

**Medical Cannabis Cultivation Center
Application**

**Illinois Department of Agriculture
Springfield, Illinois**

Schedule 1 – Suitability of the Proposed Facility

The following Measures are found in Section 1000.110(b)(1) of the rules:

Measure 1: The applicant must demonstrate that the proposed facility is suitable for effective and safe cultivation of medical cannabis, is sufficient in size, power allocation, air exchange and air flow, interior layout, lighting, and sufficient both in the interior and exterior to handle the bulk agricultural production of medical cannabis, cannabis-infused products, product handling, storage, trimming, packaging, loading and shipping. The loading/unloading of medical cannabis in the transport motor vehicle for shipping shall be in an enclosed, secure area out of public sight.

Measure 2: The applicant must demonstrate the ability to continue to meet qualifying patient demand by expanding the cultivation facility in a quick and efficient manner with minimal impact on the environment and the surrounding community.

Measure 3: The applicant provides an employee handbook that will provide employees with a working guide to the understanding of the day-to-day administration of personnel policies and practices.

The following outline is meant as a guide for the applicant to follow in submitting information to meet the above Measures. It is not an all-inclusive list or description of required information. It is the applicant's responsibility to demonstrate compliance with the rules and application instructions. Any engineering drawings, flow diagrams, and descriptions must be adequate to illustrate your plans.

1. Location Area Map (1000.40(e), 1000.100(d)(19), 1000.220(a))

Provide a location map of the area surrounding the facility. Identify the relative locations of the following on the map, or by notations, the distance and direction to the property line (*minimum of 2500 lineal feet*):

- Pre-existing public or private pre-school
- Elementary or secondary school
- Day care center
- Day care home
- Group day care home
- Part day child care facility
- Area zoned exclusively for residential use
- *Minimum of 1,000 lineal feet* to another cultivation center or a medical cannabis dispensary

2. Plot Plan of Facility (1000.100(d)(20))

Provide a plot plan of the Cultivation Center drawn to a reasonable scale. The plot plan must show all of the following:

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- All production, receiving and shipping areas within the facility
- All public roads accessible by the facility
- All private roads within the facility
- All uses of adjacent property

3. **Zoning Compliance** (1000.40(h), 1000.100(d)(17))

Provide documentation that all federal, State and local building, zoning and fire codes and all local ordinances are met, including a copy of the current local zoning ordinance and verification that the proposed cultivation center is compliant (see Notice of Proper Zoning form)

Note: If the applicant has applied for zoning approval from the local zoning authority and the matter is pending before the authority, the applicant shall submit the Notice Of Proper Zoning form. If a ruling is issued by the local zoning authority granting approval of the cultivation center, the applicant shall submit a completed Notice of Proper Zoning form from the zoning authority. In no event, however, may the verification be submitted more than 60 days from the date of submission of the application to the Department.

4. **Engineering Plans and Specifications** (1000.220(b))

Provide plan and elevation drawings of all operational areas involved with the production of cannabis plants. This should include dimensions and elevations referenced to a single facility bench mark. Cross sections must show the construction details and dimensions of all construction details to provide verification of materials of construction, enhancement for security measures and bio-security measures. Identify all employee areas that are non-production areas.

5. **Employee Handbook** (Measure 3 above)

Provide current position descriptions and the names and resumes of persons holding each position to the extent such positions have been filled. Please include planned personnel policies and practices.

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Schedule 2 – Staffing and Operations Plan

The following Measures are found in Section 1000.110(b)(2) of the rules:

Measure 1: The applicant must fully describe a staffing plan that will provide and ensure adequate staffing and experience for all accessible business hours, safe production, sanitation, adequate security and theft prevention.

Measure 2: The applicant shall provide an Operations and Management Practices Plan that demonstrates compliance with the Department's medical cannabis rules and the Act.

The following outline is meant as a guide for the applicant to follow in submitting information to meet the above Measures. It is not an all-inclusive list or description of required information. It is the applicant's responsibility to demonstrate compliance with the rules in the application. Any engineering drawings, flow diagrams, and descriptions must be adequate to illustrate your plans.

1. Staffing Plan (1000.200(a)(2), 1000.320, 1000.410, 1000.415)

Submit an organizational chart of the proposed staffing requirements to adequately operate the proposed cultivation center. The plan will include, but not be limited to hiring criteria, educational requirements and day to day proposed schedules.

2. Operations and Management Practices Plan (1000.100(d)(6))

Please include an Operations and Management Practices Plan for each production area of medical cannabis and medical cannabis infused products, describing all of the practices that will be employed at the facility in each production area.

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Schedule 3 – Security Plan

The following Measures are found in Section 1000.110(b)(3) of the rules:

Measure 1: The applicant must demonstrate its ability to prevent the theft or diversion of medical cannabis and how the plan will assist with Illinois State Police (ISP), Department, and local law enforcement.

