



User Guide for Cannabis Business Updates



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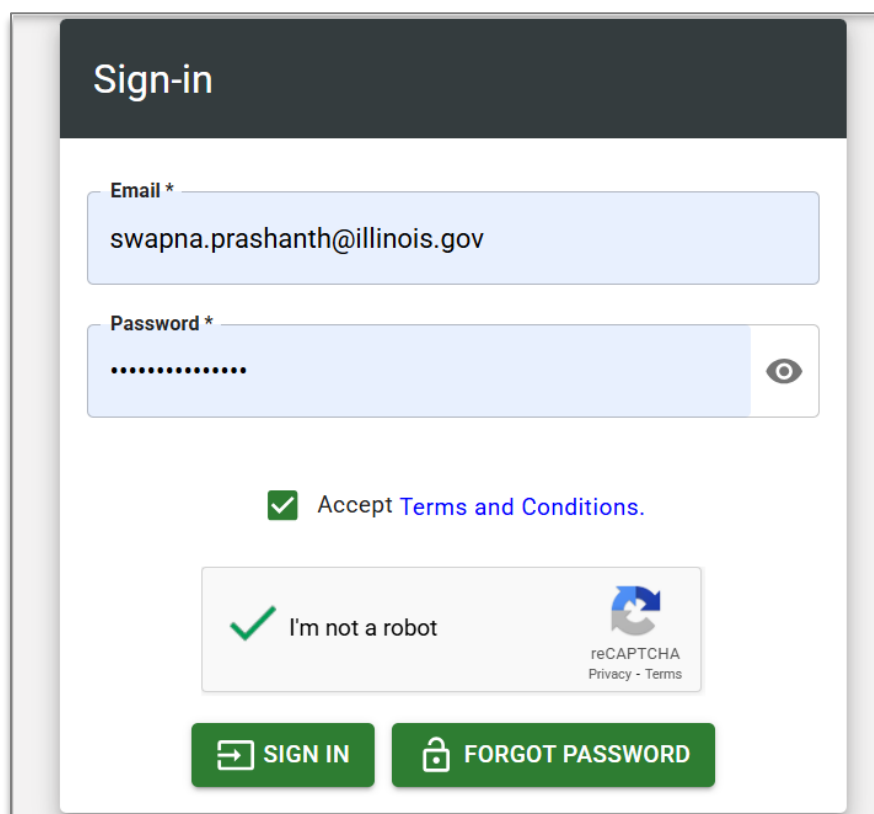
1. IL- DOA WEB PORTAL SOLUTION-TYLER TECHNOLOGIES

A. Overview

Tyler's Cannabis Licensing solution is the official web portal for the Illinois Department of Agriculture (IL-DOA). Industry stakeholders can use the portal to manage their license and agent applications and to update and renew previously submitted and approved applications.

B. Log-In

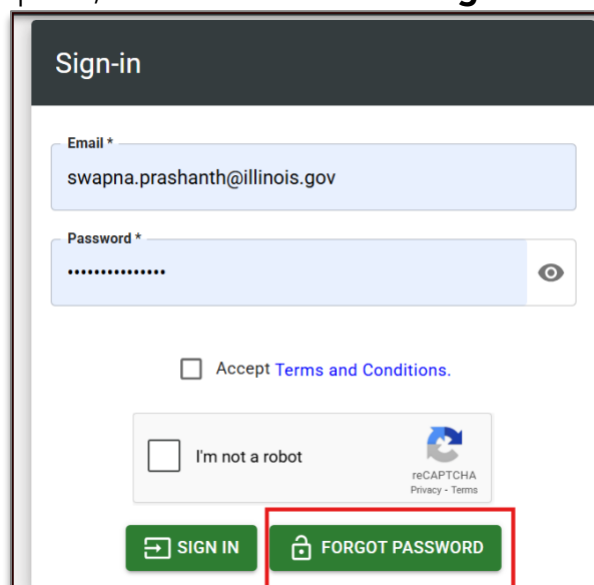
- Sign in to <https://il-doa-public.nls.egov.com/#!/signin>
- Enter the email address for the **Username** and type in the **Password**.
- Check the box to **accept** the terms and conditions
- Check the box **I am not a robot** to proceed.
- Click **Sign In** once all form fields are complete, and the Terms and Conditions have been accepted.

A screenshot of the web portal's sign-in page. The page has a dark grey header with the text "Sign-in" in white. Below the header, there are two light blue input fields. The first is labeled "Email *" and contains the text "swapna.prashanth@illinois.gov". The second is labeled "Password *" and contains a series of dots, with a small eye icon to its right. Below the password field, there is a green checkmark icon followed by the text "Accept Terms and Conditions.". Further down, there is a green checkmark icon followed by the text "I'm not a robot", and to its right is a reCAPTCHA logo with the text "reCAPTCHA Privacy - Terms". At the bottom of the form, there are two green buttons: "SIGN IN" with a right-pointing arrow icon, and "FORGOT PASSWORD" with a padlock icon.

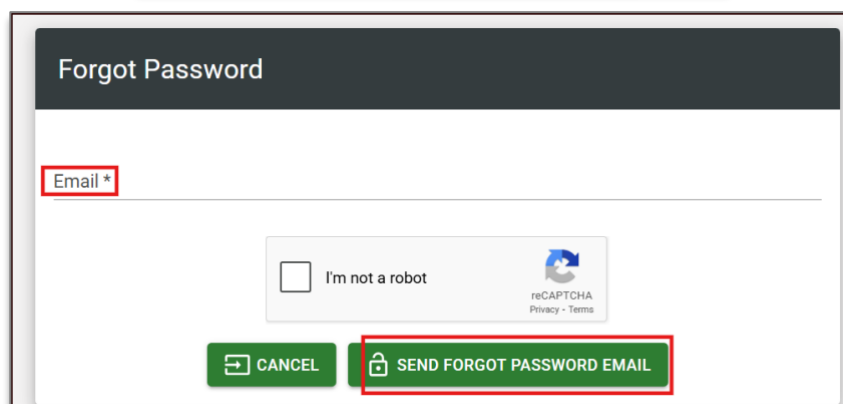
2. PASSWORDS

A. Forgot Password

- If you forget your password, simply go to the Sign-In screen, click the **Forgot Password** button, and proceed by entering your **REGISTERED** email ID, followed by checking the "I am not a robot" option, and then click **Send Forgot Password Email**.



