



Principal Officer Information Form

Division of Cannabis Regulation
Bureau of Licensing and Administration

All Principal Officers are required to provide the information requested below. "Principal officer" includes a cannabis business establishment applicant or licensed cannabis business establishment's board member, owner with more than 1% interest of the total cannabis business establishment or more than 5% interest of the total cannabis business establishment of a publicly traded company, president, vice president, secretary, treasurer, partner, officer, member, manager member, or person with a profit sharing, financial interest, or revenue sharing arrangement. The definition includes a person with authority to control the cannabis business establishment, a person who assumes responsibility for the debts of the cannabis business establishment and who is further defined in this Act (410 ILCS 705/1-10).

APPLICANT INFORMATION	CONTACT INFORMATION
LAST NAME _____	HOME PHONE (____) _____
FIRST NAME _____	OTHER PHONE (____) _____
MIDDLE NAME _____	EMAIL _____
MAIDEN NAME (IF APP.) _____	MAILING ADDRESS _____
ALIAS/OTHER (IF APP.) _____	
DATE OF BIRTH (mm/dd/yyyy) ____ / ____ / ____	UNIT _____ CITY _____
SSN _____ - _____ - _____	STATE _____ ZIP _____
GENDER IDENTITY <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NONBINARY <input type="checkbox"/> PREFER NOT TO SPECIFY	
RACE/ETHNICITY	OWNERSHIP
<input type="checkbox"/> African American/Black <input type="checkbox"/> African, Sub-Saharan	LICENSE NUMBER _____
<input type="checkbox"/> East Asian/Pacific Islander <input type="checkbox"/> Hispanic/Latino	OWNERSHIP PERCENTAGE _____
<input type="checkbox"/> Middle Eastern <input type="checkbox"/> North African	DO YOU EXERCISE CONTROL THROUGH ROLE? _____
<input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> South Asian	ROLE (e.g. Board Member, CFO, or n/a) _____
<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Prefer Not To Specify	

REQUIRED ATTESTATIONS

Does the owner/control person have:

YES NO

- | | | |
|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Prior or current bankruptcy filings? |
| <input type="checkbox"/> | <input type="checkbox"/> | Prior or current default on alimony? |
| <input type="checkbox"/> | <input type="checkbox"/> | Prior or current default on child support? |
| <input type="checkbox"/> | <input type="checkbox"/> | Prior or current state or federal tax liens against property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Prior discipline or sanction by a state or federal agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | Prior or current license/authorization to cultivate, produce, or distribute cannabis in any state or jurisdiction? |
| <input type="checkbox"/> | <input type="checkbox"/> | Prior or current cannabis license/authorization suspended, revoked, or otherwise sanctioned? |
| <input type="checkbox"/> | <input type="checkbox"/> | Prior or current principal officer/board member involved with cannabis license/authorization that was convicted, censured, or had a registration or license suspended or revoked? |

INITIAL BELOW TO CONSENT

_____ If approved as a principal officer, I will apply for an agent identification card through the Division.

_____ If I no longer serve as a principal officer, I will return my agent identification card to the establishment.

_____ If I lose my agent identification card, I will ensure the loss is reported immediately to the Department of Agriculture and Illinois State Police.

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)