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.


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.
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-
- □  Reapplication 097-

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**
    - □ SSN OR ITIN 10b. DATE OF BIRTH 10c. SEX
    - □ HOME STREET ADDRESS 10d. HOME STREET ADDRESS
    - □ HOME CITY, STATE, ZIP CODE, COUNTY 10e. HOME CITY, STATE, ZIP CODE, COUNTY
    - □ HOME 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
   
   |   |   |
---|---|
I |   |
II |   |
III |   |
IV |   |
V |   |

16. **NAME AND ADDRESS OF SOURCE OF CONTROLLED SUBSTANCES**

---

Additional application forms can be downloaded from the IDFPR Web site at [www.idfpr.illinois.gov](http://www.idfpr.illinois.gov).
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.)

_________________________________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________________________________

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.)

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

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.