Measure 2: The applicant must demonstrate that its plan for record keeping, tracking and monitoring inventory, quality control and security and other policies and procedures will discourage unlawful activity. It should also describe the applicant's plan to coordinate with and dispose of unused or surplus medical cannabis with ISP and the Department.

Measure 3: The applicant must demonstrate that its security plan includes and sets forth an enclosed, locked facility that will be used to secure or store medical cannabis, its security measures, including when the location is closed for business, and the steps taken to ensure that medical cannabis is not visible to the public.

Measure 4: The applicant must describe its transportation plan regarding procedures for safely and securely delivering medical cannabis to registered dispensaries.

The following outline is meant as a guide for the applicant to follow in submitting information to meet the above Measures. It is not an all-inclusive list or description of required information. It is the applicant's responsibility to demonstrate compliance with the rules in the application. Any engineering drawings, flow diagrams, and descriptions must be adequate to illustrate your plans.

1. Facility Security (1000.415, 1000.440)

Submit or include on a separate blueprint drawing the following:

- Provide all measures employed to provide physical security of the facility. (Enclosed, locked)
- Identify all points of entrance and exit at the facility.
- Provide all measures installed to limit access to all restricted entry areas identified on the floor plan.
- Provide the name and address of any outside contractors hired to provide security.
- Hours of operation at the facility.

2. Security Surveillance System (1000.445, 1000.450)

- Provide the design of the surveillance system that will be installed at the facility. This must include the location of all cameras on a floor plan of the facility.
- Provide the storage capabilities for the retention of historical recordings on site and off site.
- Provide the system utilized to provide real time video feed to the Illinois State Police and the Illinois Department of Agriculture.

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3. Product Security (1000.415, 1000.440)

- Submit the operation and management practices plan for control of inventory from introduction of plant material or seeding to harvest. This narrative must interface with the inventory system described in Schedule 4.
- Procedures for documentation of all products destroyed.
- Procedures for documentation of production loss.

4. Shipping/Transportation Security Measures (1000.430)

Submit the operational procedures for packaging of materials for shipping. This shall include the following:

- Type of shipping container
- Method for sealing of the container to prevent tampering.
- Generation of the manifest.
- Method to label, weigh and load for shipping to the dispensary. How will the interface be implemented to confirm receipt of all products at the dispensary?
- Security measures employed while the product is in shipment.
- Name of the firm, if any, contracted to transport and provide security of the shipment.
- Fiscal controls for handling of payments by dispensaries including deposits of cash.

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Schedule 4 – Cultivation Plan

The following Measures are found in Section 1000.110(b)(4) of the rules:

Measure 1: The applicant shall describe its plan to provide a steady, uninterrupted supply of medical cannabis to registered dispensaries.

Measure 2: The applicant demonstrates knowledge of cultivation methods to be used in the cultivation of cannabis. The applicant shall describe the various strains to be cultivated and its experience, if applicable, with growing those strains or comparable agricultural products.

Measure 3: The applicant demonstrates the steps that will be taken to ensure the quality of the cannabis, including the purity and consistency, of the medical cannabis to be provided to dispensaries.

The following outline is meant as a guide for the applicant to follow in submitting information to meet the above Measures. It is not an all-inclusive list or description of required information. It is the applicant's responsibility to demonstrate compliance with the rules in the application. Any engineering drawings, flow diagrams, and descriptions must be adequate to illustrate your plans.

1. Cultivation Methods (1000.100(d)(5), 1000.250)

Provide a description of cultivation methods. Include plans for growing mediums, treatments or additives used, and growing areas.

2. Product Registration (1000.400(f), 1000.140(a)(8), 1000.250(a)(3), 1000.420(a) & (d)(2))

Submit a detailed listing of all products and strains to be produced and registered at the facility. This will include products such as dried product, processed and/or infused product and strains to be cultivated. All manifests and shipping documents for a particular product and strain must use the same product and strain name to ensure consistent reporting.

3. Production Areas (Plants) (1000.400, 1000.410(b))

On the production area drawing(s), please provide the maximum production capacity (number of plants) that can be produced in each area. Identify each area that will be employed for other production purposes and how each area functions or interfaces with the Process Flow diagram detailed below. Clearly identify all areas to be utilized for the storage of crop inputs and storage of application equipment.

4. Process Flow Diagram (Plants)

Provide a schematic flow diagram indicating how all raw materials will proceed from planting to shipment to a dispensary as dried product or to the specified area for the production of a processed product. Please indicate by notation or narrative the estimated time elapsed for each area of production and/or each process involved at that particular stage of production.

5. Production Areas (Processed/Infused) (1000.405, 1000.410(b))

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On the production area drawing(s), please identify each processing area including product(s) produced, production capacity and engineered security measures for that specific area. Identify each area that will be employed separately for any other purpose associated with processing and how each area functions or interfaces with the Process Flow Diagram detailed below. Clearly identify all areas to be utilized for the storage of supplies associated with processing and storage areas of the finished products prior to shipping.

