this bond for any act or omission of the Principal occurring after such termination date.
3. If the Division determines, after a hearing pursuant to its Administrative Rules, Civil Administrative Code or the Act that the Principal has failed to comply with the terms herein, the Division, as Obligee, may proceed against the Principal or Surety herein, or both, for a right of action upon the bond and the Surety shall immediately make payment of the above penal sum to the Division,
4. Regardless of the number of years the bond remains in effect, the number of premiums paid, the number of renewals of the license, the number of claimants or the number of claims made, the aggregate liability under the bond shall not exceed the amount of the bond.
5. The Principal and the Surety agree they shall not amend or modify the terms of this bond without prior written consent of the Division.

Executed in _____
(City, State)

on this _____ day of _____, _____
(Month) (Year)

Witness: _____
Name of Principal

By: _____
Signature of Principal / Title

Witness: _____
Surety Name

By: _____
Attorney-in-Fact

Address: _____

Correspondence to Department of Financial and Professional Regulation shall be sent to:

Deputy Director of Cannabis Control Section
Department of Financial and Professional Regulation Division of Professional Regulation
555 West Monroe, 5th Floor Chicago, IL 60661
FPR.CannabisAdministration@Illinois.gov

ACKNOWLEDGMENT OF SURETY

STATE OF ILLINOIS)
)
COUNTY OF _____)

Subscribed and sworn before me:

Signature of Notary Public

Date