Illinois Department of Agriculture

Division of Cannabis Regulation
State Fairgrounds • P.O. Box 19281 • Springfield, IL 62794-9281
217/524-2143 • TDD 866/287-2999 • Fax 217/524-4215

Preliminary Note: This scope of this form is strictly limited to determining channels of communication in a Change of Ownership action. The Authorized Representative for the Buyer, designated by this form, is not invested with any authority to act on behalf of the current license holder with the Division of Cannabis Regulation, nor are they entitled to any information about the license except that which pertains to the Change of Ownership.

CHANGE OF OWNERSHIP
CONTACT AUTHORIZATION FORM
(Page 1 of 2: Seller/Current Licensee)

Page 1 Instructions: A Principal Officer (PO) of a licensed Cannabis Business must fill out Page 1/2 to verify the request for a change of ownership. Page 2/2 of this form also identifies the Authorized Representative for the Buyer (ARB) as the authorized point of contact representing the buyer. This form authorizes the Division of Cannabis Regulation (the Division) to discuss the proposed transaction with the ARB.

Current PO:	Phone:
License Number:	E-mail:
Cannabis Business Name: _____	Cannabis Business Address: _____ _____ _____

I, _____, hereby authorize the Division to discuss all matters concerning a change of ownership with the below person identified as the ARB. This authorization shall expire upon the conclusion of the transaction. The Division reserves the right to refuse to communicate with an authorized representative on any matter.

Name of ARB:

Name of Buyer employing or using the services of the ARB:

Information for Authorized Representative for Seller (ARS), if the Seller will be represented by anyone other than the PO filling out this form:

Name of ARS:

Phone: E-mail:

Current PO Signature: _____ Date:_____

- All sections MUST be completed electronically when this authorization is submitted
- Handwritten Forms will not be accepted
- This authorization will be invalid without both Current (page 1) and Proposed (page 2) PO signatures and dates
- Only one representative may be named per matter

Please proceed to Page 2/2.

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CHANGE OF OWNERSHIP
CONTACT AUTHORIZATION FORM
(Page 2 of 2: Authorized Buyer/Manager)

Page 2 Instructions: A Proposed Principal Officer (Proposed PO) of a licensed Cannabis Business being acquired must fill out Page 2/2 to authorize an ARB representing the Buyer. The Division may discuss the proposed transaction with the ARB. The ARB will be the Division's point of contact for the entire transaction.

Proposed PO:	Phone:
E-mail:	

I, _____, hereby authorize the below person to be the ARB and to communicate with the Division regarding the below identified transaction. The ARB will be the Division's point of contact on any matters concerning the proposed transaction. The ARB may include other individuals associated with Buyer in communications without further approval required from either party or the Division. This authorization shall expire upon the conclusion of the identified transaction. The Division reserves the right to refuse to communicate with an authorized representative on any matter.

Name of ARB:	
Name of Buyer employing or using the services of the ARB:	
Phone:	E-mail:

Proposed PO Signature:_____ Date: _____

- All sections MUST be completed electronically when this authorization is submitted
- Handwritten Forms will not be accepted
- This authorization will be invalid without both Current (page 1) and Proposed (page 2) PO signatures and dates
- Only one representative may be named per matter

The completed authorization must be emailed to the Division at:

AGR.CannabisCOO@illinois.gov