6. Process Flow Diagram (Processed/Infused)

Provide a schematic flow diagram indicating how all processed or infused materials will proceed from production to staging for shipment to a dispensary as a processed product. Please indicate by notation or narrative the estimated time elapsed for each phase of production and/or each process involved at that particular stage.

7. Pesticide Application and Storage Plan (1000.400(d), 1000.400(e), 1000.470)

State the names of pesticides you plan to use in cultivation and where and how in the facility you will store said pesticides. Please state your plan as to: how you will train employees in the proper use of pesticides; when, how and by whom the pesticides will be applied; under what circumstances they will be applied; and worker protection standards. Please state your plan for keeping and maintaining pesticide application records. Please state your plan for the disposal of unused pesticides.

8. Inventory of Production Areas (1000.435)

Provide the inventory system employed to maintain a current inventory of all products grown, harvested and processed at the facility. This will include seeds, young plants including clones, mature plants, raw materials harvested and all products that are in various stages of processing. Please reference where the inventory procedure(s) will be employed on the submitted "Process Flow Diagram". Please include the protocol to perform random checks, reconciliation of differences, final resolution and reporting. If the inventory checks are to be performed in a specific area of the facility (i.e. harvesting or planting) then please identify on the blueprints submitted.

9. Shipping and Receiving (1000.430)

Provide all inventory procedures to ensure delivery of the products to the dispensaries. This will include an accounting of all products that depart the Cultivation Center and the Dispensary destination(s). Please include all internal controls, reconciliation of shipping records (Cultivation Center) and receiving records (Dispensary), protocol for reporting discrepancies and procedures for reconciliation of the difference and the corrective action needed to prevent unaccountable loss.

10. Water Flow Diagram (1000.400(j)(8), 1000.400(j)(9), 1000.465)

Provide a schematic flow diagram of all water distribution points in the production areas and the backflow protection employed for each referenced point.

11. Disposal of Waste Materials (1000.460)

If the facility will generate waste from the processing of medical cannabis, please submit all operational procedures for the disposal of said material and the estimated amount of waste to be generated in a 12 month period.

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Schedule 5 – Product Safety and Labeling Plan

The following Measures are found in Section 1000.110(b)(5) of the rules:

Measure 1: The applicant shall describe its plan for providing safe and accurate packaging and labeling of medical cannabis.

Measure 2: The applicant shall describe its plan for testing medical cannabis and ensuring that all medical cannabis is free of contaminants, including but not limited to pesticides, microbiologicals, and residual solvents. If applicable, the applicant shall provide quality history records showing specific testing results from laboratory testing conducted on the applicant's cannabis products.

Measure 3: The applicant shall describe its plan for establishing a recall of the applicant's products in the event that they are shown by testing or other means to be, or potentially be, defective or have a reasonable probability that their use or exposure to will cause serious adverse health consequences. At a minimum, the plan should include the method of: identification of the products involved; notification to the dispensary organization or others to whom the product was sold or otherwise distributed; and how the products will be disposed of if returned to or retrieved by the applicant.

The following outline is meant as a guide for the applicant to follow in submitting information to meet the above Measures. It is not an all-inclusive list or description of required information. It is the applicant's responsibility to demonstrate compliance with the rules in the application.

1. Product Packaging and Labeling Plan (1000.420)

State how you plan to package and label cannabis and cannabis infused products, including type of container and label used and information contained on the label. Describe the types of child safety packaging you will use for each product sold.

2. Product Testing Plan (1000.500, 1000.510)

Describe how and when you will select samples for laboratory testing, what type of testing you will request from a laboratory, and how you will use this information for best practices. Include a description of timelines and transportation methods.

3. Product Recall Plan (1000.250, 1000.410(c), 1000.510(d)(1))

In detail please describe your product recall plan. Please include: identification of involved products (i.e. batch codes), dispensary notification process, and disposal instructions.

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Schedule 6 – Business Plan and Financial Disclosure

The following Measures are found in Section 1000.110(b)(6) of the rules:

Measure 1: The applicant shall provide a business plan that describes how the cultivation center plans to operate on a long-term basis. This shall include the applicant providing a detailed description about the amount and source of the equity and debt commitment for the proposed cultivation center that demonstrates the immediate and long-term financial feasibility of the proposed financing plan, the relative availability of funds for capital and operating needs, and the financial capability to undertake the project.

Measure 2: The applicant or its officers, board members, or incorporators demonstrates experience in business management and/or having medical industry, agricultural or horticultural experience and the extent of their involvement in or ability to influence the day-to-day operations of the facility.

Measure 3: The business plan demonstrates a start-up timetable which provides an estimated time from permit approval of the cultivation center to full operation, and the assumptions used for the basis of those estimates.

