



## CRAFT GROWER OPERATIONAL EXTENSION APPLICATION

Division of Cannabis Regulation, Bureau of Licensing and Administration

State Fairgrounds • P.O. Box 19281 • Springfield, IL 62794-9281 • 217/524-2143 • Voice/TDD 866/287-2999

### **CRAFT GROWER OPERATIONAL EXTENSION APPLICATION**

Pursuant to 8 IAC 1300.310 (E) of the Department's "Cannabis Regulation and Tax Act" regulations, a license shall be surrendered to the Department upon written notice and demand if the Craft Grower fails to begin production within 6 months after the license has been issued. The Craft Grower may submit a written request to the Department for an extension of time setting forth its justification for being unable to begin production within 6 months after the license was issued. The Department may grant an extension at its discretion for good cause shown. Good cause may include unforeseen events, act of nature and other events that may prevent good faith effort. Good cause shall not include cost overruns, insufficient financing and other factors evidencing a lack of good faith effort.

#### **BUSINESS INFORMATION**

Due to a number of factors, the operational deadline for Craft Growers awarded an initial license with effective dates August 1, 2021 – July 31, 2022 was extended to August 1, 2024. Similarly, the operational deadline for Craft Growers awarded an initial license with effective dates June 1, 2022 – May 31, 2023 was extended to June 1, 2025. These were the final (automatic) **blanket** extensions. To request any additional extension to the deadline, craft growers must complete and submit this form prior to their aforementioned blanket extension due date. If you have questions about which timelines impact your craft grower license specifically, contact the Division of Cannabis Regulation at [AGR.CannabisMod@illinois.gov](mailto:AGR.CannabisMod@illinois.gov).

Legal Name of Licensee		
License Number		License Expiration Date
Current Physical Facility Address		County
City	State	Zip code
Business Phone No.	Emergency/Cell Phone No.	
Primary Contact Name		
Primary Contact Email		
Primary Contact Phone Number		
Secondary Contact Name		
Secondary Contact Email		
Secondary Contact Phone Number		

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**JUSTIFICATION FOR OPERATIONAL EXTENSION REQUEST**

**Check all that apply:**

1. Craft Grower is currently in design stage and can provide Department with blueprints or Mechanical Electrical and Plumbing (MEP) drawings. **(Copies of Blueprints or copies of MEP drawings must be attached with application). Please provide projected operational date.**

Additional Comments:

2. Craft Grower facility is currently under construction. **Please provide date of last site visit conducted by the Department of Agriculture staff. Provide projected operational date.**

What phases of construction have been completed:

3. Craft Grower has been issued an Illinois Department of Agriculture Cannabis Facility Construction Permit. **Please provide date of last site visit conducted by the Department of Agriculture staff. Please provide projected operational date.**

Date construction permit was issued and what is the current phase of construction:

4. Craft Grower has experienced supply chain delays. **Please provide projected operational date.**

Describe supply chain delays:

5. Have you, as a licensee, encountered any personal health challenges or familial circumstances that have impeded your ability to achieve operational readiness? **Please provide projected operational date.**

Explanation of circumstances and how it has impacted the ability to become operational:

6. Craft Growers ability to achieve operational status has been affected by unforeseen events, acts of nature, or other circumstances beyond the licensee's control? **Please provide projected operational date.**

Additional details:



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**ADDITIONAL REQUIREMENTS**

Send the requested information via email to: [AGR.CannabisMod@illinois.gov](mailto:AGR.CannabisMod@illinois.gov)

**CERTIFICATION STATEMENT**

I hereby certify that \_\_\_\_\_ (licensee name) has made a good faith effort to comply with all requirements within the CRTA including 8 IAC 1300.310 (E), Operational Deadline Requirements. If the Department requests additional information to verify the accuracy of this application, the undersigned agrees to provide all additional information and attestations requested.

*I affirm that I am the owner, partner or officer of the Licensee listed below, that I am authorized on behalf of the Permittee/Licensee to file the Craft Grower Operational Extension Request and that I have a full working knowledge of the matters set forth herein and that all information provided in this application is true in substance and fact.*

Licensee Business Name: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Craft Grower Group Identification

IDOA Use Only

Craft Grower Group 1

Craft Grower Group 2

EXTENSION GRANTED

EXTENSION DENIED

Other Group (Explain): \_\_\_\_\_

Bureau Chief of Licensing & Administration Signature and Date: \_\_\_\_\_

Division Manager of Cannabis Regulation Signature and Date: \_\_\_\_\_