



**Illinois Department of Financial and Professional Regulation**  
**Division of Professional Regulation - Medical Cannabis Unit**

**APPLICATION FOR A MEDICAL CANNABIS DISPENSING ORGANIZATION AUTHORIZATION**  
**ADDENDUM C: DOCUMENTATION OF PROPERTY OWNERSHIP FORM**

**Winter 2016**

**SECTION 1: TO BE COMPLETED BY APPLICANT**

1. BUSINESS/LEGAL NAME OF APPLICANT:

2. STREET ADDRESS OF THE PROPOSED DISPENSARY:

3. MEDICAL CANNABIS DISTRICT NUMBER:

4. CITY:

5. COUNTY:

6. ZIP CODE:

7. NAME OF OWNER OF THE STREET ADDRESS OF THE PROPOSED DISPENSARY:

8. IS APPLICANT ALSO THE PROPERTY OWNER?      YES      NO

**SECTION 2: TO BE COMPLETED BY PROPERTY OWNER**

**CERTIFICATION**

By signing below, I certify I am the owner of the above-listed property. I know and understand that the entity listed on this form is applying to the Illinois Department of Financial and Professional Regulation for a medical cannabis dispensary registration. If the applicant is issued a registration, the applicant may operate a medical cannabis dispensary at the above-listed property.

\_\_\_\_\_  
Property Owner Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public