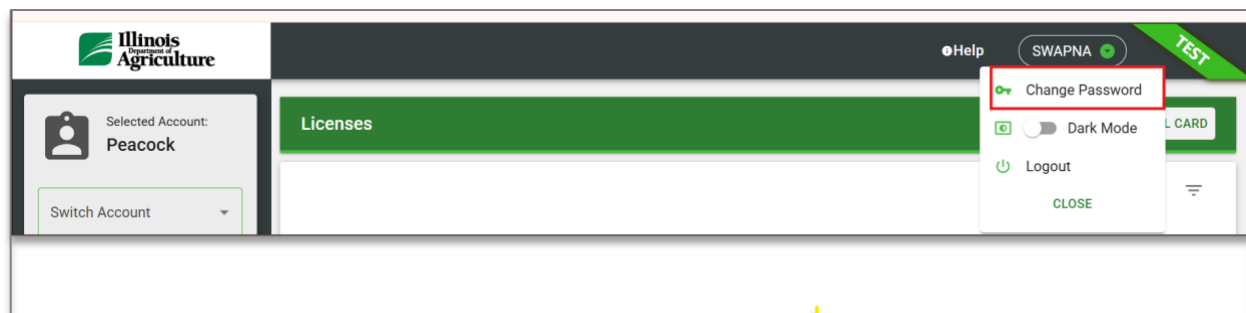
The Sign-in screen features a dark header with the text "Sign-in". Below the header, there are two input fields: "Email *" containing the text "swapna.prashanth@illinois.gov" and "Password *" with masked characters. Below the password field is a checkbox labeled "Accept Terms and Conditions." with a link to "Terms and Conditions." in blue. Further down is a reCAPTCHA section with a checkbox labeled "I'm not a robot" and a reCAPTCHA logo with links for "Privacy" and "Terms". At the bottom are two green buttons: "SIGN IN" with a right-pointing arrow icon and "FORGOT PASSWORD" with a lock icon. The "FORGOT PASSWORD" button is highlighted with a red rectangular border.



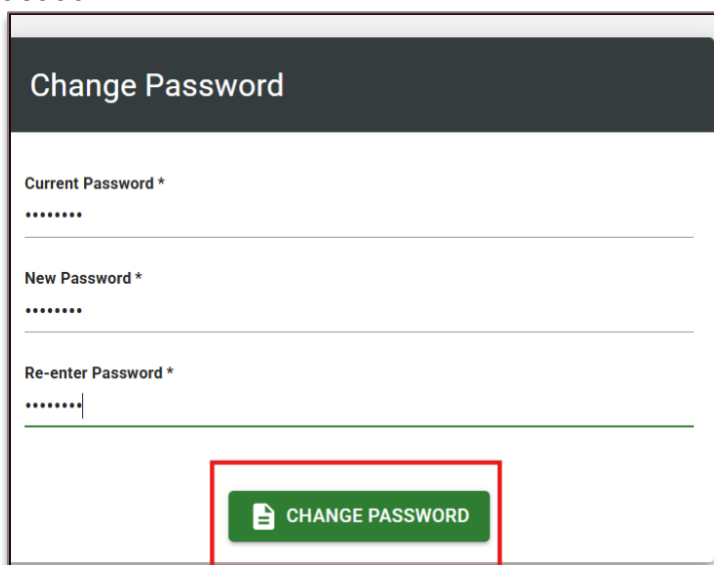
The Forgot Password screen has a dark header with the text "Forgot Password". Below the header is an "Email *" input field, which is highlighted with a red rectangular border. Below the email field is a reCAPTCHA section with a checkbox labeled "I'm not a robot" and a reCAPTCHA logo with links for "Privacy" and "Terms". At the bottom are two green buttons: "CANCEL" with a left-pointing arrow icon and "SEND FORGOT PASSWORD EMAIL" with a lock icon. The "SEND FORGOT PASSWORD EMAIL" button is highlighted with a red rectangular border.

B. Change Password

- When logged in, clicking on your name in the upper right corner of the window will reveal the **Change Password** link.

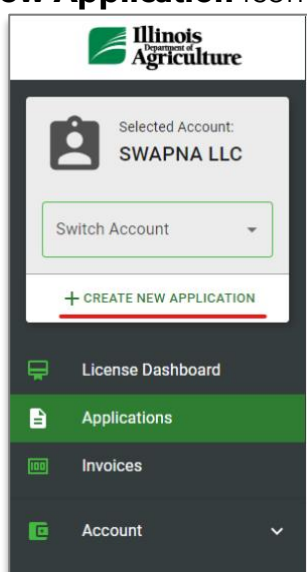


- Proceed with the change instructions on the next screen and click **Change Password** to proceed.

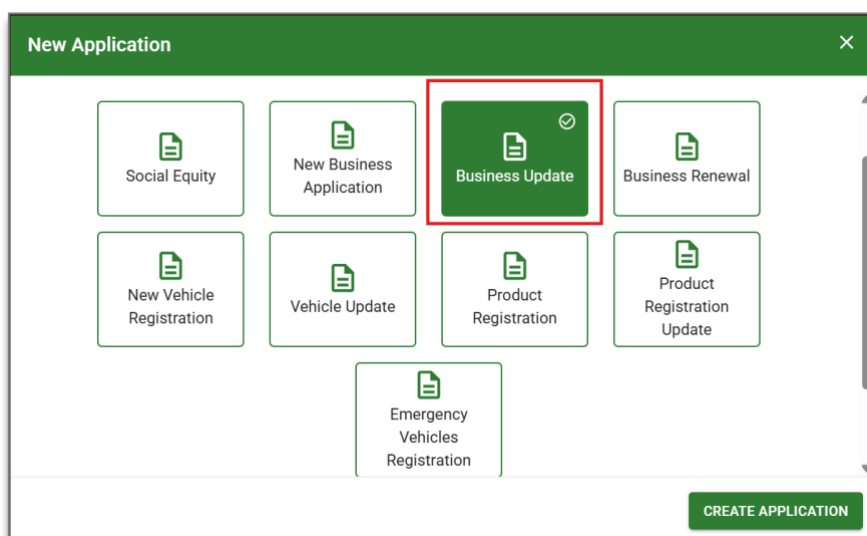


3. BUSINESS UPDATE

- The portal allows users to update their previously submitted and approved applications for Business Name Changes, Location Changes, Ownership Changes, Modification/Alteration Changes, Short Transport Changes, and Others (Contact details & Documents).
- To update a business, select the appropriate "Update" application. In this case, choose **Business Update**. The other two update options are Vehicle Update and Product Registration Update.
- Start by clicking the **+Create New Application** icon in the left-hand navigation bar.



- Select **Business Update**. Then, click **Create Application** to start the application.



- You may start a Business Update application by clicking the **Actions** icon next to your approved application in the License dashboard section.

Licenses						
PRINT DIGITAL CARD						
Status	Application ID ↑	Name	License Type	License Number	Expiry Date	Actions
✓ Approved	1008	Peacock Feathers	New Business Application	0000000025	Oct 31, 2026	⋮
❗ Expired	1012	CC Agent	New Business Application	0000000026	De	- View License - Download License Business Update - Business Renewal
❗ Expired	1016	CG	New Business Application	CG00000001	Au	
✓ Approved	1018	TeresaTesting	New Business Application	TR00000002	Ma	

- This action will open a new window, as shown below. In that window, select an active **License Number** from the drop-down menu on the **License Information Tab**.