The following outline is meant as a guide for the applicant to follow in submitting information to meet the above Measures. It is not an all-inclusive list or description of required information. It is the applicant's responsibility to demonstrate compliance with the rules in the application.

1. **Business Plan** (1000.40(g), 1000.100(d)(7), 1000.100(d)(8), 1000.240)

Please provide a business plan describing how the cultivation center will operate on a long term basis.

2. **Financial Disclosure** (1000.40(g), 1000.100(d)(9) thru (15), 1000.100(d)(21), 1000.100(d)(22), 1000.100(d)(23), 1000.200)

- Type of Ownership; (Corporation, LLC, Proprietorship, etc.)
- Documents such as the articles of incorporation, articles of association, charter, by-laws, partnership agreement, agreements between any two or more members of the applicant that relate in any manner to the assets, property or profit of the applicant or any other comparable documents that set forth the legal structure of the applicant or relate to the organization, management or control of the applicant;
- A copy of all compensation agreements with producer backers, directors, owners, officers, other high-level employees or any other persons required to complete these agreements. For purposes of this Application, a compensation agreement includes any agreement that provides, or will provide, a benefit to the recipient whether in the form of salary, wages, commissions, fees, stock options, interest, bonuses or otherwise;
- Describe the nature, type, terms, covenants and priorities of all outstanding bonds, loans, mortgages, trust deeds, pledges, lines of credit, notes, debentures or other forms of indebtedness issued or executed, or to be issued or executed, in connection with the opening or operating of the proposed production facility;

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- Provide audited financial statements for the previous fiscal year, which shall include, but not be limited to, an income statement, balance sheet, statement of retained earnings or owners' equity, statement of cash flows, and all notes to such statements and related financial schedules, prepared in accordance with generally accepted accounting principles, along with the accompanying independent auditor's report. If the applicant was formed within the year preceding this application, provide certified financial statements for the period of time the applicant has been in existence and any pro forma financials used for business planning purposes; and
- Provide complete copies of all federal, state and foreign (with translation) tax returns filed by the applicant for the last three years, or for such period the applicant has filed such returns if less than three years.
- Provide complete copies of the most recently filed federal, state and foreign (with translation) tax returns filed by each: (i) producer backer; and (ii) each producer backer member identified in the applicant's application.
- Provide evidence of financial responsibility in the amount of at least \$2,000,000, payable to the Department in accord with the provisions of Sections 1000.40(g) and 1000.60, in the form of either an escrow account in a chartered financial institution in Illinois, or a commitment for the issuance of a surety bond, within 15 business days after notification of selection for a permit, written by a surety company authorized and licensed by the Illinois Department of Insurance and on the form prescribed by the Department.
- Documentation acceptable to the Department that the individual or entity filing the application has at least \$500,000 in liquid assets. Documentation acceptable to the Department includes a signed statement from an Illinois Licensed CPA attesting to proof of the required amount of liquid assets under the control of an owner or the entity applying, or a signed statement from a financial institution authorized to do business in Illinois. The statement must be dated within 30 calendar days before the date the application was submitted.

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Schedule 7 – Bonus Section

Once the applicant has met the requirements of the measures in Schedules 1 through 6, the applicant will be considered for receiving bonus points for the preferred but not required initiatives in the following categories. **Bonus point categories and descriptions can be found in Section 1000.110(c) of the rules.** Applicant must fully explain and verify with supporting documentation if possible any plans to implement the following:

1. **Labor and Employment Practices**
2. **Research Plan**
3. **Community Benefits Plan**
4. **Substance Abuse Prevention Plan**
5. **Local Community/Neighborhood Report**
6. **Environmental Plan**
7. **Verification of Minority Owned, Female Owned, Veteran Owned, or Disabled Person Owned Business.**
8. **Verification that the Applicant's Principal Place of Business is Headquartered in Illinois and Plan for Creating Illinois Based Jobs.**

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Approvals of Application for Permit
(Sections 1000.100(d)(19), (20) and 1000.220(b))

Certification of Engineering Plans and Specifications:

1. Certificate by Applicant or Employee of Applicant – *complete this section if applicant or employee of applicant designed engineering plans and specifications.*

I hereby certify that I am familiar with the information contained in this application and the attached schedules, that they were prepared by me, and that to the best of my knowledge and belief such information is true, complete, and accurate.

Name _____

Title _____

Signature _____

Date _____

2. Certificate by Design Engineer – *complete this section if an Illinois licensed engineer designed engineering plans and specifications.*

I hereby certify that I am familiar with the contents of this application and the rules of the Department for *The Compassionate Use of Medical Cannabis Pilot Program*, found at 8 Ill. Adm. Code Part 1000, that the design of the cultivation center conforms to the requirements of the rules, and the engineering plans and specifications were prepared by me or under my direction.

