



**Illinois Department of Financial and Professional Regulation
Division of Professional Regulation - Cannabis Control Section**

**CHANGE OF OWNERSHIP / MANAGEMENT
SERVICE AGREEMENT AUTHORIZATION FORM
(Page 1 of 2: Seller/Current Licensee)**

Page 1 Instructions: A Principal Officer (PO) of an Adult Use Dispensing Organization (AUDO) license or Medical Cannabis Dispensing Organization (MCDO) registration being sold must fill out Page 1/2 to verify the request for a change of ownership or managing service agreement. Page 2/2 of this form also identifies the Authorized Representative for the Buyer (ARB) as the authorized point of contact representing the buying or managing entity. This form authorizes the Division to discuss the proposed transaction or agreement of with the ARB.

Current PO:	Phone:
PO Credential Number (Begins with 281/285):	E-mail:
AUDO or MCDO Name:	AUDO License(s)/MCDO Registration Number(s) Involved in Transaction:

I attest that AUDO/MCDO has disclosed any discipline and/or encumbrances placed on the license(s)/registration(s) held by AUDO/MCDO to Buyer and the ARB.

Please note: Any unresolved fees, fines, and/or citations must be resolved prior to Division’s final approval of the sale of the license(s)/registration(s). If an administrative complaint has been filed against any of the licenses/registrations involved in this transaction, a final adjudication of said complaint must be entered prior to the approval of this transaction.

I, _____, hereby authorize the Division to discuss all matters concerning a change of ownership or management service agreement with the below person identified as the ARB. This authorization shall expire upon the conclusion of the identified matter. The Division reserves the right to refuse to communicate with an authorized representative on any matter.

Name of ARB*:

Name of Buyer employing or using the services of the ARB:

Information for Authorized Representative for Seller, if the Seller will be represented by anyone other than the PO filling out this form:

Name and Employer/Firm:

Phone: _____ E-mail: _____

Current PO Signature: _____ Date: _____

- All sections MUST be completed electronically when this authorization is submitted
- Handwritten Forms will not be accepted
- This authorization will be invalid without both Current (page 1) and Proposed (page 2)PO signatures and dates
- Only one representative may be named per matter

Please proceed to Page 2/2.



**Illinois Department of Financial and Professional Regulation Division of
Professional Regulation - Cannabis Control Section**

**CHANGE OF OWNERSHIP / MANAGEMENT SERVICE AGREEMENT
AUTHORIZATION FORM
(Page 2 of 2: Authorized Buyer/Manager)**

Page 2 Instructions: A Proposed Principal Officer (Proposed PO) of an AUDO or MCDO being acquired must fill out Page 2/2 to authorize an ARB representing the Buyer. The Division may discuss the proposed transaction or agreement of the AUDO/MCDO with the ARB. The ARB will be the Division's point of contact for the entire transaction.

Proposed PO:

Phone:

E-mail:

Please note: Any unresolved fees, fines, and/or citations must be resolved prior to Division approval of the sale of the license(s)/registration(s). If an administrative complaint has been filed against any of the associated licenses/registrations involved in this transaction, a final adjudication of said complaint must be entered prior to the approval of this transaction.

I, _____, hereby authorize the below person to be the ARB and to communicate with the Division regarding the below identified matter. The ARB will be the Division's point of contact on any matters concerning the proposed transaction. The ARB may include other individuals associated with Buyer in communications without further approval required from either party or the Division. This authorization shall expire upon the conclusion of the identified matter. The Division reserves the right to refuse to communicate with an authorized representative on any matter.

Name of ARB:

Name of Buyer employing or using the services of the ARB:

Phone:

E-mail:

Proposed PO Signature: _____ Date: _____

- All sections MUST be completed electronically when this authorization is submitted
- Handwritten Forms will not be accepted
- This authorization will be invalid without both Current (page 1) and Proposed (page 2) PO signatures and dates
- Only one representative may be named per matter

The completed authorization must be emailed to the Division at:

[**FPR.CannabisBusiness@illinois.gov**](mailto:FPR.CannabisBusiness@illinois.gov)