



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

PRINCIPAL OFFICER AFFIRMATION

Instructions: Please submit one of these affirmation forms per Unique Application Number. Applicants may not add any new Principal Officers to their ownership makeup at this time. Applicants will be permitted to add new Principal Officers after the applicant is issued its Adult Use Dispensing Organization License pursuant to Section 15-36 of the Cannabis Regulation and Tax Act.

Note: *This is the only mechanism by which to notify the Department of any Principal Officers which have been removed. If you have previously attempted to notify the Department of such a change, the Department did not process it and you must inform the Department through this form.*

Applicant Name: _____

Unique Application Number: _____

BLS Region (name and number): _____

A. Principal Officers

1. Does the applicant currently have the same principal officers as it had when it submitted its application in December 2019 or as previously disclosed to the Department in the February 2021 supplemental scoring process?

Yes – if yes, please proceed to Question 3

No – if no, please proceed to Question 2

2. If the applicant does not have the same principal officers as it did when it submitted its application in December 2019 application or as previously identified for the Department through the February 2021 supplemental scoring process, please list any principal officers which have since been removed or are now deceased:

1. _____

2. _____

3. _____

4. _____

5. _____

3. Submit current Table of Organization, Ownership and Control (please see an example _____) as a PDF with this form to FPR.CannabisAdministration@illinois.gov

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he verily believes the same to be true.

Name of Authorized Representative (must be primary or alternate contact on file):

Email:

Signature of Authorized Representative: _____ **Date:** _____