

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 No.	Emergency/Cell Phone No.	
Facility Email Address	ISP District #	

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 upon receipt of the verified fingerprint and background check by the Department

Use this page to compile ownership information. Or, alternatively, check mark the box below and include a copy of your ownership information. Ownership information completed separately (see attached).

Would the change being requested with 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 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.

STEP 3 – PRINCIPAL OFFICER INFORMATION

Principal Officer details completed separately – see attachment.

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

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

TYPE OF CHANGE REQUEST & FEES

	Change Requested (Select One Option Below)	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)	Total Fees for Change
License or Permit Numbers Requesting Change					
Stock Sale, Change of Corporate Officers or Board Member Fee	<input type="checkbox"/>	\$1,000	<input type="checkbox"/>	\$1,000	<input type="checkbox"/> \$0 *While PA 103-578 (SB 1559) is active = \$2,000
Principal Officer Change (adding or removing)	<input type="checkbox"/>	\$1,000	<input type="checkbox"/>	\$1,000	<input type="checkbox"/> \$0 *While PA 103-578 (SB 1559) is active = \$2,000
Transfer to Surviving Spouse or Domestic Partner of Deceased Licensee	<input type="checkbox"/>	\$0	<input type="checkbox"/>	\$0	<input type="checkbox"/> Not Applicable
Transfer to Heir of Deceased Licensee	<input type="checkbox"/>	\$0	<input type="checkbox"/>	\$0	<input type="checkbox"/> Not Applicable
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: _____

Print Name: _____ 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

Uk pcwtg'qh'Financial Reviewer: aaaaaaaaaaaaaaaaaaaaaa Signature of Bureau Chief: _____