Applications / Business Update
FIXTURES

LICENSE INFORMATION

SOCIAL EQUITY INFORMATION

GENERAL APPLICANT INFORMATION

CANNABIS BUSINESS LOCATION INFORMATION

SHORT TRANSPORT

CONTACTS

PARENT OR ENTITY OWNERSHIP/CONTROL

INDIVIDUAL OWNERSHIP / CONTROL

Please select the applicable license number from the drop down. Please note: If your license has been deactivated or is expired, it may not appear in the drop down. If the entity holds more than one license, each license must be updated separately.

This request is being completed at the direction of the owner, if individually-owned; by one of the partners, if a partnership; or by an officer, if a company or corporation.

License Number *

If you are an approved testing lab attempting to make an update, please contact the Department at AGR.CannabisMod@illinois.gov.

Note 1: Testing Lab should contact the Department at AGR.CannabisMod@illinois.gov to make a Business Update.

Note 2: If your license has been deactivated or has expired, it may not appear in the drop-down menu

Note 3: If the entity holds more than one license, each license must be updated separately.

- The first tab on your update application, the **License Information tab**, is a set of Business update options with qualifying questions.

9

OWNERSHIP (INCLUDING PRINCIPAL OFFICER) CHANGES

Do you wish to apply for a partial change of ownership? ⓘ

No

Would you only like to add or remove non-owning Principal Officers?

No

MODIFICATIONS/ALTERATION CHANGES

Do you want to submit a Modification Request? ⓘ

No

Do you want to submit an Alteration Request? ⓘ

No

OTHER (Contact Details & Documents)

Basic contact changes (mailing address, phone numbers, business emails and other Contacts tab details)

No

Would you like to upload any documents (not already covered in the previous questions)?

No

SHORT TRANSPORT

Do you want to request Short Transport for your craft grower or infuser business? ⓘ

No

Do you want to edit, remove, or add to existing Short Transport destination(s)?

No

Do you want to remove all of your Short Transport destinations & deactivate all registered Short Transport vehicles?

No

SAVE

CANCEL

- Choose the question from one of the update options depending on the type of update. A business update application can be used to update the following:
 - [Modifications/Alterations](#)
 - [Location Changes](#)
 - [Ownership \(Including Principal Officer\) Changes](#)
 - [Business License Name Changes](#)
 - [Other Changes \(Contact Details and Documents\)](#)
 - [Short Transport](#)

4. MODIFICATIONS/ALTERATIONS

- Businesses can use a business update application to submit any modification /alteration requests.
- Refer to [Section 3](#) to create a Business Update Application.
- Answer the questions in the **Modifications/Alteration Section** relevant to your Business license update request using the **yes/no** toggle. Then, click the **Save** button.

MODIFICATIONS/ALTERATION CHANGES

Do you want to submit a Modification Request? ⓘ

No

Do you want to submit an Alteration Request? ⓘ

No

Note: Select only one action for Modification/Alteration Changes. Multiple selections of questions are not allowed.

MODIFICATIONS/ALTERATION CHANGES

Do you want to submit a Modification Request? ⓘ

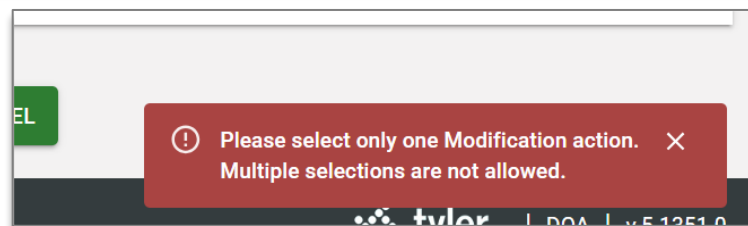
Yes

If yes, Please Describe *
test

Do you want to submit an Alteration Request? ⓘ

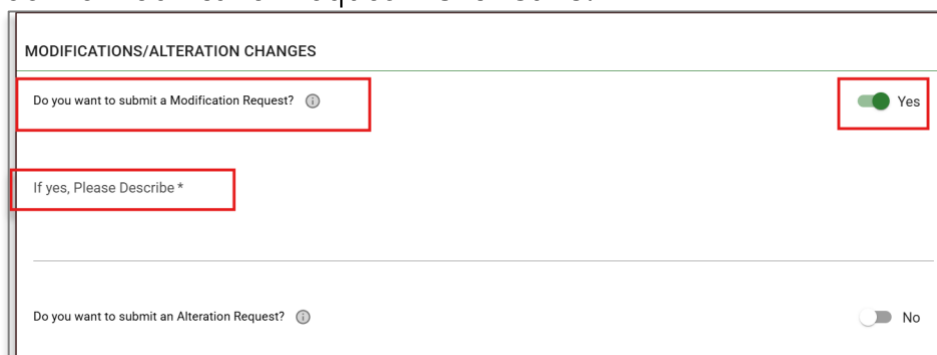
Yes

If yes, Please Describe *
test



A. Modification

- "Modification" means any change at a cannabis business establishment that modifies the physical layout, floor area, or structural configuration of the facility, including the addition, removal, or relocation of any wall, partition, or door opening; modifies the design, capacity, or performance of any building system, including mechanical, electrical, plumbing, fire protection, or life safety systems; or results in a change of occupancy or use as defined by applicable building or fire codes.
- If you need to submit a modification request for the Business, select **yes**, and describe the modification request. Click **Save**.



- Depending on your selection of a question from the **Modification/Alteration** section, the relevant tabs open to enter any required information.
- Click **Save** to save the section's data, then click **Save & Next** to advance to the next tab: **Documents**.
- Upload the documents that support the Modification request.

Note: Please review the ['ProTips'](#)  for each document section to determine whether submission of these documents is required.

Applications / **Business Update**

[PARENT OR ENTITY OWNERSHIP/CONTROL](#)
[INDIVIDUAL OWNERSHIP / CONTROL](#)
[OWNERS SOCIAL EQUITY](#)
[EMPLOYEES INFORMATION](#)
[EMPLOYEES SOCIAL EQUITY](#)
[DOCUMENTS](#)
[QUESTIONS AND ATTESTATIONS](#)
[PAYMENT](#)
[REVIEW](#)

● Business Plan ⓘ	UPLOAD	+
● Cultivation Plan ⓘ	UPLOAD	+
● Suitability of the Proposed Facility ⓘ	UPLOAD	+
● Suitability of Employee Training Plan ⓘ	UPLOAD	+
● Security Plan and Recordkeeping ⓘ	UPLOAD	+
● Environmental Plan ⓘ	UPLOAD	+
● Notice of Proper Zoning ⓘ	UPLOAD	+

● Facility Floorplan and Construction Documents ⓘ	UPLOAD	-
● Inspection Reports, Permits, and Certifications ⓘ	UPLOAD	+
● Supplemental Documents ⓘ	UPLOAD	+
● Equipment Specifications ⓘ	UPLOAD	+
● Other Documents	UPLOAD	+

- In the **Attestations** section, the applicant must review each attestation statement and affirmatively indicate agreement by responding **Yes** to each statement.

