Illinois Department of Agriculture
Division of Cannabis Regulation
Bureau of Licensing and Administration

Cannabis Cultivation Center

Change of Ownership or Principal Officer Pre-approval Application

This application is only available for use by the original 21 cannabis cultivation centers licensed or permitted by the Illinois Department of Agriculture ("Department"). A single Change of Ownership or Principal Officer Application should be submitted for the Medical Use, Adult Use, and Transporter licenses concurrently. Requests that do not adhere to this policy will be denied. Department approval must be obtained before ownership changes or sales of stock can be made (see 8 IAC 1000.120(c)-(d), 8 IAC 1300.115(e)-(f), and 8 IAC 1300.540(d)-(e)). This application may require a non-refundable fee, depending on the request type.

Step 1 – Cultivation Center Information

Cultivation Center Name: _____

Current Physical Facility Address: _____ **County:** _____

City: _____ **State:** _____ **Zip Code:** _____

Business Phone Number: _____ **Emergency/Cell Phone Number:** _____

Facility Email Address: _____ **ISP District Number:** _____

Would the change being requested with this application affect ownership, if approved?

☐ Yes

☐ No

If "No", select "Not Applicable" below. Then proceed to Step 3 and Step 4. If "Yes", indicate below if this is a partial or full transfer of ownership. Then complete Step 2 before completing Step 4.

☐ Full (100%) Transfer of Ownership (Additional review and documentation may be required)

☐ Partial Transfer of Ownership

☐ Not Applicable

Step 2- Ownership Information

1. List all current owners (by individual) and their ownership percentage under "Current Owner" column.
2. Include signed statement from each named current owner consenting to the sale or transfer of ownership percentage.
3. List all proposed owners (by individual), including all current owners who will continue, and their ownership percentage.

Please note, all proposed new owners must have their fingerprints collected electronically by a livescan fingerprint vendor licensed by the Illinois Department of Financial and Professional Regulation and transmitted to the Illinois State Police. Approval is contingent up receipt of the verified fingerprint and background check by the Department.

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Use the space on this page to compile ownership information.
Or, alternatively, check the box below and include a copy of your ownership information.

☐ Ownership information completed separately – see attachment.

Current Owner Name:	% Ownership	New Owner Name	% Ownership

Does the change being reported on this application affect the FEIN?

☐ Yes

☐ No

FEIN of New Licensed Business Name: _____

If the FEIN of the business has changed, please provide supporting documentation IRS Form CP575A EIN Confirmation Letter & updated Form W-9. If business is designated as an LLC, please submit IRS Form CP261 S-Corp Approval Letter or Form CP277 C-Corp Approval Letter, if applicable.

If this change request involves a Principal Officer possessing no ownership, use the table below to list the Principal Officer details. Or, alternatively, check the box below and include a copy of your Principal Officer change details.

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☐ Principal Officer details completed separately – see attachment.

Step 3- Principal Officer Information

Name of Principal Officer (Possessing No Ownership)	**Addition Or Removal**	**Other Notes**

This application may require a non-refundable fee. See table below.

Change Fee	**Medical Cannabis Cultivation Center** 8 IAC 1000.120(c)-(d)	**Adult Use Cannabis Cultivation Center** 8 IAC 1300.115(e)-(f)	**Transporter Organization** 8 IAC 1300.540(d)-(e)
Stock Sale, Change of Corporate Officers or Board Member	$1000	$1000	$0 **While PA 103-578 (SB1559) is active*
Transfer to Surviving Spouse or Domestic Partner of Deceased Licensee	$0	$0	$0
Transfer to Heir of Deceased Licensee	$0	$0	$0

Type of Change Request & Fees. Refer to table above.

Change Requested:

☐ Stock Sale, Change of Corporate Officers or Board Member

☐ Transfer to Surviving Spouse or Domestic Partner of Deceased Licensee

☐ Transfer to Heir of Deceased Licensee

License or Permit Numbers Requesting Change:

Medical Cannabis Cultivation Center 8 IAC 1000.120(c)-(d): _____

Adult Use Cannabis Cultivation Center 8 IAC 1300.115(e)-(f): _____

Transporter Organization 8 IAC 1300.540(d)-(e): _____

Single Check Number for Total Fees Due: (if applicable) _____

All proposed new owners and Principal Officers must have their fingerprints collected electronically by a livescan fingerprint vendor licensed by the Illinois Department of Financial and Professional Regulation and transmitted to the Illinois State Police.

Step 4- Certification Statement

This application must be signed by the owner, if an individual; by one of the partners, if a partnership; or by an officer of the company or corporation. If the Department requests transfer agreement copies (if applicable) or additional information to verify the accuracy of this application, the undersigned agrees to provide all additional information and documentation requested.

I attest that all persons with a financial interest in this change of ownership transaction, including but not limited to principal officers, board members, owners, trustees, and beneficiaries, are at least 21 years of age.

I attest that I am the owner, partner, or officer of the Licensee listed below. All information provided in this application is true, correct and complies with all Compassionate Use of Medical Cannabis Program Act and Cannabis Regulation and Tax Act statutory and regulatory provisions.

Licensee Business Name: _____

Title: _____

Name: (Please Print) _____

Signature: _____ **Date:**_____

IDOA Use Only

Date of Background Check(s): _____ **Full 100% Sale/transfer (Y or N):** _____

Check # for Application Fee: _____ **Check Date:** _____ **IDOA Reviewer Initials:** _____

☐ Full 100% Transfer

☐ Change Approved

☐ Change Denied

Financial Reviewer Signature: _____

Signature of Bureau Chief: _____

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