## Illinois Department of Financial and Professional Regulation

## Division of Professional Regulation

# Medical Cannabis Dispensing Organization "15-37 License" Application and Instruction Sheet

Beginning September 10, 2026, entities holding an active Adult Use Dispensing Organization License ("AUDO") issued under Sec. 15-36 of the Cannabis Regulation and Tax Act ("CRTA") may apply for a Medical Cannabis Dispensing Organization license (**"15-37 License"**), in accordance with Section 15-37. 410 ILCS 705/15-37(a).

A licensed Adult Use Dispensing Organization may not serve medical cannabis patients with the appropriate medical patient tax rate until the Department of Financial and Professional Regulation ("Department") has issued a 15-37 License to the dispensary. 410 ILCS 705/15-37(a); 410 ILCS 705/65-10(c).

**15-37 Application:** applicants must submit the below Application Packet ("15-37 Packet"), Exhibits A-D requested below, affirmatively answer the questions on this form, and have a current principal officer attest that all the information submitted is true and accurate. *Once the 15-37 Packet is complete, the licensee must e-mail this application form and all exhibits as individual files in PDF format to ***FPR.MedicalCannabis@illinois.gov***. Paper, handwritten, or incomplete applications will not be accepted.

**15-37 Payment:** Pursuant to Section 15-37, all applicants must also submit a non-refundable fee of $5,000. 410 ILCS 705/15-37(c)(1). Please make your check payable to "IDFPR" and attach a scan of said check as Exhibit D to your completed application. Note that upon issuance of a 15-37 License, the dispensary's standard renewal fee will increase by an additional $10,000 per renewal cycle. 410 ILCS 705/15-45(d)(1)(B).

**15-37 Submission Specifics:** Exhibits must be clearly labeled in the file name and include a cover page identifying the Exhibit letter as identified below. For file names, please label everything with the following convention: "Exhibit [Letter]_[Dispensing Organization Name]_Licensing Number 284.XXXXXX-ML."

All the following documents, which may be downloaded from the "Forms for Dispensary Use/15-36 Application Packet" tab, must be submitted as part of the 15-37 Application Packet no later than 30 days prior to the Dispensing Organization's planned implementation date.

* For purposes of this application, "Applicant" refers exclusively to entities holding an active Adult Use Dispensing Organization License issued under Section 15-36 of the CRTA.

- **Medical Cannabis Dispensing Organization "15-37 License" Application[WK1.1][AA1.2][BV1.3][AA1.4].**
- **Exhibit A – An updated copy of the dispensary floor plan clearly indicating a consultation area for medical patients. Please include an updated copy of the security plan if necessary.**
- **Exhibit B – Notice of Proper Zoning form and Addenda.**
- **Exhibit C – A patient prioritization plan, including designating a medical cannabis line and registers that will serve medical cannabis patients first.**
- **Exhibit D – A scan of a check for $5,000 made out to IDFPR.**

Please mail the required payment to:
IDFPR
Cannabis Control Section
320 West Washington Street, 5th Floor
Springfield, IL 62786

All Applicants shall certify and attest, that each of the following statements made are true and correct. **Failure to certify and attest, or making a false statement, will result in the denial of the application or other discipline.**

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

**ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION**

# APPLICATION FOR

# Medical Cannabis Dispensing Organization "15-37 License"

**FOR OFFICIAL USE ONLY**

Date Received: _____

Date Approved: _____

## General Information (All requested information is required.)

| | |
|---|---|
| 1. Business Name: | 2. FEIN #: |
| 2. Dispensary Name: | 4. Adult Use License # : |

5. Dispensary Address: (Post Office Box is NOT permitted):

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

7. BLS Region:

8. Dispensing Organization's Primary Contact Name, Title, Address, Email Address, and Direct Telephone Number:

9. Dispensing Organization's Alternate Contact Name, Title, Address, Email Address, and Direct Telephone Number:

| Applicant History/Disclosures | YES | NO |
|---|---|---|
| Has the dispensary license ever been disciplined by IDFPR? Please note, this does not include citations issued, only final disciplinary orders.<br><br>If yes, please list the case number, disciplinary action taken, the date of the discipline, and whether any period of probation or suspension has concluded as well as the date it concluded. | ○ | ○ |

