

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

INSTRUCTIONS FOR EARLY APPROVAL ADULT USE DISPENSING ORGANIZATION LICENSE - SAME SITE

Any medical cannabis dispensing organization holding a valid registration under the Compassionate Use of Medical Cannabis Pilot Program Act, 410 ILCS 130 may apply to the Illinois Department of Financial and Professional Regulation, Division of Professional Regulation ("Division"), for an early approval adult use dispensing organization license under the Cannabis Regulation and Tax Act (the "Act"), 410 ILCS 705, to serve purchasers at any medical cannabis dispensing location in operation as of June 25, 2019. Please read the Act, and this information carefully before submitting your application.

To apply, a dispensing organization must hand deliver or express mail a complete early approval adult use dispensing organization license application, and submit the following to the Division at the address listed below:

- a non-refundable application fee in the amount of \$30,000.00;
- a non-refundable fee equal to 3% of the dispensing organization's total sales from June 1, 2018 to June 1, 2019 or \$100,000, whichever is less, which will be deposited in the Cannabis Business Development Fund; and,
- a completed proposed principal officer application for each principal officer.

Illinois Department of Financial and Professional Regulation Cannabis Enforcement Section 100 W. Randolph - 9th Floor Chicago, Illinois 60601

The application fees must be in the form two separate cashier's checks or money orders only, made payable to "Illinois Department of Financial and Professional Regulation."

If the Division approves the dispensing organization's early approval adult use license, the dispensing organization may not sell cannabis, cannabis-infused products, paraphernalia, and related items to purchasers until January 1, 2020 and applicable local ordinances permit or do not prohibit the sale of adult use cannabis.

Application materials must be three-hole punched and provided in a white three ring binder. Label the binder with the date supplied, dispensing organization name and the applicable medical cannabis district number. Use as many binders as necessary to facilitate easy examination of the material.

The Division may deny an early approval adult use dispensing organization license application due to poor compliance history, non-compliance with tax requirements, or failure of any principal officer to remain compliant under this Act or the Compassionate Use of Medical Cannabis Pilot Program. If the Division, after notice to the dispensing organization, denies the application and the dispensing organization contests the denial of licensure, it shall be entitled to an administrative hearing in accordance with the Act and Administrative Rules.

If you have questions, please contact Deputy Director of Medical Cannabis Unit at <u>FPR.AdulUseCannabis@illinois.gov</u>.

IMPORTANT NOTICE: Completion of this form is necessary for considerate	ion for licensure.	FOR OFFICIAL USE ONLY	
ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION		Data Daasiyada	
ADULT USE DISPENSING ORGANIZATION –		Date Received:	
APPLICATION FOR EARLY APPROVA	-	Date Approved:	
ADULT USE LICENSE – SAME SITE			
General Information (All requested information is required.)			
1. Business Name:			
2. Dispensary Name:	3. Medica	I Cannabis Registry Identification Number:	
4. Dispensary Address: (Post Office Box is NOT permitted):			
5. Business Mailing Address: (If different from the above address; Post Office Box is NOT permitted):			
6. Dispensary Telephone Number: 7. Business FEIN Number:			
8. Will there be changes to the dispensing organization's primary, alternate and BioTrackTHC contacts from what the Division has on file for the medical cannabis dispensary registration?			
Yes No			
If yes, complete 9, 10 and/or 11 below. If not, skip 9, 10 and/or 11.			
9. Dispensing Organization's Primary Contact Name, Title, Address, Email Address, and Telephone Number:			
10. Dispensing Organization's Alternate Contact Name, Title, Address, Email Address, and Telephone Number:			
11. Dispensing Organization's BioTrackTHC Contact Name, Title and Email Address:			
12. Dispensing Organization's Main Agent-in-Charge Name and Email Address:			
13. Provide an updated copy of the dispensing organization's opera and dispensary's floor plan which at a minimum identifies the lo vaults, day storage, night storage, public, limited and restricted practices plan must include updated policies and procedures per information in a USB drive containing a copy in PDF Format.	cation of each v access areas.	video camera, panic buttons, safes and The operation and management	
14. Since registration, has your dispensing organization maintained an active escrow account or surety bond in the amount of \$50,000? If yes, list the expiration date of the escrow account/surety bond and provide evidence.			
Yes No			

