

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure.

**ILLINOIS DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION**

**BUYER / MANAGER / NEW ENTITY
ENTITY INFORMATION FORM**

FOR OFFICIAL USE ONLY

Date Received: _____

Date Approved: _____

General Information (All requested information is required.)

1. Business Entity Name:

3. License Number(s):

4. Business FEIN:

2. Transaction Type:

☐ Change of Ownership

☐ MSA

☐ Exception

5. Business Address (Post Office Box is NOT permitted)

Street Address:

Phone:

City:

State:

Zip:

6. Business Mailing Address (If different from the above address; Post Office Box is NOT permitted):

☐ Same as Above (5)

Street Address:

Phone:

City:

State:

Zip:

7. Entity's Primary Contact Name, Title, Address, Email Address, and Direct Telephone Number

☐ This will be the new contact for the License(s) or ☐ This will **NOT** be the new contact for the License(s)

Name:

Title:

Street Address:

City:

State:

Zip:

Email:

Phone:

8. Entity's Alternate Contact Name, Title, Address, Email Address, and Direct Telephone Number

☐ This will be the new contact for the License(s) or ☐ This will **NOT** be the new contact for the License(s)

Name:

Title:

Street Address:

City:

State:

Zip:

Email:

Phone:

9. Metrc or State Traceability System Contact

☐ N/A (only certain Exceptions can be N/A)

☐ This will be the new contact for the License(s) or ☐ This will **NOT** be the new contact for the License(s)

Name:

Title:

Street Address:

City:

State:

Zip:

Email:

Phone:

10. Please list the names of the Proposed Principal Officers and their 1) Direct phone Number 2) Date of Birth and 3) Personal e-mail Addresses (add a page if necessary)

[illegible]

11. ☐ I affirm that there are no other individuals with any ownership percentage requiring registration in the license, nor are there any other individuals that would need to register as a PO under the definition of Principal Officer found at 410 ILCS 705/1-10 or those required to register as Principal Officers under 410 ILCS 705/15-36 or 68 IAC 1291.30(a) other than those disclosed above.

12. 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