Engineer Name _____

Registration No. _____

Seal _____

Firm _____

Address _____

Telephone No. _____

Signature _____

Date _____

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3. Certificate by applicant if designed by another entity – ***complete this section if an entity not listed above designed the engineering plans and specifications.***

I hereby certify that I am familiar with the information contained in this application and the attached schedules, that they were prepared by _____, and that to the best of my knowledge and belief such information is true, complete, and accurate.

Name _____

Title _____

Signature _____

Date _____

Certificate by all Applicant(s)

I/We hereby certify that I/We are familiar with the contents of this application, the attached schedules, and am/are authorized to sign this application in accordance with 8 IAC 1000.100(e) of the rules. I/We agree and understand that the conditions of Permit Approval are that I/we construct and operate the Medical Cannabis Cultivation Center as submitted in this application and conform to all requirements of the Act and the rules.

Authorized Applicant:

Name _____

Title _____

Company Name _____

Signature _____

Date _____

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Direct or Indirect Financial Interest
(Section 1000.100(d)(9))

Please complete a separate form for *each person, association, producer backer, partnership, other entity, corporation or trust holding a direct or indirect financial interest in the cultivation center for which application is being made. If a trust, disclose the names and addresses of the beneficiaries.* See Section 1000.10 for a definition of financial interest

General Information

- Percent Ownership _____
- Type of Ownership _____
- First Name _____
- Middle Name _____
- Last Name _____
- Maiden Name (if applicable) _____
- Alias(es) or former names _____
- SSN _____
- Sex (optional) _____
- Race (optional) _____
- U.S. Resident? _____
- Illinois Resident? _____
- Date of Birth _____
- Work Telephone _____
- Cell Phone _____
- Email Address _____
- Title in Cultivation Center _____

Financial History

Has any such person or entity failed to file or filed late any tax return in any domestic or foreign jurisdiction? If so, provide for each instance:

- Tax Year _____
- Tax Entity _____
- State _____
- Country _____
- Amount in Arrears _____
- Result – Lien, judgment, etc. _____
- Obligation satisfied? _____
- Reason for not filing/late filing _____

Criminal History

Has any such person or entity, after turning 18 years of age, ever been charged with, pleaded guilty to, or been convicted of any crime or offense in any domestic or foreign jurisdiction? If so, provide for each instance:

- Date of arrest _____

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- County _____
- State _____
- Country _____
- Case number _____
- Statute – Arrest _____
- Statute – Charge _____
- Statute – Conviction _____
- Sentencing Judge _____
- Sentencing Date _____
- Sentence _____
- Date of discharge _____
- Were charges sealed or expunged? _____

If owned by a corporation or other entity, disclose:

- Business Name _____
- Business Mailing Address _____

- Business telephone number _____
- Business entity type _____
- Website _____
- Date(s) and jurisdiction(s) of business formation or incorporation _____

- FEIN _____
- Names of controlling shareholders, class of stock, and percentage ownership.

If owned by a trust – the names, addresses, dates of birth, and percentages of interest of all beneficiaries and trustees.

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Principal Officer or Board Member Disclosure Statement
(Section 1000.100(d)(1 thru 4))

Please complete a separate form for each Principal officer and/or board member.

General Information

- Percent Ownership _____
- Type of Ownership _____
- First Name _____
- Middle Name _____
- Last Name _____
- Maiden Name (if applicable) _____
- Alias(es) or former names _____
- SSN _____
- Sex (optional) _____
- Race (optional) _____
- U.S. Resident? _____
- Illinois Resident? _____
- Date of Birth _____
- Work Telephone _____
- Cell Phone _____
- Email Address _____
- Title in Cultivation Center _____

Financial History

Ever failed to file or filed late any tax return in any domestic or foreign jurisdiction? If so, provide for each instance:

- Tax Year _____
- Tax Entity _____
- State _____
- Country _____
- Amount in Arrears _____
- Result – Lien, judgment, etc. _____
- Obligation satisfied? _____
- Reason for not filing/late filing _____

Criminal History

After turning 18 years of age, ever been charged with, pleaded guilty to, or been convicted of any crime or offense in any domestic or foreign jurisdiction? If so, provide for each instance:

- Date of arrest _____
- County _____
- State _____

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- Country _____
- Case number _____
- Statute – Arrest _____
- Statute – Charge _____
- Statute – Conviction _____
- Sentencing Judge _____
- Sentencing Date _____
- Sentence _____
- Date of discharge _____
- Were charges sealed or expunged? _____

If owned by a corporation or other entity, disclose:

- Business Name _____
- Business Mailing Address _____

- Business telephone number _____
- Business entity type _____
- Website _____
- Date(s) and jurisdiction(s) of business formation or incorporation _____

- FEIN _____
- Names of controlling shareholders, class of stock, and percentage ownership.

If owned by a trust – the names, addresses, dates of birth, and percentages of interest of all beneficiaries and trustees.

Please describe any business where the person above has managed or served on a board that was convicted, fined, censured or had a registration or license suspended or revoked in any administrative or judicial hearings. Please disclose the outcome of the proceeding.