Applications / Business Update

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CONTACTS
PARENT OR ENTITY
OWNERSHIP/CONTROL
INDIVIDUAL
OWNERSHIP /
CONTROL
OWNERS
SOCIAL
EQUITY
EMPLOYEES
INFORMATION
EMPLOYEES
SOCIAL
EQUITY
DOCUMENTS
QUESTIONS
AND
ATTESTATIONS
>

I understand any further changes to the submitted plans must be pre-approved by the Department. *

☒ Yes

☐ No

I am compliant with all applicable state and local building codes, laws, regulations, and standards. *

☒ Yes

☐ No

I understand, 410 ILCS 705/45-15 Cannabis Regulation and Tax Act, State standards and requirements. Any standards, requirements, and rules regarding the health and safety, environmental protection, testing, security, food safety, and worker protections established by the State shall be the minimum standards for all licensees under this Act statewide, where applicable. *

☒ Yes

☐ No

I understand, 410 ILCS 705/45-15 Cannabis Regulation and Tax Act, that knowing violations of any State or local law, ordinance, or rule conferring worker protections or legal rights on the employees of a licensee may be grounds for disciplinary action under this Act, in addition to penalties established elsewhere. *

☒ Yes

☐ No

I affirm that I am the owner, partner or officer of the licensed entity, that I am authorized on the part of said Licensee or Permittee to file the Application for Modification or Alteration Request, that I have a full working knowledge of the matters set forth herein, and that all of the information provided in this application is true in substance and fact. *

☒ Yes

☐ No

Applicant Title in the Entity *

Applicant Signature *

 ⓘ

Signature Date *

 ⓘ

- Make sure to fill in the Applicant title, Applicant Signature, and Signature Date.

Applicant Title in the Entity *

Applicant Signature *

 ⓘ

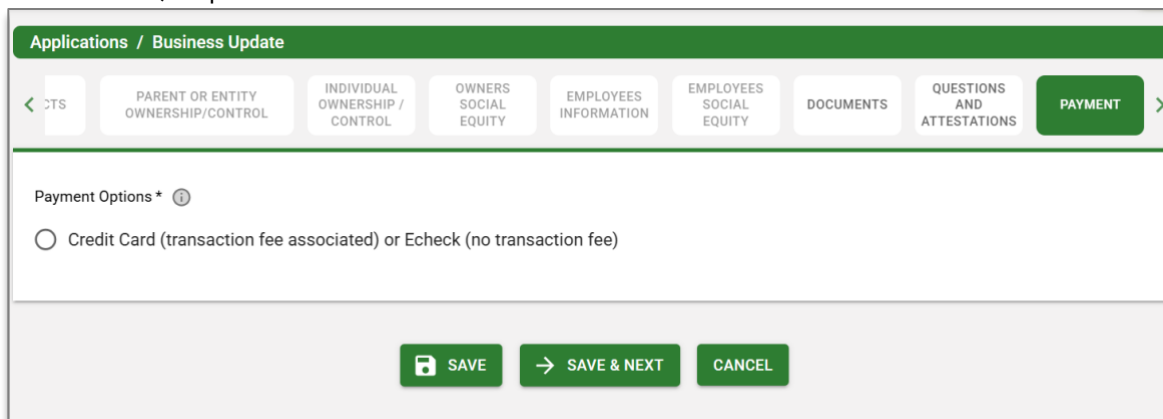
Signature Date *

 ⓘ

SAVE
→ SAVE & NEXT
CANCEL

- Click on **SAVE** to save this section's data, then click **SAVE & NEXT** to save and advance to the following tab: **Payment**

- In the payment tab, select the “credit card (transaction fee associated) or an e-check (no transaction fee)” option.



- Click on **SAVE** to save this section’s data, then click **SAVE & NEXT** to save and advance to the following tab: **Review**
- In the Review section, verify if all the required fields are completed for each section. Review the application fields for accuracy and completeness.
- If you encounter any **red “X” marks**, return to the relevant tab (by clicking on the tab up top or clicking on the Section Header) to address the incomplete item.

MODIFICATIONS/ALTERATION CHANGES

✓ Do you want to submit a Modification Request?: Yes

✗ If yes, Please Describe:

✓ Do you want to submit an Alteration Request?: No

✓

I understand, 410 ILCS 705/45-15 Cannabis Regulation and Tax Act, that knowing violations of any State or local law, ordinance, or rule conferring worker protections or legal rights on the employees of a licensee may be grounds for disciplinary action under this Act, in addition to penalties established elsewhere.:

YES

✓

I affirm that I am the owner, partner or officer of the licensed entity, that I am authorized on the part of said Licensee or Permittee to file the Application for Modification or Alteration Request, that I have a full working knowledge of the matters set forth herein, and that all of the information provided in this application is true in substance and fact.:

YES

✗

Applicant Title in the Entity:

✗

Applicant Signature:

✓

Signature Date: 12/22/2025

Payment

✓

Payment Options: Credit Card (transaction fee associated) or Echeck (no transaction fee)

CANCEL

PAY & SUBMIT

I. Completing the Application

- Review your data carefully before submitting.
- Be sure to select **Save** before exiting to save your progress.
- If you need more time to complete the required sections or to collect data or documents, save the application and return to it at your convenience. The application will appear in the Applications section of your portal menu.

Note: Once your application is submitted, it cannot be modified (unless the IDOA reviewer returns for action). Make sure your application is complete and accurate before submitting.

II. Submitting the Application

- After carefully reviewing all information and documents, click **PAY & SUBMIT**.
- Once the payment is made using a credit card or an e-check, and the transaction is approved, the application is submitted to the IDOA for review.

Payment

✓

Payment Options: Credit Card (transaction fee associated) or Echeck (no transaction fee)

CANCEL

PAY & SUBMIT

Applications / Business Update

Your application has been submitted to the Illinois Department of Agriculture.
 Your application reference code is **15780**. Please retain this for your records.
 Application Submission Date : **12/22/2025 2:05 PM**
 Your transaction ID is: **20013656**
 Transaction Token: **1766433843593**

i If you do not receive email notifications, please check your spam folder.

- Monitor your inbox for status updates (such as Submitted, Approved, Returned for Action, Resubmitted, Denied, or Forfeited) while your application is under review.
- If IDOA identifies any potential issues with your application, it may be returned for action. You will receive an email notification when this occurs. Returned for Action applications must be corrected and resubmitted through NLS for further review.

