



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

**ADULT USE DISPENSING ORGANIZATION “15-36 LICENSE”
APPLICATION**

Pursuant to Section 15-36 of the Cannabis Regulation and Tax Act (“Act”), a licensee holding a Conditional Adult Use Dispensing Organization License (“Conditional License”) may apply for an Adult Use Dispensing Organization License (“15-36 License”).

A Conditional License holder cannot sell, possess, or transfer cannabis until the Department of Financial and Professional Regulation, Division of Professional Regulation (“Department”) has issued a 15-36 License to the Conditional License holder. The Department shall grant an Adult Use Dispensing Organization License within 60 days of an application being deemed complete if the applicant has met all the criteria in section 15-36 of the Act. 410 ILCS 705/15-15(l) & 15-20(p).

To complete a 15-36 Application Packet (“15-36 Packet”), licensees must submit this form and Exhibits A-E requested below, affirmatively answer the questions on this form, and have a principal officer attest that all the information submitted is true and accurate. Once the 15-36 Packet is complete, the licensee must e-mail this application form and all exhibits as individual files in PDF format to FPR.ConditionalAdultUseLicenses@illinois.gov.

Exhibits must be clearly labeled in the file name and include a cover page identifying the Exhibit letter as identified below. For file names, please label everything with the following convention: “Exhibit [Letter]_[Dispensing Organization Name]_Licensing Number 284.XXXXXX-CL.” License fees will be calculated once an inspection has been completed and the license can be issued.

All of the following documents, which may be downloaded from the [“Forms for Dispensary Use / 15-36 Application Packet”](#) tab, must be submitted as part of the 15-36 Application Packet. Incomplete 15-36 Packets will not be accepted.

- Adult Use Dispensing Organization “15-36 License” Application**
- Exhibit A – Table of Organization and Principal Officer Applications**
- Exhibit B – Notice of Proper Zoning form and Addenda**
- Exhibit C – Proposed Floor Plan**
- Exhibit D – Surety Bond and Escrow Account**
- Exhibit E – Material Changes Attestation**
- Exhibit F – Surety Bond / Escrow Account Waiver Form (Optional)**

All Applicants shall certify and attest, that each of the following statements made are true and correct.
Failure to certify and attest, or the making a false statement, will result in denial of the application.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure.	FOR OFFICIAL USE ONLY
ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION APPLICATION FOR "15-36 LICENSE" ADULT USE DISPENSING ORGANIZATION	Date Received: _____ Date Approved: _____
General Information (All requested information is required.)	
1. Business Name:	2. BLS Region:
3. Dispensary Name:	4. Conditional License #: 284.000
5. Dispensary Address: (Post Office Box is NOT permitted):	
6. Business Mailing Address: (If different from the above address; Post Office Box is NOT permitted):	
7. Dispensary Telephone Number:	
8. Dispensing Organization's Primary Contact Name, Title, Address, Email Address, and Direct Telephone Number:	
9. Dispensing Organization's Alternate Contact Name, Title, Address, Email Address, and Direct Telephone Number:	
10. Please list in descending order of responsibility all Dispensary's Agents-in-Charge with 1) Direct phone Number 2) Email and 3) Confirm access to State's Traceability System (Yes/No):	
11. Provide Regular Destruction Day and Time:	

Staffing and Training Plan	YES	NO
<p>Does your staffing plan include minimum staffing levels?</p> <p>Does your staffing plan include a plan to contract with a private security contractor licensed under Section 10-5 of the Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act of 2004?</p> <p>Does your training plan include a plan to provide 8 hours of annual training (which may include Responsible Vendor training) for all agents, agents-in-charge, and principal officers?</p> <p>Does your training plan include a requirement that all agents, agents-in-charge, and principal officers handling cannabis receive Responsible Vendor Training within 90 days of hire and annually?</p> <p>Does your training plan include training on effectively using the state's inventory verification system? Does your training plan include training on specific uses of cannabis?</p> <p>Does your training plan include training on regulatory inspection preparedness, including where to locate stored records the Department may request to see?</p> <p>Does your training plan include training on how agents, agents-in-charge, and principal officers must maintain their registration ID badges, including anticipating their badge's expiration date, so they can plan to renew in a timely fashion?</p>		
Purchaser Education Plan	YES	NO
<p>Does your dispensary include materials or signs informing purchasers that possession of cannabis is illegal under federal law?</p> <p>Does your education plan include a requirement that, at all times your dispensary will make available to purchasers information about health risks associated with the use or abuse cannabis provided by the Illinois Department of Public Health?</p> <p>Does your education plan offer information on the potential side effects of cannabis available to purchasers?</p> <p>Does your dispensary offer materials or signs informing purchasers that consuming cannabis is prohibited in public places?</p>		
Sales Transaction Plan	YES	NO
<p>Does the sales transaction plan include a plan to use an electronic scanning device to verify the validity of a purchaser's ID, if applicable?</p> <p>Does the sales transaction plan include a path for purchasers to purchase cannabis without providing their personal information to the dispensary aside from showing an ID to verify the purchaser's age and/or residency?</p> <p>Does the sales transaction plan include a commitment from the dispensary not to collect the personal information of purchasers without the purchaser's consent?</p> <p>Does the sales transaction plan include a plan to allow state IDs, drivers' licenses, military IDs, and passports as proof of age?</p> <p>Does the sales transaction plan include a list of documents that can be used to verify a purchasers' state of residence?</p> <p>Does the sales transaction plan include a plan to limit in-state and out-of-state residents to purchasing within each's statutory possession limit?</p>		

