

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

APPLICATION FOR PROPOSED PRINCIPAL OFFICER OF AN ADULT USE DISPENSING ORGANIZATION

A proposed principal officer ("Applicant") must complete this application and submit it to the Department of Financial and Professional Regulation, Division of Professional Regulation, Cannabis Control Section ("Division"). Please review the Cannabis Regulation and Tax Act (410 ILCS 705) and the information in this application carefully before submitting it.

The definition of "principal officer" includes: (1) a board member of a cannabis business establishment applicant or licensed cannabis business establishment; (2) an owner with more than a 1% interest in a privately held cannabis business establishment or more than a 5% interest in a publicly traded cannabis company; (3) the president, vice president, secretary, treasurer, partner, officer, member, or manager member of a cannabis business establishment; (4) a person with a profit sharing, financial interest, or revenue sharing arrangement with a cannabis business establishment; (5) a person with authority to control the cannabis business establishment; or (6) a person who assumes responsibility for the debts of the cannabis business establishment.

It is against the law for a person to be a principal officer of or hold a financial interest in a combined total of more than 10 adult use dispensing organization licenses and early approval adult use dispensing organization licenses.

The Division may verify the information contained in this form and any accompanying materials to assess the Applicant's character and fitness. The application may be denied if the Division finds the Applicant is lacking in good character, honesty or integrity. All information requested by the Department is for the proposed principal officer unless otherwise identified.

Principal Officer Online License Application

Principal Officers must also complete the online application process by submitting the IDFPR Principal Officer license application within 14 days of being notified that they may apply online.

During the online application process the applicant must upload the following documents: A copy of the Illinois Department of Financial and Professional Regulation's Fingerprint Consent Form and livescan vendor receipt taken within 30 of the online application, dated proof of residence (2 pieces), proof of identification, and a passport style headshot photograph with a plain white background taken within 30 days prior to the online application. The photograph must be expressionless and not include large glasses or anything else that obstructs or distorts the applicant's face. The application fee is \$100 payable online following the successful completion of the online application. Documents and instructions can be found at <u>https://idfpr.illinois.gov/profs/adultusecan.asp</u>.

Please direct all questions to: *FPR.CannabisAdministration@Illinois.gov*

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|---------------------------------------|------------------------|--|-----------------|--|
| FIRST NAME | M.I. | LAST N | IAME | |
| MAIDEN NAME (If Applicable) | | ALIAS (If Applicable | 9) | |
| MAILING ADDRESS (P.O. Box may no | ot be used) (City, Sta | ate, Zip Code) | | |
| PHONE NUMBER | E | -MAIL ADDRESS | | |
| DATE OF BIRTH | GENDER | | RACE (optional) | |
| NAME OF PROPOSED OR CURREN | T DISPENSING OR | GANIZATION | | |
| SOCIAL SECURITY NUMBER | JOB TITLE AT PF | JOB TITLE AT PROPOSED OR CURRENT DISPENSING ORGANIZATION | | |
| PERCENT OWNERSHIP | TYPE OF OWNE | RSHIP | SHIP | |
| business establishment with which the | | aleu. | | |

An Applicant must sign, date, and have this form notarized. Signatures on this form signify compliance with 410 ILCS 705/5-20(a) and 15-25(d).

All Applicants shall certify and attest, <u>under penalty of perjury</u>, that each of the following statements made are true and correct. **Failure to certify and attest, or the making a false statement, will result in denial of the application.**

If you require additional space to explain your answer to any question, please use additional pages and reference which question is being answered on each page.

| | | YES | NO |
|----|---|-----|----|
| 1. | The information provided to the Division on this application is true, correct and complete. | | |
| 2. | I understand that the Division's approval of this application means the information and plans in this application are a condition of the license. I understand that dispensing organizations, principal officers, and I as an Applicant have a duty to promptly disclose any material changes to the information contained in a Conditional Adult Use Dispensing Organization License application or proposed policies and procedures submitted with such application. | | |
| 3. | All principal officers of the proposed dispensing organization are listed in this Conditional Adult Use Dispensing Organization License Application or have been previously disclosed to the Division. | | |
| 4. | I am not and will not be a principal officer of, or hold a direct or indirect financial interest in, more than ten adult use cannabis dispensing organization licenses. | | |
| 5. | l will not divert cannabis. | | |
| 6. | I will promptly respond to the Division's requests for information. | | |
| 7. | If approved as a principal officer, I will apply for an agent identification card through the Division and visibly display it while at the dispensary. | | |
| 8. | If I no longer serve as a principal officer, I will immediately return my dispensing organization agent identification card to the dispensing organization. | | |
| 9. | If I lose my dispensing organization agent identification card, I will ensure the loss is reported immediately upon discovery to the Department of State Police and the Department of Financial and Professional Regulation. | | |