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Contracting Disclosure
(Section 1000.100(e)(5))

Each applicant must submit a statement disclosing whether any principal officers or board members have previously or currently retained or contracted with a lobbyist, lawyer or consultant to prepare this application.

- Individual Name _____
- Firm Name _____
- Firm Address _____

- Nature of Relationship _____

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Current or Previous Authorization to Cultivate Cannabis:
(Section 1000.100(d)(25))

If any principal officer, board member or producer backer of the applicant currently or previously has applied for or been authorized to produce or otherwise deal in the distribution of cannabis in any form, in any state or jurisdiction other than Illinois, please provide or complete the following:

- A copy of the licensing or authorization documents verifying licensure
- The **Regulatory Agency Contact Authorization Form**, granting the Department of Agriculture permission to contact any state or jurisdiction and its regulatory agency who granted a license or authorization, to confirm information listed on the application.
- If the License/authorization was ever denied, suspended, revoked or otherwise sanctioned, please provide a copy of the documentation. If the license was never denied, suspended, revoked or sanctioned provide a written statement stating this.

If no principal officer, board member or producer backer of the applicant is currently or has ever applied for authorization to produce or otherwise deal in the distribution of cannabis in any form, in any state or jurisdiction other than Illinois, submit a statement attesting thereto. See Regulatory Agency Contact Authorization Form.

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General Information:

- Business Name _____
- Business Mailing Address _____

- Business telephone number _____
- Business type _____
- Date of business formation or incorporation _____
- State(s) of Incorporation _____
- FEIN _____
- Registered Agent Name _____
- Registered Agent Address _____

- Proposed business name, if any _____
- GIS Coordinates of proposed location _____
- Illinois State Police District _____
- Ownership Structure _____
- Has or will the Applicant submit cultivation center application(s) in any other district, under the same or a different name? If so, please provide the district(s) and any other name under which the application(s) will be made.

- Has or will the Applicant submit application(s) for dispensaries?

- Is the Applicant, or any of its principal officers, owners, financial backers associated in any way with any other applicants(s) for dispensaries/cultivation centers?

Does the applicant plan to partner with a company to provide security services? If so, provide:

- Business Name _____
- Business Mailing Address _____

- Business telephone number _____
- Owner/principal name _____
- Website _____

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Notarized Statement (1000.100(e))

I/We, the undersigned applicant, on behalf of all principal officers, board members and producer backers of the applicant, hereby state as follows:

1. No prospective officer or board member has been convicted of an excluded offense.
2. The cultivation center will register with the Illinois Department of Revenue.
3. The application is complete and accurate. The Applicant has actual notice that, notwithstanding the Compassionate Use of Medical Cannabis Pilot Program Act (Act):
 - a) Cannabis is a prohibited Schedule I controlled substance under federal law;
 - b) Participation in the program is permitted only to the extent provided by the strict requirements of the Act and rules;
 - c) Any activity not sanctioned by the Act or rules may be a violation of state or federal law and could result in arrest, prosecution, conviction, or incarceration;
 - d) Growing, distributing, or possessing cannabis in any capacity, unless done through a federally -approved research program, is a violation of federal law;
 - e) Use of medical cannabis, or possessing a medical cannabis patient or caregiver registry card, may affect the validity of an individual's ability to receive or retain federal or State licensure in other areas;
 - f) Use of medical cannabis or possessing a medical cannabis patient or caregiver registry card, in tandem with other conduct, may be a violation of state or federal law and could result in arrest, prosecution, conviction, or incarceration;
 - g) Participation in the Medical Cannabis Pilot Program does not authorize any person to violate federal law or state law;
 - h) The Act does not provide any immunity from or affirmative defense to arrest, prosecution, conviction, or incarceration under federal law or state law, other than as set out in 410 ILCS 130/25; and
 - i) Applicants shall indemnify, hold harmless, and defend the State of Illinois for any and all civil or criminal penalties resulting from participation in the program.
4. The applicant understands that the Department has authority to include additional certifications in the application that would be sufficient to ensure compliance with the program and all other applicable laws.
5. All of applicant's principal officers and producer backers expressly agree to be subject to service of process in Illinois with a current Illinois address on file with the Department.
6. The applicant understands that the Department may issue a permit with conditions addressing weaker areas of the applicant's application which must be addressed and corrected in the manner and timeframe set forth in the permit.
7. The applicant understands that should the applicant be awarded a permit, the information and plan provided by the applicant in its application becomes a mandatory condition of the permit and that if the successful applicant (permittee) fails to comply with standard and special conditions of the permit, the Department may assess a penalty or seek suspension or revocation of the permit pursuant to Section 1000.700 of the rules.

I certify, under penalty of perjury, that the information provided in this application for a cultivation center permit is true and accurate to the best of my knowledge. **Submission of false, misleading, or inaccurate information in connection with this application is grounds for**

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revocation of the cultivation center permit and other administrative, civil, or criminal penalties.