B. Alteration

- "Alteration" means any change at a cannabis business establishment that does not alter the physical structure of the building or any building system, but that alters, adds, or removes security measures or operational controls used to protect against diversion or theft of cannabis or cannabis operations; alters, adds, or removes workflows or production equipment used for the handling, production, tracking, or storage of cannabis and cannabis products; or changes the functional use of a room or space used for such activities, including changes that alter or deviate from the approved Security Plan or Operational Management and Practices Plan.
- If you need to submit an alteration request for the Business, select **Yes** and describe the alteration request. Click **Save**.

MODIFICATIONS/ALTERATION CHANGES

Do you want to submit a Modification Request? **i** ☐ No

Do you want to submit an Alteration Request? **i** ☒ Yes

If yes, Please Describe *

- Depending on your selection of a question from the **Modification/Alteration** section, the relevant tabs open for entering any required information.
- Click **Save** to save the section's data and click **Save & Next** to move to the next tab: **Documents**.

- Upload the documents that support the Alteration request.

Note: Please review the ['ProTips'](#) ⓘ for each document section to determine whether submission of these documents is required.

Applications / Business Update

PARENT OR ENTITY OWNERSHIP/CONTROL
INDIVIDUAL OWNERSHIP / CONTROL
OWNERS SOCIAL EQUITY
EMPLOYEES INFORMATION
EMPLOYEES SOCIAL EQUITY
DOCUMENTS
QUESTIONS AND ATTESTATIONS
PAYMENT
REVIEW

●	🔗 Business Plan ⓘ	📁 UPLOAD	+
●	🔗 Cultivation Plan ⓘ	📁 UPLOAD	+
●	🔗 Suitability of the Proposed Facility ⓘ	📁 UPLOAD	+
●	🔗 Suitability of Employee Training Plan ⓘ	📁 UPLOAD	+
●	🔗 Security Plan and Recordkeeping ⓘ	📁 UPLOAD	+
●	🔗 Environmental Plan ⓘ	📁 UPLOAD	+
●	🔗 Notice of Proper Zoning ⓘ	📁 UPLOAD	+

●	🔗 Facility Floorplan and Construction Documents ⓘ	📁 UPLOAD	—
●	🔗 Inspection Reports, Permits, and Certifications ⓘ	📁 UPLOAD	+
●	🔗 Supplemental Documents ⓘ	📁 UPLOAD	+
●	🔗 Equipment Specifications ⓘ	📁 UPLOAD	+
●	🔗 Other Documents	📁 UPLOAD	+

- In the **Attestations** section, the applicant must review each attestation statement and affirmatively indicate agreement by responding **Yes** to each statement.

Applications / Business Update

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CONTACTS
PARENT OR ENTITY
OWNERSHIP/CONTROL
INDIVIDUAL
OWNERSHIP /
CONTROL
OWNERS
SOCIAL
EQUITY
EMPLOYEES
INFORMATION
EMPLOYEES
SOCIAL
EQUITY
DOCUMENTS
QUESTIONS
AND
ATTESTATIONS
>

I understand any further changes to the submitted plans must be pre-approved by the Department. *

☒ Yes

☐ No

I am compliant with all applicable state and local building codes, laws, regulations, and standards. *

☒ Yes

☐ No

I understand, 410 ILCS 705/45-15 Cannabis Regulation and Tax Act, State standards and requirements. Any standards, requirements, and rules regarding the health and safety, environmental protection, testing, security, food safety, and worker protections established by the State shall be the minimum standards for all licensees under this Act statewide, where applicable. *

☒ Yes

☐ No

I understand, 410 ILCS 705/45-15 Cannabis Regulation and Tax Act, that knowing violations of any State or local law, ordinance, or rule conferring worker protections or legal rights on the employees of a licensee may be grounds for disciplinary action under this Act, in addition to penalties established elsewhere. *

☒ Yes

☐ No

I affirm that I am the owner, partner or officer of the licensed entity, that I am authorized on the part of said Licensee or Permittee to file the Application for Modification or Alteration Request, that I have a full working knowledge of the matters set forth herein, and that all of the information provided in this application is true in substance and fact. *

☒ Yes

☐ No

Applicant Title in the Entity *

Applicant Signature *

 ⓘ

Signature Date *

 ⓘ

- Make sure to fill in the Applicant title, Applicant Signature, and Signature Date.

Applicant Title in the Entity *

Applicant Signature *

 ⓘ

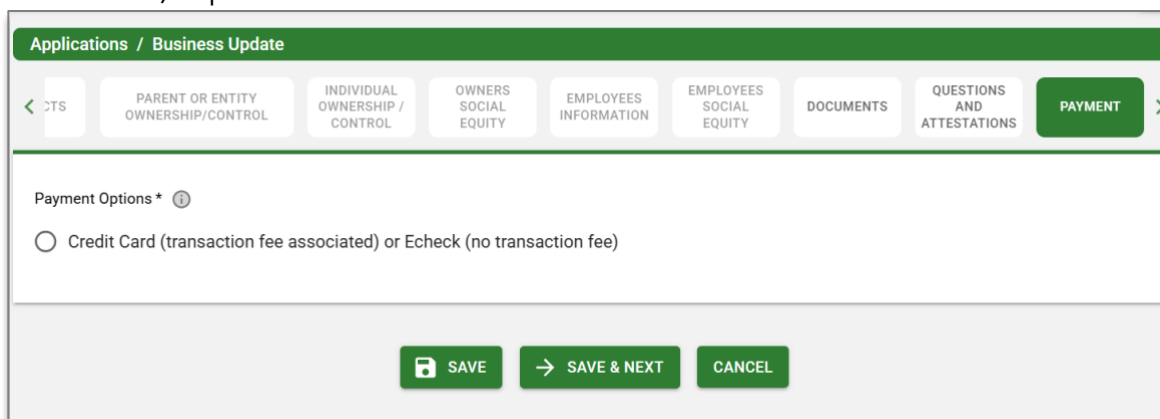
Signature Date *

 ⓘ

💾 SAVE
➔ SAVE & NEXT
CANCEL

- Click on **SAVE** to save this section's data, then click **SAVE & NEXT** to save and advance to the following tab: **Payment**.

