

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

INSTRUCTIONS FOR MEDICAL CANNABIS DISPENSARY REGISTRATION RENEWAL

Medical cannabis dispensing organization registrations issued under the Compassionate Use of Medical Cannabis Program Act, 410 ILCS 130 (the "Act") and the Illinois Department of Financial and Professional Regulation, Division of Professional Regulation's ("Division") administrative rules at 68 IAC 1290 ("Administrative Rules") expires annually and must be renewed timely.

For renewals, the Division must receive:

- 1. A non-refundable renewal fee in the amount of \$25,000.00
- 2. A completed registration renewal application total 7 pages.
- 3. A copy of the most current version of the dispensing organization's table of organization, ownership, and control and other business formation documents
- 4. A copy of current surety bond or escrow account on Division issued form
- 5. A copy of lease, if dispensary physical building is not owned by dispensing organization
- 6. Current floor plan for 280. dispensary.

<u>Do not send operating manuals, policies or other materials unless specifically requested for by the Division. Non compliance will delay the processing of the renewal application.</u>

The Division has 45 days to review any renewal application BEFORE the registration's expiration date. If a dispensing organization's renewal is not approved prior to the registration expiration date, the dispensing organization must cease all operations, including sales, until the renewal has been approved by the Division. **Dispensing cannabis on an expired registration is unlawful under the Act and is grounds for discipline which may include revocation.**

Send funds to:

Illinois Department of Financial and Professional Regulation
Attn: Medical Cannabis Section
555 W. Monroe, 8th floor
Chicago, Illinois 60661

The registration renewal fee must be in the form of a cashier's check, made payable to "Illinois Department of Financial and Professional Regulation." A single cashier's check may be used to submit the application fee for multiple renewals, however, the application materials for each dispensary must include a photocopy of the cashier's check.

Renewal application materials instructions for submission:

- Upload requested documents and a copy of proof of payment only through the State of Illinois Government electronic file transfer site at https://filet.illinois.gov/filet/PIMupload.asp
- Recipient Email Address must include: <u>FPR.MedicalCannabis@illinois.gov</u>
- Subject line must include "Medical Cannabis Registration Renewal for (Dispensary Name and 280.License Number)."

The Division may deny a dispensing organization's request to renew a registration due to noncompliance or discipline enforced under the Act or its Administrative Rules. If the Division, after notice to the dispensing organization, denies the request to renew a registration and the registrant contests the non-renewal, it shall be entitled to an administrative hearing in accordance with the Act and Administrative Rules.

Any questions? Contact the Division at *FPR.MedicalCannabis@illinois.gov* for more information.

IL486-2275 12/21

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

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

MEDICAL CANNABIS DISPENSING ORGANIZATION -

APPLICATION FOR REGISTRATION RENEWAL

General Information (All information must be typed; incomplete applications will not be accepted)				
1. Business Registered Name:				
2. Dispensary Name:			3. Dispensary License 280 .	Number:
4. Dispensary Physical Addres	SS:			
5. Dispensary Mailing Address	s: (If different from the	above address; Pos	t Office Box is not permit	ted):
6. Dispensary Physical Location	on Telephone Number:			
7. Have there been changes t THC) contacts?	to the dispensing organ	ization's primary, al	ternate and State Verifica	ition System (e.g Biotrack
Yes No				
If yes, complete 8, 9 and/or	10 below. If not, skip	8, 9 and/or 10.		
8. Dispensing Organization's I	Primary Contact Name	, Title, Address, Em	ail Address, and Telephor	ne Number:
9. Dispensing Organization's	Alternate Contact Name	e, Title, Address, En	nail Address, and Telepho	one Number:
10. Dispensing Organization's	State Verification Syste	em Contact Name, ⁷	Fitle and Email Address:	
11. Please list in descending of	order of responsibility al	ll Dispensary's Ager	ts-in-Charge (AIC):	
AIC's Name	AIC's Cell Number	AIC'	s Email	State Verification System Access (Yes/No):
12. Provide Weekly Destruction	n Dav	and Time	am/pm C	S.S.T

	Ownership	YES	NO
13.	Upload the most current version of the dispensing organization's table of organization, ownership, and control articles of organization other business formation documents		
14.	Is the dispensing organization 51% or more owned by a person or person(s) that represent racial or ethnic minority groups?		
	Staffing and Training Plan	YES	NO
	suant to 1290, does the staffing and training plan include the following: Minimum staffing levels		
16.	Provide 8 hours of annual training (which may include at least 2 hours of Responsible Vendor training) for agents, agents-in-charge, and principal officers		
17.	Require agents, agents-in-charge, and principal officers handling cannabis receive Responsible Vendor training within 90 days of hire and annually		
18.	Operating the point-of-sale system, the State Verification system, and proper inventory handling and tracking		
19.	Adhering to qualifying patients, provisional patients, OAPP participants and designated caregivers' confidentiality requirements		
20.	Specific uses of uses of cannabis or cannabis-infused products offered for sale at the dispensary		
21.	Regulatory inspection preparedness and law-enforcement interaction		
22.	Agents, agents-in-charge, and principal officers must maintain their active and terminated ID badges		
23.	The Compassionate Use of Medical Cannabis Program Act and the Division's administrative rules under 1290		
	Sales Transaction Plan	YES	NO
	resuant to 1290, does the sales transaction plan include the following: Verification of medical cannabis patient's DPH- issued identification with their federal or State ID and verify the patient's status using the state traceability system at each visit before access into the limited access area and prior to each sale		
25.	Prohibit the sale of smokable products, including flower and vape products, to patients under the age of 18		
	Patient Education Plan	YES	NO
Pur	suant to 1290, does the patient education plan include the following:		
	Possession of cannabis is illegal under federal law		
	Current educational information issued by DPH about the health risks associated with the use or abuse of cannabis		
28.	Potential side effects of cannabis		
29.	Cannabis consumption prohibited in public places		
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 30. Updated information about the purported effectiveness of various forms and methods of medical cannabis administration 31. Updated information about the purported effectiveness of strains of medical cannabis on specific conditions 32. IDFPR's Cannabis Destruction Guide 		
conditions		
32. IDFPR's Cannabis Destruction Guide		
Health Insurance Portability and Accountability Act (HIPAA)	YES	NO
Pursuant to 1290 - 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).		
33. In accordance with the security written policy for patients under the Compassionate Use Medical Cannabis Act, are computers and the network encrypted within the licensed dispensary that manages medical cannabis patient information?		
34. Are all medical cannabis patients provided with HIPAA individual rights' materials?		
35. Upon receipt of HIPAA materials, is there a method to capture the patient's receipt of materials e.g., sign log, electronic log?		
36. When the patient sign's off on the receipt of materials, is an additional identifier used e.g., date of birth or QP number?		
Recalls	YES	NO
Pursuant to 1290, does the recall policy include the following:		
37. A mechanism to contact all patients, provisional patients, OAPP participants, and designated caregivers who have, or likely have, obtained the product from the dispensary The communication must include information on the policy for return of the recalled product.		
38. A mechanism to contact the cultivation center or vendor that manufactured the defective cannabis		
39. Communication with the Division, DOA and DPH within 24 hours		
40. Outreach via media, as necessary and appropriate		

	Inventory Tracking Plan	YES	NO
	rsuant to 1290, does the inventory tracking plan include the following: Inspection of cannabis deliveries to ensure the compliance of packaging and labeling with state laws and regulations		
42.	Verification of cannabis deliveries against the shipment manifest, ensuring all sublot/batch numbers on the manifest match the sublot/batch numbers of the cannabis products received		
43.	Daily inventory verification counts of cannabis inventory against the State traceability system		
44.	24/7 access in real-time, web-based, inventory control system by State cannabis regulatory agencies		
45.	Submission of the Division's Inventory Adjustment Form to <i>FPR.CannabisEnforcement@Illinois.gov</i> for inventory discrepancies within 48 hours of discovery when the discrepancy is not suspected to be related to theft or diversion		
46.	Submission of the Division's Inventory Adjustment Form to <i>FPR.CannabisEnforcement@Illinois.gov</i> for inventory discrepancies within 24 hours of discovery when the discrepancy is suspected to be related to theft or diversion		
47.	First-in, first-out procedure to rotate and sell older cannabis products first		
48.	Requirement that all cannabis be stored in the reinforced vault when the dispensary is not operating		
	Recordkeeping	YES	NO
Pu	rsuant to 1290, does the recordkeeping plan include the following:		
49.	Access to an updated annual copy of policies and procedures		
50.	Inventory Adjustment Forms be retained and accessible for at least 2 years		
51.	Inventory documentation be retained and accessible for at least 5 years		
52.	Banking and financial documentation be retained for at least 5 years, including records of deposit and withdrawals		
53.	If the dispensary closes, will records be retained for at least 3 years after close in a form and location in Illinois that is acceptable to the Division		
54.	Has the policies and procedures been reviewed and updated within the last 12 months		
	Real Estate	YES	NO
55.	Is the building and land owned by the licensee? If no, proceed to question 56.		
56.	Is the location where the dispensary is located leased or rented?		
57.	Upload a current copy of the lease/rental agreement		

	Destruction	YES	NO
Р	ursuant to 1290, does the destruction plan include the following:		
58	 Outdated, deteriorated, misbranded, adulterated, mislabeled, or non-compliantly packaged cannabis products be segregated and quarantined timely 		
59	Products placed into quarantine be destroyed at the next upcoming scheduled day for destruction unless otherwise permitted by the Division		
60	Items be labeled with the date of placement into quarantine		
6	Cannabis products be weighed prior to destruction		
62	2. Record the destruction in the state's traceability system and in dispensary records		
6	3. Destructions occur in clear, unobstructed view of a camera		
64	 Contact the Illinois State Police and the Division at least 3 days before destroying cannabis at a time other than the regularly scheduled time 		
6	5. Destroyed cannabis product be mixed with more than 50% non-cannabis products before disposal		
60	6. Verify vegetable-based grease oils are prohibited or not included in the destruction of cannabis materials		
6	7. Provide details of destruction and disposal procedures: best practices for topical patches (open and put on inert material) gummies (liquefy with a heat source and then mix with inert materials) and topical canisters (pump out and destroy with inert material)		
	Curbside	YES	NO
6	Does dispensary offer curbside service to medical cannabis patients?		
lf	yes, does the dispensary's curbside policy include:		
69	9. Confirmation that curbside is for medical cannabis patients only		
70	D. Verify camera monitoring in curbside area (both facial and car with plate)		
7	Verify physical location of curbside area		
7:	2. Hours of Operation for curbside		
73	 Identification verification for medical cannabis patients include DPH- issued identification with their federal or State ID and verify the patient's status using the state traceability system at each visit 		
74	4. Security provided at curbside area while in use		
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	Security	YES	NO
Pursuant to 1290,	does the security plan include the following:		
75. Cameras reco	rd at a minimum of 8 frames per second		
76. Footage from cameras stored and accessible for at least 90 days			
77. Security systems supported by at least a 4-hour battery backup			
78. Monthly tests be performed of all security systems			
79. Monthly security tests include verifying any agents with keys to the dispensary remember their secret duress codes			
80. Failure notifica	tion system that sends a call, text, or e-mail if an alarm system malfunctions		
81. Retention of a	n electronic log of all agents entering the vault		
82. Strike, fire, floo	od, tornado and potential or active shooter plan		
83. Cash to be sto	red in a vault or safe when the dispensary is not operating		
84. An anti-loiterin	g policy		
85. Illinois State P	olice and Division have 24/7 access to remotely view all video feeds		
86. Limit access to	the restricted and limited access areas to those allowed by statute or administrative rule		
	ctions by the Division or the Division's authorized representative, ISP, or other federal or performing duties as required by federal or State law		
	Dispensary Operating Hours		
88. Provide we	ekly operating hours: example 9:00am - 9:00pm		
Monday	till		
Tuesday	till		
Wednesday	till		
Thursday	till		
Friday	till		
Saturday	till		
Sunday	till		
	Floor Plan	YES	NO
89. Upload the	current copy of the floor plan		

	Surety Bond or Escrow Account	YES	NO
90.	Is there a surety bond in the amount of \$50,000 for this 280.license?		
If yes, then answer questions 91-93, if no, skip to question 94.			
91.	91. Is the surety bond current, not expired?		
92.	Upload the current copy of the surety bond on form https://www.idfpr.illinois.gov/Renewals/Apply/Forms/F2428.pdf		
93.	Do you attest that the principal has applied for the issuance or renewal of a dispensing organization registration pursuant to the Illinois Compassionate Use of Medical Cannabis Patient Act ("Act"), 410 ILCS130/1 et. seq, which registration or registration renewal shall be valid, if not suspended or revoked, for a registration period ending one year from the last day of the month of issuance of the registration or renewal and through which the principal is required to give security, the surety bond of \$50,000, pursuant to the Division's Illinois Administrative Rules, 68 IAC 1290?		
94.	Is there an escrow account in the amount of \$50,000 for this 280.license?		
95.	Upload the current copy of the escrow account on form https://www.idfpr.illinois.gov/Renewals/Apply/Forms/F2427.pdf		
96.	Do you attest that the condition of the obligation is that the principal has applied for the issuance or renewal of a dispensing organization registration pursuant to the Illinois Compassionate Use of Medical Cannabis Patient Act ("Act"), 410 ILCS 130/1 et. seq, which registration or registration renewal shall be valid, if not suspended or revoked, for a registration period ending one year from the last day of the month of issuance of the registration or renewal and through which the principal is required to give security, the escrow funds of \$50,000, pursuant to the Division's Illinois Administrative Rules, 68 IAC 1290?		
	Attestation		
Crir	applicant who knowingly signs a fraudulent document commits perjury as defined in Section 32-2 of the minal Code of 2012 and for the purpose of this Section shall be guilty of a Class A misdemeanor. (20 S 2105/2105-25).		
	nderstand that by signing this form, all the attestations and information I have provided herein are true I correct.		
Nar	me : Date:		
Lice	ense Number: Signature:		
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