Signature

Title

Date

Subscribed and sworn to before me this _____ day of _____ 20_____.

(SEAL)

Notary Public

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Written Statement (Section 1000.50(b))

I/We, the undersigned applicant, on behalf of all principal officers, board members and producer backers of the applicant, hereby state as follows:

1. All of the information provided on the application for the cultivation center permit is true and accurate to the best of the applicant's knowledge.
2. The applicant will notify the Department of any significant changes to any of the information provided to the Department during the application process, such as but not limited to ownership, financial interest, operational structure and criminal history.
3. The applicant understands that the medical cannabis laws and enforcement of the laws by the State of Illinois and the federal government are subject to change at any time.
4. The applicant understands that the cultivation center permit is not transferable, except as provided in Section 1000.120, and that the permit is the property of the State of Illinois and shall be surrendered upon demand of the Department.
5. The applicant specifically acknowledges receipt and advisement of the notices contained in the application and agrees to and accepts the limitations of liability and the requirement to indemnify, hold harmless and defend the State of Illinois, including:
 - a) Limitation of Liability – the State of Illinois shall not be liable to the permitted cultivation center, the cultivation center's agents, family members or guests for any damage, injury, accident, loss, compensation or claim, based on, arising out of, or resulting from the permitted cultivation center's participation in the Compassionate Use of Medical Cannabis Pilot Program, including, but not limited to, the following: arrest, seizure of persons and/or property, prosecution pursuant to State or federal laws by State or federal prosecutors, any fire, robbery, theft, mysterious disappearance or any other casualty; or the actions of any other permittees, registrants or persons. This Limitation of Liability provision shall survive expiration or the early termination of the permit.
 - b) Hold Harmless/Indemnification – the permitted cultivation center, its principal officers, board members, producer backers, agents, employees, family members or guests will hold harmless and/or indemnify the State of Illinois, its officers and employees against any civil action or criminal penalty commenced against the State and/or its officers or employees resulting from participation in the Compassionate Use of Medical Cannabis Pilot Program.
 - c) Federal Prosecution – the United States Congress has determined that cannabis is a controlled substance. Illinois has placed cannabis in Schedule I of the Illinois Controlled Substances Act. Growing, distributing, transporting and possessing cannabis in any capacity, other than as part of a federally authorized research program, is a violation of federal laws. The State of Illinois' Compassionate Use of Medical Cannabis Pilot Program Act does not authorize any permittee to violate federal or state laws.
6. The applicant understands that medical cannabis shall be transported only in a medical cannabis container as defined in Section 1000.10.
7. The applicant understands that unused medical cannabis shall not be transferred, shared, given or delivered to any other person regardless of whether that person is participating in the Compassionate Use of Medical Cannabis Pilot Program.

**Medical Cannabis Cultivation Center
Application**

8. The applicant understands that qualifying patients and caregivers shall not grow or cultivate medical cannabis other than as a cultivation center agent.
9. The applicant understands that the Department may deny an application if the documentation is incomplete, or if the Department determines, after an inquiry or investigation, that the information provided was false, misleading, forged or altered.
10. The applicant understands that, upon issuance of a permit, the cultivation center is subject to random inspections by the Department, Illinois State Police (ISP) and the Department of Public Health (DPH) and, when necessary to perform their governmental duties, local law enforcement or other federal, State or local government officials.

Signature

Title

Date

Subscribed and sworn to before me this _____ day of _____ 20_____.

(SEAL)

Notary Public

**Medical Cannabis Cultivation Center
Application**

Regulatory Agency Contact Authorization Form
(Section 1000.100(d)(25))

I/We, the undersigned applicant, on behalf of all principal officers, board members and producer backers of the applicant, hereby state as follows: (Please check the appropriate box)

1. I/We have never applied for nor are currently or have ever been licensed or authorized to produce or otherwise deal in the distribution of cannabis in any form, in any state or jurisdiction other than Illinois. (If this statement is correct, please disregard the remaining statements and sign the form)

1. I/We have either applied for or are currently or have been previously licensed or authorized to produce or otherwise deal in the distribution of cannabis in any form, in the following states or jurisdictions and corresponding agency or authority:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____
- h. _____

- 2. I/We hereby specifically grant the Illinois Department of Agriculture permission to contact the above listed states or jurisdictions and their licensing agency or authority to confirm the information contained in the application for a cultivation center permit.
- 3. I/We hereby specifically grant permission to the above listed states or jurisdictions and their licensing agency or authority to release to the Illinois Department of Agriculture any and all information relating to the application, licensure or authorization to produce or otherwise deal in the distribution of cannabis in any form, including the following:
 - a. Any denial, suspension, revocation or other sanction of the application, license or authorization and
 - b. A copy of documentation so indicating; or
 - c. A statement that the applicant was so licensed or authorized and was never sanctioned.