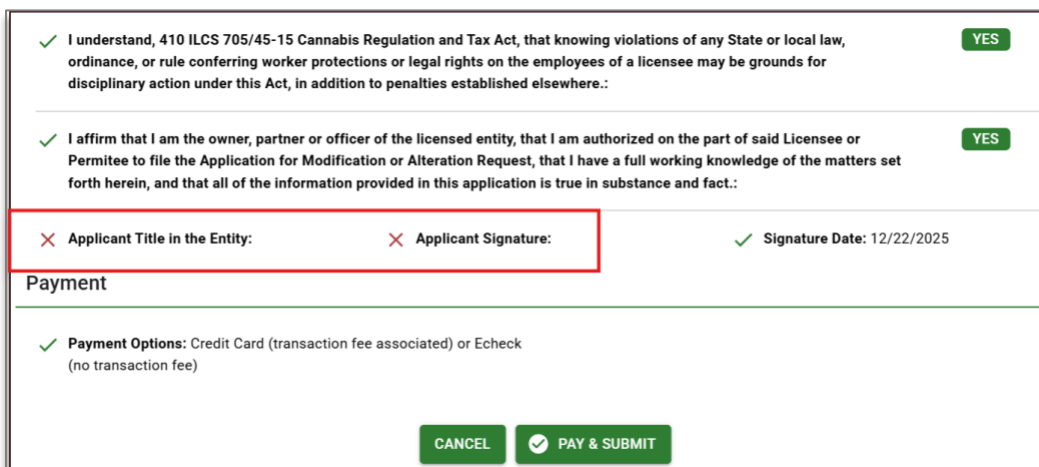
- In the payment tab, select the "Credit Card (transaction fee associated) or an E-check (no transaction fee)" option.



- Click on **SAVE** to save this section's data, then click **SAVE & NEXT** to save and advance to the following tab: **Review**
- In the Review section, verify that all required fields are completed for each section. Please review the application fields for accuracy and completeness.
- If you encounter any **red "X" marks**, return to the relevant tab (by clicking the tab at the top or the Section Header) to address the incomplete item.

MODIFICATIONS/ALTERATION CHANGES

- ✓ Do you want to submit a Modification Request?: No
- ✓ Do you want to submit an Alteration Request?: Yes
- ✗ If yes, Please Describe:



I. Completing the Application

- Review your data carefully before submitting.
- Be sure to select **Save** before exiting to save your progress.
- If you need more time to complete the required sections or to collect data or documents, save the application and revisit it at your convenience. The application will be listed in the Applications section of your portal menu.

Note: Once your application is submitted, it cannot be modified (unless the IDOA reviewer returns for action). Make sure your application is complete and accurate before submitting.

II. Submitting the Application

- After carefully reviewing all information and documents, click **PAY & SUBMIT**.
- Once the payment is made using a credit card or an e-check, and the transaction is approved, the application is submitted to the IDOA for review.

Payment

✓ **Payment Options:** Credit Card (transaction fee associated) or Echeck (no transaction fee)

CANCEL

PAY & SUBMIT

Applications / Business Update

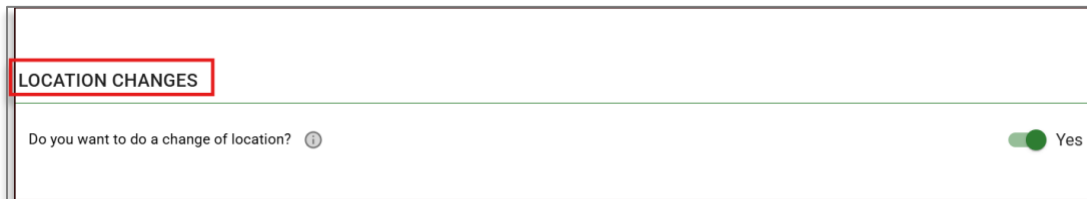
Your application has been submitted to the Illinois Department of Agriculture.
Your application reference code is **15780**. Please retain this for your records.
Application Submission Date : **12/22/2025 2:05 PM**
Your transaction ID is: **20013656**
Transaction Token: **1766433843593**

i If you do not receive email notifications, please check your spam folder.

- Monitor your inbox for status updates (such as Submitted, Approved, Returned for Action, Resubmitted, Denied, or Forfeited) while your application is under review.
- If IDOA identifies any potential issues with your application, it may be returned for action. You will receive an email notification when this occurs. Returned for Action applications must be corrected and resubmitted through NLS for further review.

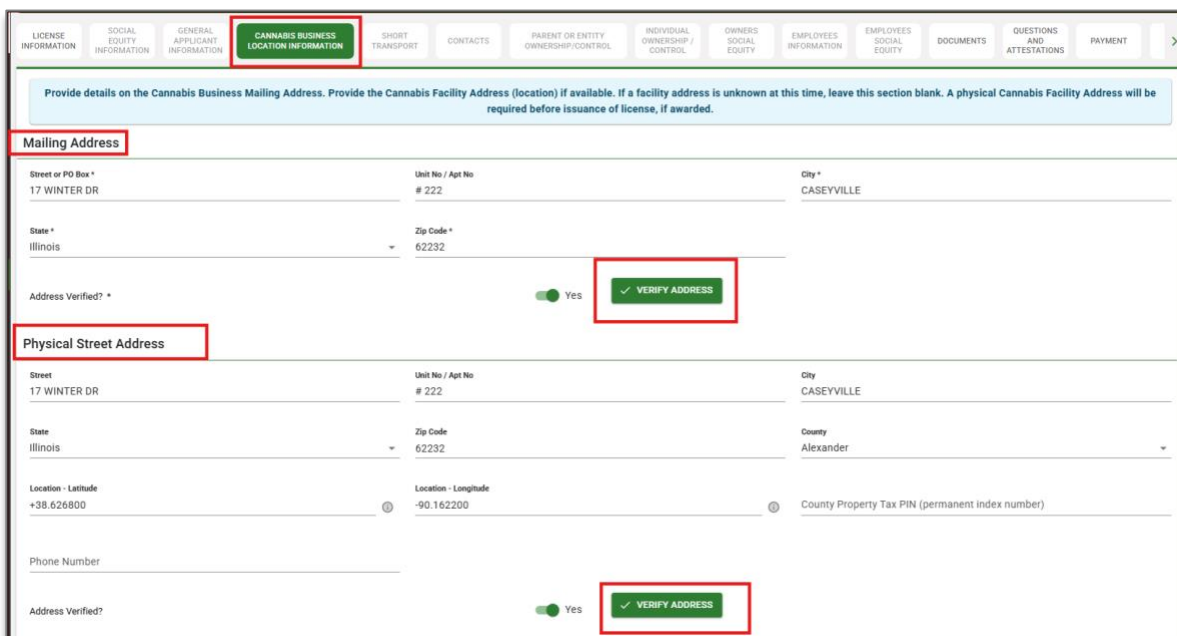
5. LOCATION CHANGES

- Businesses can use a Business update application for any location change requests to their previously approved applications.
- Refer to [Section 3](#) to create a Business Update Application.
- Answer the question in the **Location Changes Section** using the **yes/no** toggle. Then, click **Save** to save that section's data, and then the **Save & Next** button to move to the next tab: **Cannabis Business Location Information**.



- Update the address section in the **Cannabis Business Location Information** tab based on the location changes.

Note: Make sure to verify your mailing and physical address using the **Verify Address** button



- Answer the Property Ownership section based on your Location change request.

