

Step 1 - Identify the Licensee

Licensed Cannabis Business Name: _

CRAFT GROWER, INFUSER & TRANSPORTER CHANGE OF OWNERSHIP OR PRINCIPAL OFFICER PRE-APPROVAL APPLICATION

Division of Cannabis Regulation

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

Change of Ownership or Principal Officer Pre-Approval Application

Illinois Department of Agriculture ("Department") approval must be obtained before ownership changes or sales of stock can be made. (See Craft Grower, 8 IAC 1300.315(d),(f),(g); Infuser, 8 IAC 1300.415(d),(f),(g); Transporter, 8 IAC 1300.540(d)-(e)). This application may require a non-refundable fee. See page 3 of this form for more details.

License Number:	License Type:	Craft Grower	Infuser	Transporter
Does the change being reported on this	application affect owner	rship? Yes	No	
If "No", select "Not Applicable" below.	Then proceed to Step 3	and Step 4. If "Yes'	', indicate belo	ow if this is a partial or
full transfer of ownership. Then compl	ete Steps 2A and 2B bet	fore completing Step	4.	
Full (100%) Transfer of Ov (Additional review and documentation		rtial Transfer of Own	ership	Not Applicable
Does the change being reported on this	application affect the Fl	EIN? Yes	No	
FEIN of New Licensed Business Nam If the FEIN of the business has changed, please W-9. If business is designated as an LLC, pleas	provide supporting document e submit IRS Form CP261 S-0			
3. List all proposed owners (by indiv percentage. Please note, all proposed vendor licensed by the Illinois Depa Police. Approval is contingent up re Use the space on this page to compile copy of your ownership information.	I new owners must have the artment of Financial and Proceedings of the verified finger to ownership information.	eir fingerprints collected of the sign of	d electronically and transmitted the heck by the Dep	by a livescan fingerprint to the Illinois State partment.
Current Owner Name	% Ownership	New Owner N	<u> </u>	% Ownership

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Step 2B - Social Equity Information

1.	Did the License	ee identified in Step 1 receive its initial license within the last 5 years as a Social Equity Applicant? □ No
	·	I "No" to question 1 in this section, please skip to Step 4: CERTIFICATION STATEMENT I "Yes", please respond to questions 2, 3 and 4 below before completing Step 4.
2.	Under what So	cial Equity Criteria did the Licensee qualify when it received its license? (Check all that apply)
		blicant with at least 51% ownership and control by one or more individuals who have resided for at the preceding 10 years in a Disproportionately Impacted Area;
	An applica	nt with at least 51% ownership and control by one or more individuals who:
		☐ Have been arrested for, convicted of, or adjudicated delinquent for any offense that is eligible for expungement under the Cannabis and Regulation Tax Act; or
		☐ Is a member of an impacted family;
	For applica who:	ants with a minimum of 10 full-time employees, an applicant with at least 51% of current employees
		☐ Currently reside in a Disproportionately Impacted Area; or
		☐ Have been arrested for, convicted of, or adjudicated delinquent for any offense that is eligible for expungement under Cannabis and Regulation and Tax Act or is a member of an impacted family.
3.		ee identified in Step 1 receive DCEO loans, grants, or other financial assistance that must be repaid uation of Social Equity Status?
	☐ Yes	\square No
	•	red "Yes", please describe the types of DCEO loans, grants, or financial assistance received as a result Social Equity Status:
4.		will this change of ownership or Principal Officer request impact the criteria identified above which business as a Social Equity Applicant?
	☐ Yes	\square No
	•	ed "Yes", please explain all changes that are expected to impact the criteria which qualified the Social Equity Applicant:

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

Principal Officer details completed separately – see attachment.

Step 3 - Principal Officer Information

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

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

Change Fee	Craft Grower 8 IAC 1300.315(d),(f),(g)	Infuser 8 IAC 1300.415(d),(f),(g)	Transporter 8 IAC 1300.540(d)-(e)
Stock Sale, Change of Corporate Officers or Board Member	\$1000	\$1000	* \$0 * While PA 103-578 (SB 1559) is active
Principal Officer Change	\$1000	\$1000	* \$0 * While PA 103-578 (SB 1559) is active
Transfer to Surviving Spouse or Domestic Partner of Deceased Licensee	\$ 0	\$ 0	\$ 0
Transfer to Heir of Decease Licensee	\$ 0	\$0	\$ 0

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 in accordance with 410 ILCS 705 Sec. 7-25. Transfer of license awarded to Qualified Social Equity Applicant) 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 the information provided in this

	omplies with all Cannabis Regulation		
Licensee Business Name:		_ Title:	
Print Name:	Signature:		
		Da	te
	IDOA use only		(If "Y", Additional
Date of Background Check(s):	Full 100%	Sale/Transfer (Y or N):	Information May Be Required)
Check # for Application Fee:	Check Date:	IDOA Reviewer Initials:	
□ FULL 100% TRANSFER	☐ CHANGE APPROVED	\Box CHA	ANGE DENIED
Financial Reviewer Initials:	Signature of B	ureau Chief:	
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