15. Is the dispensary premises leased? If so, provide documentation that the registered premises has been leased for the next calendar year.	
Yes	Νο
	ny changes to the principal officer information from what the Division currently has on file for the medical spensing organization?
Yes	No
	sing organization and all of its principal officers and agents agree to comply with the requirements contained bassionate Use of Medical Cannabis Pilot Program Act except as provided in the Cannabis Regulation and
Yes	No
	sing organization currently holds a medical cannabis dispensing organization registration that is in good th the Division.
Yes	No
19. Please iden	tify which Social Equity Inclusion Plan the dispensing organization will complete by March 31, 2021:
	ibution of 3% of total sales from June 1, 2018 to June 1, 2019 or \$100,000, whichever is less, to the abis Business Development Fund.
canna	ibution of 3% of total sales from June 1, 2018 to June 1, 2019 or \$100,000, whichever is less, to a abis industry training or education program at an Illinois community college as defined in the Public nunity College Act.
	tion of \$100,000 or more to a program that provides job training services to persons recently incarcerated at operates in a Disproportionately Impacted Area.
Participation as a host in a cannabis business establishment incubator program approved by the Department of Commerce and Economic Opportunity, and in which the dispensing organization agrees to provide a loan of at least \$100,000 and mentorship to incubate a licensee that qualifies as a Social Equity Applicant for at least a year.	
Econ	cipation in a sponsorship program for at least 2 years approved by the Department of Commerce and omic Opportunity in which the dispensing organization agrees to provide an interest-free loan of at least 000 to a Social Equity Applicant.
20. Provide a Table of Organization, Ownership and Control and a USB drive containing a copy in PDF format. The Table of Organization, Ownership and Control shall identify all principal officers and Business Entities that through direct or indirect means, manage, own or control the interests and assets of the registration holder.	
The Table of O	rganization, Ownership and Control shall also identify the following information:
a)	The management structure including i) name of each Business Entity; ii) the office or position held by each individual; and iii) the percentage ownership interest of each individual and Business Entity. If the Business Entity has a parent company, the name of each parent company's principal officer(s) and the percentage ownership interest.
b)	All Business Entities identified in the table must be broken down to the individual level with each individual's title and ownership share, regardless of whether they meet the definition of a "Principal Officer."

- c) If a Business Entity identified in the table is a publicly traded company, the following information shall be provided in the Table of Organization, Ownership and Control:
 - The name and percentage of ownership interest of each individual or Business Entity with ownership of more than 5 percent of the voting shares of the entity, to the extent such information is known or contained in 13D or 13G Securities and Exchange Commission filings.
 - ii) To the extent known, the names and percentage of interest of ownership of persons who are relatives of one another and who together exercise control over or own more than 10 percent of the voting shares of the entity.
- d) If a Business Entity identified in the table is a limited liability company, provide a copy of the Articles of Organization and operating agreement, and list all persons or Business Entities holding an ownership interest.
- e) If a Business Entity identified in the table is a corporation, provide a copy of the Articles of Incorporation, Corporate Resolutions if any, and list all persons or Business Entities holding an ownership interest.
- f) If a Business Entity identified in the table is an unincorporated association, organization or not-for-profit organization, provide documents or agreements relevant to its ownership, profit sharing and liability.
- g) If a Business Entity identified in the table is a partnership, provide a copy of the partnership or joint venture documents. If there is no written agreement, provide a statement signed by all partners affirming there is no agreement.

"Principal officer" includes a cannabis business establishment applicant or licensed cannabis business establishment's board member, owner with more than 1% interest of the total cannabis business establishment or more than 5% interest of the total cannabis business establishment of a publicly traded company, president, vice president, secretary, treasurer, partner, officer, member, manager member, or person with a profit sharing, financial interest, or revenue sharing arrangement. The definition includes a person with authority to control the cannabis business establishment, a person who assumes responsibility for the debts of the cannabis business establishment.