Property Ownership

Please identify proposed location ownership

Does this change of location request involve the use of pre-existing construction? (New Zoning Approval Required) *

☐ Yes

☐ No

Does your facility include an attached drive-in interior enclosed loading bay with roof, walls, and roll-up door(s)? * ⓘ

☐ Yes

☐ No

SAVE **→ SAVE & NEXT** **CANCEL**

- Upload the documents that support the Location change.

Note: Please review the ['ProTips'](#) ⓘ for each document section to determine whether submission of these documents is required.

- Click **Save** to save this section's data and then **Save & Next** to advance to the following tab: **Attestations**.

Applications / Business Update

SOCIAL EQUITY INFORMATION GENERAL APPLICANT INFORMATION CANNABIS BUSINESS LOCATION INFORMATION SHORT TRANSPORT CONTACTS PARENT OR ENTITY OWNERSHIP/CONTROL INDIVIDUAL OWNERSHIP / CONTROL OWNERS SOCIAL EQUITY EMPLOYEES INFORMATION EMPLOYEES SOCIAL EQUITY **DOCUMENTS** QUESTIONS AND ATTESTATIONS PAYMENT REVIEW

Property Ownership * ⓘ	UPLOAD	+
Financial and/or Community Outreach Commitments * ⓘ	UPLOAD	+
Interior of the Building * ⓘ	UPLOAD	+
Exterior of the Building * ⓘ	UPLOAD	+
Interior Loading Bay Area * ⓘ	UPLOAD	+
Aerial Map * ⓘ	UPLOAD	+
Notice of Proper Zoning - Change of Location * ⓘ	UPLOAD	+
Other Documents	UPLOAD	+

SAVE **→ SAVE & NEXT** **CANCEL**

- In the Attestations section, the applicant must review each attestation statement and affirmatively indicate agreement by responding "Yes" to each statement.

Applications / Business Update FIXTURES

[SOCIAL EQUITY INFORMATION](#)
[GENERAL APPLICANT INFORMATION](#)
[CANNABIS BUSINESS LOCATION INFORMATION](#)
[SHORT TRANSPORT](#)
[CONTACTS](#)
[PARENT OR ENTITY OWNERSHIP/CONTROL](#)
[INDIVIDUAL OWNERSHIP / CONTROL](#)
[OWNERS SOCIAL EQUITY](#)
[EMPLOYEES INFORMATION](#)
[EMPLOYEES SOCIAL EQUITY](#)
[DOCUMENTS](#)
[QUESTIONS AND ATTESTATIONS](#)
[PAYMENT](#)
[REVIEW](#)

Within 45 days of receiving notification that the Department has approved the change of location request, I understand that our organization must submit blueprints and a site map for the approved craft grower facility. (See Craft Grower, 8 IAC 1300.300(c)(29)). If we are unable to comply with the 45-day deadline, I acknowledge that we must submit a written request for an extension which states why, and how much time will be needed to comply with the document requirement. Department approval of extensions is discretionary. *

☒ Yes
☐ No

I acknowledge that our organization is responsible for determining local zoning requirements and complying with all applicable zoning laws and ordinances. Furthermore, although the Cannabis Regulation and Tax Act does not specifically mandate setback restrictions for schools, churches, daycare centers, residential zones, or other businesses, I acknowledge that we should be aware of the potential risks associated with establishing a cannabis business in areas not zoned for industrial or agricultural purposes. Disruptions in facility operations resulting from legal challenges, injunctions, and stay orders could jeopardize a licensee's ability to retain its license. *

☒ Yes
☐ No

I understand that our organization must not proceed with construction until an Illinois Department of Agriculture, Division of Cannabis Regulation construction permit has been issued. *

☒ Yes
☐ No

I understand that, as a business, I must operate in accordance with all plans submitted as part of its application, approved by the department, or any amendments thereto that have been approved by the Department. *

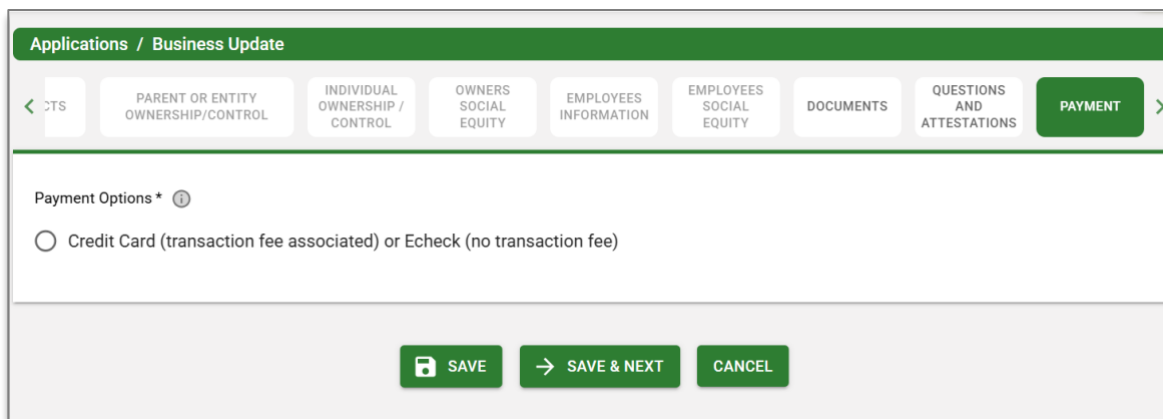
☒ Yes
☐ No

Applicant Title in the Entity * Applicant Signature * Signature Date *

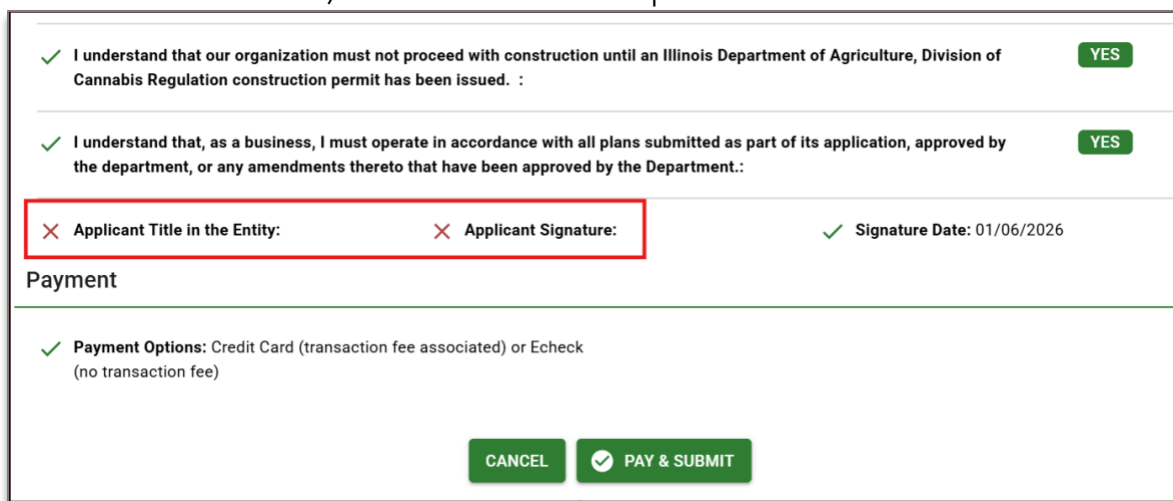
- Make sure to fill in the Applicant title, Applicant Signature, and Signature Date.