Signature Title Date

Subscribed and sworn to before me this _____ day of _____ 20_____.

(SEAL)

Notary Public

**Medical Cannabis Cultivation Center
Application**

Property Ownership Form
(Section 1000.100(d)(17)(A) thru (C))

If the property of the proposed location is leased by the applicant, submit:

- A copy of the lease;
- Confirmation of land ownership;
- Identification of any mortgagees and/or lienholders;
- A written statement from property owner and/or landlord certifying consent for a cultivation center to be operated on the premises by the applicant at least through December 31, 2017; and
- If applicable, verification of notification by the property owner to any and all mortgagees and/or perfected lienholders that the property is to be used as a cultivation center at least through December 31, 2017 and consent thereto by any mortgagees and/or perfected lienholders.

If the property is not owned or currently leased by the applicant, submit:

- A written statement from property owner and/or landlord certifying consent for the applicant to lease or purchase the land for the purpose of operating a cultivation center at least through December 31, 2017;
- If applicable, verification of notification by the property owner to any and all mortgagees and/or perfected lienholders that the property is to be used as a cultivation center at least through December 31, 2017; and
- Consent thereto by any mortgagees and/or perfected lienholders.

If the property is owned by the applicant, submit:

- Confirmation of Land ownership;
- Identification of any and all mortgagee's and or perfected lienholders;
- If applicable, verification of notification to any and all mortgagees and/or perfected lienholders that the property is to be used as a cultivation center at least through December 31, 2017; and
- Consent thereto by any mortgagees and/or perfected lienholders.

**Medical Cannabis Cultivation Center
Application**

Notice of Proper Zoning Form: (Section 1000.100(d)(17))

In order to process your Application for Permit, Construction and Operational Approval – Medical Cannabis Cultivation Center, you must complete the applicant section below and then have the proper zoning authority or local government complete the bottom portion of the form.

TO BE COMPLETED BY APPLICANT

I, _____, am filing an application with the Illinois Department of Agriculture to obtain a permit to operate a MEDICAL CANNABIS CULTIVATION CENTER located at (Complete address of applicant)

Street Address of Proposed Cultivation Center Location

District

City

County

Zip

Signature of Applicant

Date

TO BE COMPLETED BY ZONING AUTHORITY OR LOCAL GOVERNMENT

The Zoning Office (or local government) of _____ hereby affirms the location of the business mentioned above (please check appropriate option):

_____ Is in compliance with local zoning laws and regulations to operate a MEDICAL CANNABIS CULTIVATION CENTER at the address listed above.

_____ Has applied for local zoning approval to operate a MEDICAL CANNABIS CULTIVATION CENTER at the address listed above.

_____ The area of _____ has no zoning in place at this time.

Title of Authorized Zoning Representative

Printed Name

Telephone Number

Signature

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

(SEAL)

Notary Public

**Medical Cannabis Cultivation Center
Application**

**Uniform Conviction Information Act (UCIA)
Fingerprint Consent Form
Medical Cannabis Pilot Program**

Pursuant to the Medical Cannabis Pilot Program Act (410 ILCS 130); the Illinois Department of Agriculture mandates that all participants (or applicants) applying for a Cultivation Center or Agent Identification Card must conduct a UCIA fingerprint based criminal history record information background check. The Illinois Department of Agriculture will follow all rules and regulations concerning your criminal background check authorized pursuant the Medical Cannabis Pilot Program Act (410 ILCS 130) and the Uniform Conviction Information Act (20 ILCS 2635). This form is designed to capture the necessary information required by licensed live scan fingerprint vendors to ensure the fingerprints are submitted properly. The live scan vendor will use the applicant information contained on the form to help confirm the identification documentation provided by the applicant before the fingerprints are taken. This document also serves as a consent form. Consequently, the form must be signed by the applicant in order to authorize the release of any criminal history record information that may exist regarding the applicant. The results of your inquiry inquires will be forwarded to the Illinois Department of Agriculture for review.

Facility Information

Facility Name: Illinois Department of Agriculture	Requesting Agency ORI Identifier: LG1408114
Requesting Agency Address: P.O. Box 19281, Springfield, IL 62794-9281	
Contact Person Name: Carol Chapman	Contact Person Phone #: 217/524-2143
Facility Cost Center: (If any) Cost Center of the Live Scan Fingerprint Vendor	Transaction Control Number (TCN):

Applicant Information

Name:	Sex:	Race:	Date of Birth:
SSN (optional):	Drivers License #:	DL State:	

Livescan Vendor/Appointment Information

Live Scan Fingerprint Vendor Name:	Address:	
Phone Number:	Appointment Date:	Appointment Time:

Privacy Statement

I, the undersigned, hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation where permitted by law. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

Applicant Consent

Applicant Name (printed):	Date:
Applicant Name (signature):	Date: