



New Ownership Contact Form

Division of Cannabis Regulation
Bureau of Licensing and Administration

This form is to be filled out by New/Proposed Ownership. Only an Owner, Principal Officer, or official Power of Attorney of New Ownership may fill out this form. The contacts listed below will be included in essential emails as the Change of Ownership progresses. Once the Change of Ownership is complete, New Ownership has the option of adding or deleting the contacts below through the online portal. Once complete, submit to the appropriate Bureau agent(s) and AGR.CannabisMod@illinois.gov.

Step 1: Licensee Information

1 _____
Facility Name

2 _____
Facility Contact Number

3 _____
Cannabis License Number

Step 2: Applicant Information

1 _____
Name of Owner or Principal Officer Completing Application

2 _____
Title

3 _____
Applicant Email Address

Step 3: Primary, Secondary and (optional) Tertiary Contact Information

(Check box to indicate contact title as Attorney, if so, complete the Bureau POA Form)

Primary Contact Name and Title _____

Primary Contact Telephone Number _____

Primary Contact Email Address _____

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Attorney

Secondary Contact Name and Title _____

Secondary Contact Telephone Number _____

Secondary Contact Email Address _____

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Attorney

Tertiary Contact Name and Title _____

Tertiary Contact Telephone Number _____

Tertiary Contact Email Address _____

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Attorney

Step 4: Certification and Signature

I certify that, to the best of my knowledge, the information contained in this form is true, correct, and complete.

Signature Date

Title

Name (please print)