| | | YES | NO |
|-----|---|-----|----|
| 10. | In accordance with 20 ILCS 2105-15(g): "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied." | | |
| | Are you delinquent in the filing of Illinois state taxes? If yes, provide an explanation below. | | |
| | Answering "YES" to the following two questions below is not required. The Division may not issue a license to any Principal Officer or entity associated with Principal Officers that are delinquent in filing any required tax returns or paying any amounts owed to the State of Illinois. See 68 IAC 1291.95; 410 ILCS 705/15-15(f)(1); 410 ILCS 705/15-20(k)(1); 410 ILCS 705/15-30(g); 410 ILCS 705/15-35(i); 410 ILCS 705/15-35.10(i); 410 ILCS 705/15-40(e); 410 ILCS 705/15-40(c); and 410 ILCS 705/15-95(i)(12). | | |
| | To streamline the licensing process, the Division recommends Principal Officers opt-in to allow the Division to correspond with the entity directly regarding any individual Principal Officers' tax status. | | |
| | I understand a license may not be issued to the entity I am associated with if any Principal Officer, including myself, is delinquent in filing any required tax returns or paying any amounts owed to the State of Illinois. | | |
| | I grant the Division authority to disclose to the contacts named below, if following a tax compliance verification with the Illinois Department of Revenue my tax compliance status returns a "Denied" result. | | |
| | Primary Contact: | | |
| | Secondary Contact: | | |
| 11. | In accordance with 5 ILCS 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's social security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. | | |
| | Are you more than 30 days delinquent in complying with an illinois child support order? If yes, provide an explanation below. | | |
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| | | YES | NO |
|-----|---|-----|----|
| 12. | Are you delinquent in the payment of an alimony order? If yes, provide an explanation below. | | |
| | | | |
| 13. | Have you ever filed for bankruptcy? If yes, provide an explanation below. | | |
| 14. | Have you ever been a principal officer, manager, board member or owner of a business or not-for-profit organization, other than a cannabis business, that had its license or registration fined, censured, suspended or revoked? This does not include non-disciplinary or non-public administrative orders. If yes, provide the name, address, type of business, and an explanation of the discipline below. | | |
| 15. | Have you ever been a principal officer, manager, board member or owner of a cannabis business that had its registration or license fined, censured, suspended or revoked? This does not include non-disciplinary or non-public administrative orders. If yes, provide the name, address, and an explanation of the discipline below. | | |

| | | YES | NO |
|-----|---|-----|----|
| 16. | If the registration or license of any cannabis business of which I am a principal officer, manager, board member, or owner is fined, censured, suspended, or revoked, I will immediately disclose the fine, censure, suspension, or revocation to the Division. | | |
| 17. | I accept the limitations of liability stated below and the requirement to indemnify, hold harm less, and defend the State of Illinois, including: | | |
| | Limitation of Liability: the State of Illinois shall not be liable to the principal officer, principal officer's employees, family members, purchasers, or guest(s) for any damage, injury, accident, loss, compensation or claim, based on, arising out of or resulting from the principal officers participation in the adult use cannabis program, including, but not limited to, the following: arrest, seizure of persons or property, prosecution pursuant to federal laws by federal prosecutors, any fire, robbery, theft, mysterious disappearance or any other casualty, or the actions of any other licensees or persons. This provision shall survive expiration or the early termination of the license if a license is granted. | | |
| | I acknowledge that I have actual notice that notwithstanding any Illinois law: | | |
| | Cannabis is a prohibited Schedule I controlled substance under federal law; | | |
| | Participation in the cannabis program is permitted only to the extent provided by the strict requirements of the Act and the Division's Administrative Rules; | | |
| | • Any activity not sanctioned by the Act or the Division's administrative rules may be a violation of State or federal law and could result in arrest, prosecution, conviction or incarceration; | | |
| | • Growing, distributing, or possessing cannabis in any capacity, except through a federally-approved research program, is a violation of federal law and could result in arrest, prosecution, conviction, or incarceration; | | |
| | Use of cannabis may affect an individual's ability to receive federal or State licensure in other areas; | | |
| | Use of cannabis, in tandem with other conduct, may be a violation of State or federal law and could result in arrest, prosecution, conviction, or incarceration; | | |
| | • Participation in the adult use cannabis program does not authorize any person to violate federal law or State law and, other than as set out in 410 ILCS 705, does not provide immunity from or affirmative defense to arrest or prosecution under federal or State law; and | | |
| | • Participants shall indemnify, hold harmless, and defend the State of Illinois for any and all civil or criminal penalties resulting from their participation in the program. | | |

| | | YES | NO |
|--------|--|-----|--------|
| 18. | Have you ever been charged with a criminal offense in any domestic or foreign jurisdiction? If yes, explain the charges, the nature of the alleged offense and the resolution in the space below. Include all charges regardless of whether they were dismissed or you were found not guilty. You are not obligated to disclose sealed or expunged records of a conviction or arrest. | | |
| provid | Have you ever been convicted of a criminal offense in any domestic or foreign jurisdiction? If yes, list the offense, the class of crime, and the conviction date in the space below. Include all convictions regardless of the class of the crime (felonies, misdemeanors, and all petty offenses). You are not obligated to disclose sealed or expunged records of a conviction or arrest. | | zed to |
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| | Applicant Printed Name | | |

Signature (in full)

Date

Subscribed and sworn to before me this _____ day of _____ 20____.

(SEAL)

Notary Public _____