

**IMPORTANT NOTICE:**  
Completion of this form is necessary for consideration for licensure in connection with the Medical Cannabis Pilot Program Act, 410 ILCS 130 and 68 IAC 1290.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

SUPPORTING DOCUMENT

## MEDICAL CANNABIS

### REQUEST TO CHANGE PROPOSED DISPENSARY LOCATION

# MC-LOC

|  |  |                                   |         |                                     |            |              |
|--|--|-----------------------------------|---------|-------------------------------------|------------|--------------|
| 1. BUSINESS NAME   |  | 2. REGISTRY IDENTIFICATION NUMBER |         | 3. MEDICAL CANNABIS DISTRICT NUMBER |            |              |
| 4. CURRENT PHYSICAL ADDRESS OF PROPOSED DISPENSARY   |  |                                   | 5. CITY |                                     | 6. COUNTY  | 7. ZIP CODE  |
| 8. NEW PHYSICAL ADDRESS OF PROPOSED DISPENSARY   |  |                                   | 9. CITY |                                     | 10. COUNTY | 11. ZIP CODE |
| 12. Is the property line of the proposed dispensary a minimum of 1,000 feet from the line of a pre-existing public or private preschool or elementary or secondary school or a day care center, day care home, group day care or part day child care facility identified in Section 130 of the Act? <input type="checkbox"/> YES <input type="checkbox"/> NO |  |                                   |         |                                     |            |              |

#### ATTACH THE FOLLOWING:

1. Provide a cover letter stating the reason for the change of location of the dispensary, including a description of how the plans for the proposed dispensary deviate from those provided in your original application and a description of how the proposed location is the equal to, improved, or better suited than the dispensary location in your original application.
2. DFPR Property Ownership Form.
3. DFPR Zoning Form with signature from the local zoning office providing confirmation that the proposed dispensary location is in compliance with local zoning provisions and those identified in Section 130 of the Act.

#### SUITABILITY FOR PUBLIC ACCESS:

1. Provide a narrative explaining why the proposed location is suitable for public access, the size and layout promote safe dispensing of medical cannabis, product handling, and storage. Include detailed plans for handicapped accessible parking and ADA accessibility.
2. Provide a narrative statement describing specific elements in your plan that will favor the immediate community and why your operations will negate any detrimental impact.
3. Provide a narrative describing changes, if any, to the Suitability for Public Access Section provided in your original application.

**PLOT PLANS and PHOTOGRAPHS:** Plot map and drawings must be adequate in size to illustrate your plans. For this section, applicants must:

1. Provide a location area map of the area surrounding the proposed dispensary, extending a minimum of 1,000 feet from the proposed dispensary property line in all directions. Clearly identify the existing adjacent businesses or residences.
2. Demonstrate that the property line of the proposed dispensary is not located within 1,000 feet of the property line of a pre-existing public or private preschool or elementary or secondary school or day care center, day care home, group day care home or part day child care facility identified in Section 130 of the Act.
3. Provide a drawing depicting the property that extends at least to the property line perimeter, defining exterior landscape and interior layout, including storage and delivery areas.
4. Provide color photographs of the proposed dispensary and immediately adjacent area.

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#### ZONING:

1. Narrative of how the proposed dispensary location complies with the local zoning ordinance or rules.
2. Documentation, if any, of the approval, conditional approval or the status of a request for approval, from the local zoning office.

#### FACILITY SECURITY: Submit or include on a separate drawing the following:

1. Diagram of dispensary drawn to scale, including general specifications of the building exterior and interior layout, identifying all points of entry and exit and locations of security or surveillance devices.

#### SECURITY SURVEILLANCE SYSTEM:

1. Provide a narrative of changes, if any, to the type of surveillance system that will be installed, controls used to monitor and secure the premises, agents, patients, caregivers, currency and measures that will prevent the diversion, theft or loss of cannabis and currency previously provided in your original application.

#### PRODUCT SECURITY:

1. Provide a narrative describing changes, if any, to the Product Security Section provided in your original application.

#### SHIPPING/TRANSPORTATION SECURITY MEASURES:

1. Provide a narrative of any changes in the receipt/delivery process described in the Shipping/Transportation Security Measures Section previously provided in your original application.

I understand the change of proposed dispensary location must be approved by the Division before the dispensary may be registered.

Signed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Principal Officer Printed Name Principal Officer Signature

#### FOR DEPARTMENT USE ONLY

Date: \_\_\_\_\_ By: \_\_\_\_\_  APPROVED  DENIED