



Step 2B - Social Equity Information

1. Did the Licensee identified in Step 1 receive its initial license within the last 5 years as a Social Equity Applicant?
☐ Yes ☐ No

If you selected “No” to question 1 in this section, please skip to Step 4: CERTIFICATION STATEMENT
If you selected “Yes”, please respond to questions 2, 3 and 4 below before completing Step 4.

2. Under what Social Equity Criteria did the Licensee qualify when it received its license? (Check all that apply)

☐ An applicant with at least 51% ownership and control by one or more individuals who have resided for at least 5 of the preceding 10 years in a Disproportionately Impacted Area;

An applicant 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 applicants with a minimum of 10 full-time employees, an applicant with at least 51% of current employees who:

☐ 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. Did the Licensee identified in Step 1 receive DCEO loans, grants, or other financial assistance that must be repaid upon discontinuation of Social Equity Status?

☐ Yes ☐ No

If you answered “Yes”, please describe the types of DCEO loans, grants, or financial assistance received as a result of Licensee's Social Equity Status:

4. **If approved**, will this change of ownership or Principal Officer request impact the criteria identified above which qualified your business as a Social Equity Applicant?

☐ Yes ☐ No

If you answered “Yes”, please explain all changes that are expected to impact the criteria which qualified the Licensee as a Social Equity Applicant:

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 (Possessing No Ownership)	Addition Or Removal	Other Notes

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 Deceased 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 application is true, correct and complies with all Cannabis Regulation and Tax Act statutory and regulatory provisions.

Licensee Business Name: _____ Title: _____

Print Name: _____ Signature: _____ Date: _____

IDOA use only

Date of Background Check(s): _____ Full 100% Sale/Transfer (Y or N): _____ (If "Y", Additional Information May Be Required)

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

☐ **FULL 100% TRANSFER**

☐ **CHANGE APPROVED**

☐ **CHANGE DENIED**

Financial Reviewer Initials: _____

Signature of Bureau Chief: _____