

Illinois Department of Agriculture
Springfield, Illinois

THIS IS NOT AN APPLICATION

The Department is in the process of finalizing the application package. The information provided is meant to assist you in the application process. Please use the information provided to become familiar with the materials that will be required when the application is available.

If you plan to use the information provided to begin drafting your application please do not include your company name and other distinguishing characteristics unless completely necessary. The Department may place reasonable word or character limits on portions of the application calling for narrative responses.

Please be aware blueprints and engineering specifications including a signature page for the design engineer will be required with the application.

Schedules:

Schedule 1 – Suitability of Proposed Facility	REQUIRED	150 Points
Schedule 2– Staffing and Operations Plan	REQUIRED	100 Points
Schedule 3 – Security Plan	REQUIRED	200 Points
Schedule 4 – Cultivation Plan	REQUIRED	300 Points
Schedule 5 – Product Safety and Labeling Plan	REQUIRED	150 Points
Schedule 6 – Business Plan	REQUIRED	100 Points
Schedule 7 – Bonus Section	OPTIONAL	20 Points each

Mandatory Forms:

****Approvals of Application for Permit***

Direct or Indirect financial Interest
Principal Office or Board Member Disclosure Statement
Contracting Disclosure
Current or Previous Authorization to Cultivate Cannabis
General Information
Notarized Statement
Written Statement
Regulatory Agency Contact Authorization Form

****Notice of Proper Zoning Form***

****The Approval of Application for Permit form and Zoning Compliance form are in their final version and may be signed by the proper individuals. Please keep the forms and submit to the Department of Agriculture with the final application.***

NOTE: It is extremely important that the information submitted with the application and the schedules, clearly shows compliance with the rules of the Department, found at 8 Ill. Adm. Code Part 1000. Citations to the rules have been added to assist in completion. It is strongly recommended that the applicant read and become familiar with the rules, a copy of which is available online at www.mcpp.illinois.gov.

Pursuant to the Act, in Section 85, and the rules, in Section 1000.140, an application fee of \$25,000 shall be submitted for each application.

Please contact the Department of Agriculture at the email address below if you have questions.
AGR.MedicalCannabis@illinois.gov

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.

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

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:

- 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

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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)

Current organizational charts that include 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.

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.

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

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.

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 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 also describes 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)

Please 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)

Please 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 contracted to transport and provide security of the shipment.
- Fiscal controls for handling of payments by dispensaries including deposits of cash.

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)

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

2. **Product Classification** (1000.400(f), 1000.14(a)(8), 1000.250(a)(3), 1000.420(a) & (d)(2))

Please submit a detailed listing of all products to be produced at the licensed facility. This will include all forms of dried product, processed and/or infused product. All manifests and shipping documents will use the same classification 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 interface 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)**

Please 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)

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 interface 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)

Please provide a schematic flow diagram indicating how all processed or infused materials will proceed from receiving 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(e), 1000.400(d), 1000.470)

Please 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 you 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 young plants, 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 to 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)

Please 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.

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, microbiological, and residual solvent. 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)

Please 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. Please 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, dispensary notification process, and disposal instructions.

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), 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
- 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 backer member identified

Schedule 7 – Bonus Section

Once the applicant has met the requirements of the measures in Schedules 1 through 5, 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.**

APPROVALS OF APPLICATION FOR PERMIT

1. Certification of Engineering Plans and Specifications:

- a) 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, the attached schedules, and that to the best of my knowledge and belief such information is true, complete, and accurate, were prepared by me or under my direction.

Name _____

Title _____

Signature _____

Date _____

- b) 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 *for The Compassionate use of Medical Cannabis Pilot Program*, 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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2. Certification of Application for Medical Cannabis Cultivation Center:

Certificate by Applicant(s) – *complete this section if an entity not listed above designed the engineering plans and specifications.*

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 conditions of License Approval are that I/we construct and operate the Medicinal Marijuana Cultivation Center as submitted in this application and conform to all requirements of Part 1000.

Authorized Applicant:

Name _____

Title _____

Company Name _____

Signature _____

Date _____

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. If a trust, disclose the names and addresses of the beneficiaries. See Section 1000.10 for a definition of financial interest

For Each Principal Officer, Owner, or Financial Backer

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

Financial History

- Has principal officer or owner 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 filling/late filing

Criminal History

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

- Date of arrest
- County

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- 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 corporate 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.

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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 office and/or board member.

For Each Principal Officer, Owner, or Financial Backer

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

Financial History

Has principal officer or owner 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 filling/late filing

Criminal History

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

- Date of arrest
- County
- State
- Country
- Case number

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

If owned by a corporate 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.

Please describe any business where the person above has managed or served on a board that were 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.

Contracting Disclosure

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

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

If you currently or previously have 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

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 licensed was never denied, suspended, revoked or sanctioned provide a written statement stating this.

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
- Address
- Proposed business name, if any
- GIS Coordinates of proposed location
- Ownership Structure
- Can the Applicant or a principal officer demonstrate at least \$500k under control?
- Has or will the Applicant submit cultivation center application(s) in any other district, under the same or a different name?
- Has or will the Applicant submit application(s) for dispensaries/cultivation centers?
- 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))

No prospective officer or board member has been convicted of an excluded offense
Cultivation center will register with the Illinois Department of Revenue
Application is complete and accurate

I certify that the information provided in this application 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 revocation of the [insert license type here] and other administrative, civil, or criminal penalties.**

I additionally certify that I have actual notice that, notwithstanding the Compassionate Use of Medical Cannabis Pilot Program Act (Act):

- (i) Cannabis is a prohibited Schedule I controlled substance under federal law;
- (ii) Participation in the program is permitted only to the extent provided by the strict requirements of the Act;
- (iii) Any activity not sanctioned by the Act may be a violation of state or federal law and could result in arrest, prosecution, conviction, or incarceration;
- (iv) Growing, distributing, or possessing cannabis under the Act, unless done through a federally -approved research program, is a violation of federal law;
- (v) Growing, distributing, or possessing cannabis in any capacity, except through a federally-approved research program, may be a violation of state or federal law and could result in arrest, prosecution, conviction, or incarceration;
- (vi) Use of medical cannabis, or possessing a medical cannabis patient or caregiver registry card, may affect the validity of and an individual's ability to receive or retain federal or State licensure in other areas;
- (vii) 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;
- (viii) Participation in the Medical Cannabis Pilot Program does not authorize any person to violate federal law or state law;
- (ix) 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
- (x) 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.

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.

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Written Statement: (Section 1000.50(b))

All of the information provided on the application is true and accurate to the best of the applicant's knowledge and that the applicant must 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.

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.

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.

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:

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.

Hold Harmless/Indemnification – the permitted cultivation center, its principal officers, board members, producer backers, agents, employees, family members or guests shall 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.

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.

The applicant understands that medical cannabis shall be transported only in a medical cannabis container as defined in Section 1000.10.

DRAFT – This is Not an Application
Information ONLY – Medical Cannabis Cultivation Center
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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.

The applicant understands that qualifying patients and caregivers shall not grow or cultivate medical cannabis other than as a cultivation center agent.

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.

The applicant understands that, upon issuance of a permit, the cultivation center is subject to random inspections by the Department, ISP and DPH.

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.

Regulatory Agency Contact Authorization Form

I/We, the undersigned applicant, hereby state as follows:

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.