| Patient Education & Sales Compliance | YES | NO |
|---|---|---|
| 1. Does the dispensary include materials or signs informing patients that possession of cannabis is illegal under federal law? | ◯ | ◯ |
| 2. Does the education plan include a requirement that at all times the dispensary will make available to patients, information about health risks associated with the use or abuse cannabis provided by the Illinois Department of Public Health? | ◯ | ◯ |
| 3. Does the education plan offer information available to patients on the potential side effects of cannabis? | ◯ | ◯ |
| 4. Does the dispensary offer materials or signs informing patients that consuming cannabis is prohibited in public places? | ◯ | ◯ |
| 5. Does the dispensary provide patient education and support pursuant to 68 Ill. Admin. Code 1290.425(c)(8) including updated information about the purported effectiveness of various forms and methods of medical cannabis administration? | ◯ | ◯ |
| 6. Does the dispensary provide patient education and support pursuant to 68 Ill. Admin. Code 1290.425(c)(8) including updated information about the purported effectiveness of strains of medical cannabis on specific conditions? | ◯ | ◯ |
| 7. Does the sales transaction plan include verification of all medical cannabis patient's DPH-issued identification with their federal or State ID pursuant to 68 Ill. Admin. Code 1290.430(b) before granting access into the limited access area? | ◯ | ◯ |
| 8. Does the sales transaction plan prohibit the sale of smokable products, including flower and vape pens, to patients under the age of 18? | ◯ | ◯ |
| 9. The dispensing organization understands that, upon issuance of a Medical Cannabis Dispensing Organization License, the dispensing organization is required, prior to dispensing any cannabis product to a qualifying patient, provisional patient, designated caregiver, or Opioid Alternative Patient Program participant, to affix to the outside of the product in a clear and visible manner a warning label specifically targeted to medical patients, that such label shall not cover or restrict the existing general warning label required under Section 55-21, and that such label shall be the same as or substantially similar to any language required for the same or similar purpose under federal law or federal regulations. 410 ILCS 705/55-22 (new). | ◯ | ◯ |

| Licensing & Structure | YES | NO |
|---|---|---|
| 1. Does the Department have the most current version of the dispensing organization's Table of Organization, Ownership, and Control? | ◯ | ◯ |
| 2. Does the Division have the most current version of all operating agreements, articles of organization, or other business formation documents? | ◯ | ◯ |
| 3. The Adult Use Dispensing Organization understands that, if issued a Medical Cannabis Dispensing Organization License, the two licenses are prohibited from being separated, including by relocating either license without relocating the other to the same facility or by changing ownership for only one of the two licenses, and that both licenses must remain held by the same entity at the same physical address at all times. 410 ILCS 705/15-37(d). | ◯ | ◯ |
| 4. The dispensing organization understands that, upon holding both an Adult Use Dispensing Organization License and a Medical Cannabis Dispensing Organization License at a single location, will count as a single dispensing organization for purposes of the 10-dispensary cap under Section 15-36(c). 410 ILCS 705/15-37(e). | ◯ | ◯ |

| Licensing & Structure (Continued) | YES | NO |
|---|---|---|
| 5. The dispensing organization affirms that all owners, managers, employees, and agents involved in the handling or sale of cannabis products to medical patients will complete the Responsible Vendor Program within 90 days of the Medical Cannabis Dispensing Organization License being issued, and annually thereafter. 410 ILCS 705/15-40(i). | ○ | ○ |

| Privacy | YES | NO |
|---|---|---|
| Is the dispensing organization compliant with the requirements of 68 Ill. Admin. Code 1290.425(g)?<br>A dispensing organization shall ensure that any identifying information about a qualifying patient, provisional patient, OAPP participant or caregiver is kept in compliance with the privacy and security rules of Health Insurance Portability and Accountability Act HIPAA (45 CFR 164). | ○ | ○ |

| Tax Compliance | YES | NO |
|---|---|---|
| ***Excise Tax***<br><br>The dispensing organization understands that the cannabis purchaser excise tax shall not be imposed on cannabis or cannabis-infused products purchased by a qualifying patient, designated caregiver, Opioid Alternative Patient Program participant, or provisional patient when purchasing as part of that individual's adequate medical supply from this Medical Cannabis Dispensing Organization, and I affirm that my dispensary will implement point-of-sale procedures to correctly identify qualifying medical purchases and ensure the excise tax is not collected on those transactions. 410 ILCS 705/65-10(c).<br><br>***Tax Delinquency Disclosure***<br><br>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.”<br><br>a. Are you delinquent in the filing of Illinois state taxes? | ○ | ○ |
| If yes, provide an explanation below. | | |

| Tax Compliance (Continued) | YES | NO |
|---|---|---|
| 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 705/15-45(c) and (h); and 410 ILCS 705/15-95(i)(12).<br><br>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. | | |
| b. 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. | ○ | ○ |
| c. 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:<br><br>Secondary Contact: | | |

| General | YES | NO |
|---|---|---|
| The dispensing organization certifies that it will comply with the requirements contained in the Compassionate Use of Medical Cannabis Program Act. | ○ | ○ |

**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 on behalf of the AUDO/ applicant.**

_____ _____

Signature Date

_____ _____

Printed Name Title