Inventory Tracking Plan	YES	NO
<p>Does your inventory tracking plan include a plan to inspect all cannabis deliveries to ensure the compliance of all packaging and labeling with state laws and regulations?</p> <p>Does your inventory tracking plan include a plan to verify all cannabis deliveries against the shipment manifest, including ensuring all subplot/batch numbers on the manifest match the subplot/batch numbers of the cannabis products being delivered?</p> <p>Does your inventory tracking plan include a plan to perform a DAILY inventory verification count of cannabis inventory against the state traceability system (and not any third-party point-of-sale/inventory tracking system used by the dispensary)?</p> <p>Do you plan to use a real-time, web-based, inventory control system accessible 24/7 by the state cannabis regulatory agencies?</p> <p>Does your inventory tracking plan include a plan to submit the Department's Inventory Adjustment Form to FPR.CannabisEnforcement@Illinois.gov to report inventory discrepancies within 48 hours of discovery when the discrepancy is not suspected to be related to theft or diversion?</p> <p>Does your inventory tracking plan include a plan to submit the Department's Inventory Adjustment Form to FPR.CannabisEnforcement@Illinois.gov to report inventory discrepancies within 24 hours of discovery when the discrepancy is suspected to be related to theft or diversion?</p> <p>Do you plan to have a first-in, first-out procedure to ensure the oldest cannabis products are sold first?</p> <p>Does the inventory tracking plan include a plan to ensure no single entity's cannabis products total more than 40% of total inventory at the dispensary?</p> <p>Does the inventory tracking plan include a requirement that all cannabis be stored in the reinforced vault when the dispensary is not operating?</p>		
Recordkeeping Plan	YES	NO
<p>Will you retain a copy of your policies and procedures manual at your dispensary in a manner accessible to all agents?</p> <p>Will you retain all Inventory Adjustment Forms for two years? Will you retain all other inventory documentation for five years?</p> <p>Will you retain all banking and financial documentation for 5 years, including records of deposit and withdrawals?</p> <p>If the dispensary closes, will you maintain all records for three years after close in a form and location in Illinois that is acceptable to the Department?</p>		

Destruction Plan	YES	NO
<p>Will the dispensary segregate and quarantine outdated, deteriorated, misbranded, adulterated, mis-labeled, or non-compliantly packaged cannabis products?</p> <p>Will all products placed into quarantine be destroyed at the next upcoming scheduled day for destruction unless otherwise permitted by the Department?</p> <p>Will all items placed into quarantine be labeled with the date they were placed there? Will all cannabis products be weighed prior to destruction?</p> <p>Will the dispensary record the destruction in the state's traceability system and on forms created by the dispensary?</p> <p>Will all destructions occur in clear, unobstructed view of a camera?</p> <p>Will the dispensary contact the Illinois State Police and this Department at least three days before destroying cannabis at a time other than the regularly scheduled time?</p> <p>Will all destroyed cannabis product be mixed with more than 50% non-cannabis products before disposal?</p>		
Recall Plan	YES	NO
<p>Does the dispensary have a recall plan?</p> <p>Does the recall plan include a mechanism that is "reasonably calculated" to contact purchasers that have or likely have obtained a recalled cannabis product (e.g., directly contacting purchasers if the purchaser has consented to giving the dispensary their personal information, posting signs at the dispensary, posting notices on websites and social meeting, contacting the press, etc.)?</p> <p>Will the dispensary destroy all recalled products?</p>		
Security Plan	YES	NO
<p>Do all cameras record at a minimum of 8 frames per second?</p> <p>Is footage from all cameras stored for at least 90 days?</p> <p>Are all security systems supported by at least a 4-hour battery backup? Will monthly tests be performed of all security systems?</p> <p>Will monthly security tests include verifying any agents with keys to the dispensary remember their secret duress codes?</p>		

Security Plan (cont.)	YES	NO
<p>Does the security system include a failure notification system that sends a call, text, or e-mail if an alarm system malfunctions?</p> <p>Is there a mechanism in place to keep an electronic log of all agents entering the vault?</p> <p>Does the dispensary have a plan in case of strike, fire, flood, tornado and potential or active shooter?</p> <p>Will all cash be stored in a vault or safe when the dispensary is not operating?</p> <p>Does the dispensary maintain an anti-loitering policy?</p> <p>Do the Illinois State Police and this Department have 24/7 access to remotely view all video feeds from the dispensary?</p> <p>Does the dispensary limit access to the restricted and limited access areas to those allowed by statute or administrative rule?</p> <p>Will the dispensary comply with allowing inspections by the Department, the Illinois State Police, and local law enforcement?</p>		
Surety Bond/Escrow Account (Exhibit D of Application)	YES	NO
Does the dispensing organization have either a Surety Bond or Escrow Account as required by 410 ILCS 705/15-55?		
Surety Bond/Escrow Exemption (Exhibit D of Application)	YES	NO
Is the applicant seeking to receive a waiver of the Surety Bond / Escrow Account requirement?		
<p>*NOTE* If applicant is seeking a waiver of the Surety Bond / Escrow Account requirements, it must complete a Surety Bond / Escrow Account Waiver Form and submit to the Department for verification.</p>		

I certify that I personally completed this application, that the answers provided are true and correct to the best of my knowledge and belief, and that I am legally authorized to sign this application.

Signature

Date

Printed Name

Job title