

Form IL-2848, Power of Attorney

This Power of Attorney Form is effective for five years from the date of execution. To withdraw representation, the Power of Attorney must write "Withdraw" across the top of the first page of the form. The POA must also print its name and sign and date next to the word "Withdraw" and submit a copy of the annotated form to the IDOA.

Check one box:

- ☐ Add: New POA
- ☐ Add: Additional POA
- ☐ Change: Existing POA
- ☐ Remove: Existing POA

Step 1- Licensee Information

Licensee's name (person or business): _____ **License Number:** _____

Principle Officer or Owner: _____ **Principal Officer or Owner's Title:** _____

Licensee's Street Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

Licensee's Phone Number: _____ **Licensee's s Email address:** _____

☐ Check this box if an authorized agent (corporate officer, partner, or individual on behalf of the taxpayer) or fiduciary is executing this form and complete Step 4 in addition to Steps 1, 2, 3, 5, and 6.

Step 2- Power of Attorney Information

Check one box:

- ☐ Attorney
- ☐ Other (Complete Step 6)

Power of Attorney's Name: _____ **Firm Name:** _____

Identification Number (Attorney License, FEIN, SSN): _____ **Email Address:** _____

Power of Attorney's Street Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

Daytime Phone Number: _____ **Fax Number:** _____

☐ Check this box to authorize IDOA to send duplicate copies of notices to the Power of Attorney listed here.

If your Power of Attorney is an attorney, the Power of Attorney must complete this section:

I declare that I am not currently under suspension or disbarment, and that I am a member in good standing of the highest court of the jurisdiction indicated;

Power of Attorney Signature: _____ **Date:** _____

Power of Attorney Printed Name: _____ **Jurisdiction:** _____

Step 3- Authority Granted

I grant the above person

☐ **full** authority, authorizing them to act on my behalf in all cannabis matters with IDOA.

☐ **limited** authority (check only the boxes that apply). By checking boxes, the appointee(s) will be authorized to act on my behalf only for the indicated matters. If I do not indicate a specific year, period, or Fine ID for a selected cannabis matter, I am granting authority for all years or periods.

Cannabis Matter:

Years/Periods/Fine ID:

☐ Cannabis Fines

☐ Cannabis License Renewal

☐ Specific Cannabis Matter

☐ Cannabis Compliance Issues

☐ Cannabis Investigations

☐ Cannabis Hearing

Step 4- Authorized Agent/Fiduciary

If you checked the box in Step 1 indicating that your authorized agent (corporate officer, partner, or individual on behalf of the licensee) or fiduciary is executing this form, complete this Step in addition to Steps 1, 2, 3, 5, and 6.

Name (Corporate Officer, Partner, Individual, or Fiduciary Name): _____

Title (Corporate Officer, Partner, Individual, or Fiduciary): _____

Email Address: _____ **Daytime Phone Number:** _____

Street Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

Step 5 – Signature

This form must be signed by the licensee(s) listed in Step 1 unless it is being signed by an authorized agent (corporate officer, partner, or individual on behalf of the taxpayer) or fiduciary who certifies: *“That I have the authority to execute this power of attorney on behalf of the licensee.”* **Note:** If the Other box in Step 2 of this form is checked, this section **must** be signed in front of the witnesses or notary as documented in Step 6.

Licensee (Authorized Agent/Fiduciary) **Signature:** _____

Printed Name: _____ **Title** (if applicable): _____ **Date:** _____

Step 6- Witness (if applicable)

If you checked the Other box in Step 2 of this form, this section must be completed. This section must be signed by two witnesses or notarized for the form to be considered complete.

Any person, signing in Step 5, as or for the Licensee,

☐ is known by (and this document is signed in the presence of) two disinterested witnesses whose printed names and signatures appear here

Signature of Witness: _____ **Date:** _____

Printed Name of Witness: _____

Signature of Witness: _____ **Date:** _____

Printed Name of Witness: _____

OR

☐ appeared this day before a notary public and acknowledged, by signing in my presence, this power of attorney as his or her voluntary act and deed

Signature of Notary Public: _____ **Date:** _____

Notary Seal