



Illinois Department of Financial and Professional Regulation Division of Professional Regulation

Exhibit B: NOTICE OF PROPER ZONING FORM INSTRUCTIONS

Please read the Cannabis Regulation and Tax Act, (410 ILCS 705), and this information carefully before submitting your Notice of Proper Zoning documents.

As part of the **Adult Use Dispensing Organization “15-36” Application Packet**, all applicants are required to submit **Exhibit B: Notice of Proper Zoning form** and the addenda listed as one PDF document titled “Exhibit B” via e-mail to the address listed at the bottom of this page.

Exhibit B must include all of the following documents;

A completed Exhibit B: Notice of Proper Zoning form (page 2) and the following addenda;

Addendum 1. Copy of Local Government’s Laws Allowing Adult Use Dispensaries

Include a copy of the local law or ordinance allowing for Adult Use Dispensaries.

Addendum 2. Zoning

Provide proof of one of the following:

- i. Zoning approval;
- ii. Conditional zoning approval; or
- iii. Status of a request for zoning approval.

Addendum 3. Land Lease/Ownership

Provide proof of one of the following:

- i. Proof of land ownership;
- ii. Sales contract; or
- iii. Landlord’s consent.

In order to be considered complete, **Exhibit B: Notice of Proper Zoning form** must be completed correctly and include all mandatory addenda above.

Please do not submit this page.



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Exhibit B: NOTICE OF PROPER ZONING FORM

SECTION 1: TO BE COMPLETED BY APPLICANT

1. BUSINESS/LEGAL NAME OF APPLICANT:		2. LICENSE NUMBER: 284. _____-CL	
3. STREET ADDRESS OF THE PROPOSED DISPENSARY:			
4. CITY:	5. COUNTY:	6. BLS REGION:	7. ZIP CODE:

The applicant is solely responsible for ensuring the proposed location is within a region prescribed by Section 15-20(c) or the BLS region identified in the applicant's application for a Conditional Adult Use Dispensing Organization License. Applicants must not apply with a proposed dispensary address that needs to be re-zoned. **NOTE: If a proposed location is not in a zoning classification that allows for operation of an adult use cannabis dispensary, then the location is non-compliant and your application will be disqualified.**

Applicants are also required to attach the required addenda with this form (list on page 1)

CHECK ALL THAT APPLY

8. Are there local zoning restrictions specific to an adult use cannabis dispensary at the proposed location?	Yes	No
9. Is the location of the proposed adult use cannabis dispensary in compliance with minimum local zoning restrictions for adult use cannabis dispensaries?	Yes	No
10. If necessary, has the proposed dispensing organization filed a request with the local zoning authority for a dispensary use permit/conditional or special use permit?	N/A	Yes No
11. If a zoning request was filed but has not been approved, the zoning determination is expected to be issued in approximately _____ days _____ weeks _____ months		

SECTION 2: TO BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE LOCAL ZONING OFFICE

Please confirm the boxes 8 to 11 above are true and accurate under the local zoning ordinance.

Title of the Authorized Zoning Representative

Name of the Local Jurisdiction

Printed Name

Telephone Number

Signature / Date