

**Medical Cannabis Cultivation Center**  
**08/08/2014**

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**Notice of Proper Zoning Form**

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**

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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**

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The Zoning Office (or local government) of \_\_\_\_\_ hereby affirms 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