

INSTRUCTIONS FOR ILLINOIS OTHER CONTROLLED SUBSTANCES LICENSE APPLICATION

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.illinois.gov.

1. Federal registration is mandatory before any activity relating to or the use of controlled substances is permitted.
2. A check or money order made payable to the Illinois Department of Financial and Professional Regulation, must accompany this application. The required fees are:

New License (any / all schedules):	\$50
New License (Schedule V Only):	\$15
Change of Ownership:	\$50
Change of Designated Representative:	\$50
Change of Facility / Business Name:	\$20
Change of Location:	\$20
Add / Change of Drug Schedules:	\$50
Add / Change Type of Activity:	\$50

Mail the completed application and fee to:

Illinois Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
PO Box 7007
Springfield, Illinois 62791

3. Applications for 097 Controlled Substances License **cannot** be issued to an address **outside of Illinois**.
4. The license will be issued to the FACILITY address. This must be the address where the activity will be conducted.
5. Applications for Canine Training must first obtain a Private Detective or Security Agency License AND a Canine Trainer or Canine Handler Authorization card. Applications are available on the corresponding profession pages (Detective, Security Agency, Canine Handler) at the IDFPR website, www.idfpr.illinois.gov.
6. Upon acceptance and review, complete applications will be forwarded to the Division's Drug Compliance Unit for inspection/final approval.

IMPORTANT: In the State of Illinois, Cannabis and substances derived from it are regulated by the Illinois Cannabis Control Act [720 ILCS 550/1, *et seq.*]. **This application is for substances regulated by the Illinois Controlled Substances Act only.**

ILLINOIS OTHER CONTROLLED SUBSTANCES LICENSE APPLICATION

FOR OFFICIAL USE ONLY

Important Notice: Completion of this form is required by 720 ILCS 570. Disclosure of this information is MANDATORY. Failure to comply could result in a fine up to \$30,000.

1. TYPE OF LICENSE: (check only one)

097 Research/Teaching

097 Chemical Analysis (Analytical Laboratory)

097 University/College/Instructional Activity

097 Canine Training **MUST COMPLETE BOX 4**

2. TYPE OF APPLICATION: (check only one)

\$50 New (any/all schedules)

\$15 New (schedule V only)

\$50 Change of Ownership 097-
Current ILLINOIS License No.

Reapplication 097-
Current ILLINOIS License No.

TYPE OF REAPPLICATION: (check all that apply)

\$50 Change of Designated Representative

\$20 Change of Facility / Business Name

\$20 Change of Location

\$50 Add / Change of Drug Schedules

\$50 Add / Change type of Activity

3. TYPE OF BUSINESS OWNERSHIP: (check only one)

Sole Proprietor

Partnership

Corporation

Limited Liability Corporation (LLC)

Government Unit

University

4. 097 CANINE TRAINING ONLY

PRIVATE DETECTIVE / SECURITY AGENCY LICENSE NO.
 117- _____ OR 122- _____

DESIGNATED REP CANINE TRAINER AUTHORIZATION CARD NO.
 266- _____

5. NAME OF FIRM, CORPORATION, LLC, GOVERNMENT UNIT, UNIVERSITY

6. DBA (ASSUMED NAME)

7. FEIN

8. EMAIL

9. DESIGNATED REPRESENTATIVE

10. DESIGNATED REPRESENTATIVE

10a. SOCIAL SECURITY NUMBER	10b. DATE OF BIRTH	10c. SEX
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11. ADDRESS & ROOM NUMBER WHERE DRUGS WILL BE STORED

10d. HOME STREET ADDRESS

12. FACILITY CITY, STATE, ZIP CODE, COUNTY

10e. HOME CITY, STATE, ZIP CODE, COUNTY

13. FACILITY TELEPHONE (Include Area Code)

10f. HOME TELEPHONE (Include Area Code)

14. Have you (the applicant) applied for or do you have registration under the Federal Controlled Substances Act?
(Out-of-state applicants must submit a copy of current DEA registration.) Applied: Yes No Registered: Yes No

15. Check all applicable schedules and list each specific drug handled. Any license issued pursuant to this application applies only to the schedules checked.

	SCHEDULE	LIST SPECIFIC DRUGS
<input checked="" type="checkbox"/>	I	
	II	
	III	
	IV	
	V	

16. NAME AND ADDRESS OF SOURCE OF CONTROLLED SUBSTANCES

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FIRMS ENGAGED IN CHEMICAL ANALYSIS, INSTRUCTIONAL ACTIVITY & RESEARCH, NEED COMPLETE QUESTIONS 17 AND 18.

Name of Applicant:

17. LIST NAME(S) AND ADDRESS(ES) INVOLVED IN THE HANDLING AND/OR USE OF CONTROLLED SUBSTANCES. (Attach additional page(s) if necessary. Also include Date of Birth, Sex, and Social Security Number.)

_____	_____	_____
_____	_____	_____
_____	_____	_____

18. LIST QUALIFICATIONS OF PRINCIPAL PERSON(S) - (Include name, academic degrees, number of years in profession or occupation and other qualifying experience. Also include Date of Birth, Sex, and Social Security Number.)

19. BRIEFLY DESCRIBE SECURITY PROVISIONS FOR STORAGE OF THE CONTROLLED SUBSTANCES AND NAME PERSON PRINCIPALLY RESPONSIBLE FOR SECURITY. (You must also include person's Date of Birth, Sex, and Social Security Number.)

20. LIST ALL PERSONS WITH AUTHORITY TO ORDER DRUGS OR THOSE WHO WILL HAVE THE POWER OF ATTORNEY. (Also include Date of Birth, Sex, and Social Security Number.)

_____	_____	_____
_____	_____	_____

SS#:

21. Has applicant, or any names therein listed, ever been charged in a court of law, hearing, or other administrative procedure with any violation of the laws of the United States or of any individual state relating to drugs, liquor, poisonous substances or any felony offense? Yes No (If "Yes," state all particulars, dates, places and present status on separate sheet.)

22. Has applicant, or any of the persons listed above, ever had any disciplinary action taken against him or been convicted of any violation of the laws of the United States or of any individual state, relating to the manufacture, distribution, or dispensing of Controlled Substances? Yes No (If "Yes," state all particulars, dates, places, and present status on separate sheet.)

Profession Name:

I hereby certify that I personally completed this application, that the answers appearing hereon are true and correct to the best of my knowledge and belief, and that I am legally authorized to sign for this business.

Print Name of Owner or Person Designated to Sign for Business

Signature of Owner or Person Designated to Sign for Business

Date

CONTROLLED SUBSTANCES LICENSE

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.