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.

Cultivation Center Name						
Current Physical Facility Addre	С	County				
City	State	Z	Zip code			
Business Phone No.	Emergency/	Cell Phone No.				
Facility Email Address		IS	ISP District #			
Would the change being requested wi If "No", select "Not Applicable" below full transfer of ownership. Then compl	w. Then proceed to Step 3	3 and Step 4. If "Yes", indi	Yes No cate below if this is a partial or			
Full (100%) Transfer of O (Additional review and documentation)		artial Transfer of Ownersl	nip Not Applicable			
 List all current owners (by individed) Include signed statement from each List all proposed owners (by in percentage. Please note, all proposed) 	ch named current owner odividual), including all used new owners must ha	consenting to the sale or tra- current owners who will ve their fingerprints collec-	ensfer of ownership percentage. I continue, and their ownership cted electronically by a livesca			
2. Include signed statement from eac3. List all proposed owners (by in	ch named current owner of dividual), including all used new owners must ha e Illinois Department of al is contingent up receip	consenting to the sale or tracurrent owners who will ve their fingerprints colled Financial and Professions of the verified fingerprints	ansfer of ownership percentage. I continue, and their ownership cted electronically by a livescan al Regulation and transmitted to the and background check by the			
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Page 1 of 2 Rev. 02/25

W	ould the change bein	ng requested with this applica	tion affe	ct the FEIN?	Ye	es No		
the FEIN of the busine	ss has changed, plea	d Business Name: se provide supporting docume blease submit IRS Form CP26						
		ipal Officer possessing no ow w and include a copy of your					er detai	ls. Or,
·		STEP 3 – PRINCIPAL	OFFIC	ER INFORM	ATIO	Principal Off Separately – s		
Name of Principal Officer (Possessing No Ownership)		Addition Or Removal	Or		Other Notes			
	This an	oplication may require a nor	ı-refund	lable fee. See ta	nble be	low.		
	т ніз ар	TYPE OF CHANGE						
License or Permit Numbers Requesting Change	Change Requested (Select One Option Below	Medical Cannabis Cultivation Center 8 IAC 1000.120(c)-(d)		se Cannabis Cultivation 8 IAC 1300.115(e)-(f)	Center	Transporter Organizati 8 IAC 1300.540(d)-(e		Total Fees for Chang
Stock Sale, Change of Corporat Officers or Board Member Fee		\$1,000	+	\$1,000	+	\$0 *While PA 103-578 (SB 1559	9) is active =	= \$2,000
Principal Officer Change (adding or removing)		\$1,000	+	\$1,000	+	\$0 *While PA 103-578 (SB 1559)	9) is active =	= \$2,000
Transfer to Surviving Spouse or Domestic Partner of Deceased Licensee		\$0		\$0		\$0		Not Applicable
Transfer to Heir of Deceased Licensee		\$0		\$0		\$0		Not Applicable
Single Check Number for Total Fees Due (if applicable)								
		al Officers must have their ment of Financial and Prof						
	-	STEP 4 – CERTIFICAT	ION S	FATEMENT				
the company or con	rporation. If the D	ne owner, if an individual; epartment requests transfertion, the undersigned agree	agreen	nent copies (if	applic	able) or additional i	nforma	tion
		l interest in this change of ees, and beneficiaries, are a			, includ	ling but not limited	to princ	ipal
	mplies with all Con	officer of the Licensee listenpassionate Use of Medicals.						X
Licensee Business Name:			Title:					
Print Name:		Signature:				Da	te	
		IDOA us	e only					If "Y",
Date of Background	d Check(s):	: Full 100% Sale/Transfer (Y or N):						lditional
Check # for Appl	lication Fee:	C1 1- D . 4		IDOA Reviewer Initials:				

(IF REQUIRED)