Applicant Title in the Entity * Applicant Signature * Signature Date *

- Click on **SAVE** to save this section's data, then click **SAVE & NEXT** to save and advance to the following tab: **Payment**.
- In the payment tab, select the "Credit Card (transaction fee associated) or an E-check (no transaction fee)" option.



- Click on **SAVE** to save this section's data, then click **SAVE & NEXT** to save and advance to the following tab: **Review**.
- In the Review section, verify if all the required fields are completed for each section. Review the application fields for accuracy and completeness.
- If you encounter any **red "X" marks**, return to the relevant tab (by clicking the tab at the top or the Section Header) to address the incomplete item.



I. Completing the Application

- Review your data carefully before submitting.
- Be sure to select **Save** before exiting to save your progress.
- If you need more time to complete the required sections or to collect data or documents, save the application and revisit it at your convenience. The application will be listed in the Applications section of your portal menu.

Note: Once your application is submitted, it cannot be modified (unless the IDOA reviewer returns for action). Make sure your application is complete and accurate before submitting.

II. Submitting the Application

- After carefully reviewing all information and documents, click **PAY & SUBMIT**.

- Once the payment is made using a credit card or an e-check, and the transaction is approved, the application is submitted to the IDOA for review.

Payment

✓ **Payment Options:** Credit Card (transaction fee associated) or Echeck (no transaction fee)

Applications / Business Update

Your application has been submitted to the Illinois Department of Agriculture.
Your application reference code is **15780**. Please retain this for your records.
Application Submission Date : **12/22/2025 2:05 PM**
Your transaction ID is: **20013656**
Transaction Token: **1766433843593**

i If you do not receive email notifications, please check your spam folder.

- Monitor your inbox for status updates (such as Submitted, Approved, Returned for Action, Resubmitted, Denied, or Forfeited) while your application is under review.
- If IDOA identifies any potential issues with your application, it may be returned for action. You will receive an email notification when this occurs. Returned for Action applications must be corrected and resubmitted through NLS for further review.

6. OWNERSHIP CHANGES

- A licensee can apply for a partial Change of Ownership or to add and remove non-owning Principal Officers using one of the two question options in the Ownership changes section of the Business update application.
- Refer to [Section 3](#) to create a Business Update Application.
- First, select whether to apply for a Change of Ownership or a Change of Non-Owning Principal Officers. Use the **Yes/No** toggle to make your selection. Then click **Save**.

Note: Select only one option per application. Multiple selections of questions are not allowed.

OWNERSHIP (INCLUDING PRINCIPAL OFFICER) CHANGES

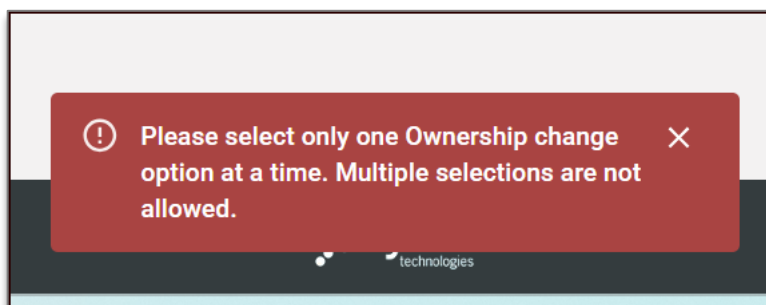
Do you wish to apply for a partial change of ownership? ⓘ ☐ No

Would you only like to add or remove non-owning Principal Officers? ☐ No

OWNERSHIP (INCLUDING PRINCIPAL OFFICER) CHANGES

Do you wish to apply for a partial change of ownership? ⓘ ☒ Yes

Would you only like to add or remove non-owning Principal Officers? ☒ Yes

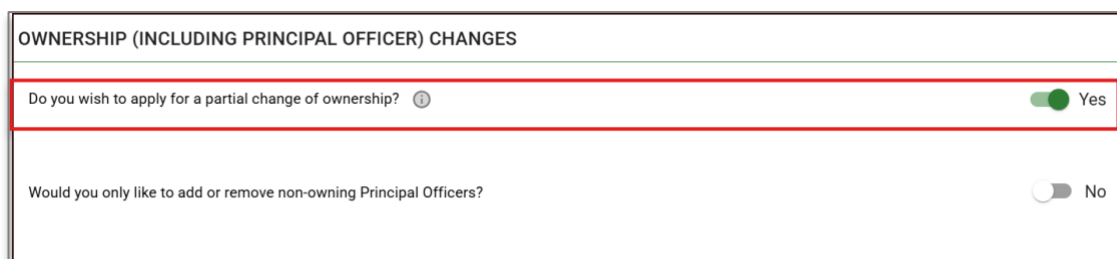


- Depending on your selection of questions from the **Ownership changes** section, the relevant tabs open to enter any required information.

Note: Once you save your selections, you may not change them. If you need to start the application over, delete this application from your dashboard and start again.

A. Partial Change of Ownership

- If the Business update is for a partial change of ownership, then the Licensee should select **Yes** for **Do you wish to apply for a partial change of ownership?**
- After selecting Yes, click the **Save** button and then click **Save & Next** to advance to the next tab: **Social Equity Information**.

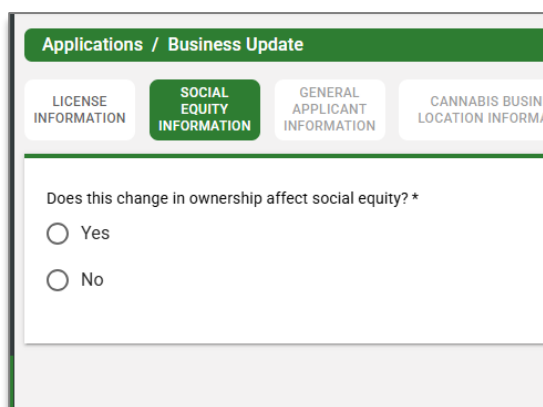


OWNERSHIP (INCLUDING PRINCIPAL OFFICER) CHANGES

Do you wish to apply for a partial change of ownership? Yes

Would you only like to add or remove non-owning Principal Officers? No

- The system displays the **Social Equity Information** tab with a required response to the social equity question.



Applications / Business Update

LICENSE INFORMATION SOCIAL EQUITY INFORMATION GENERAL APPLICANT INFORMATION CANNABIS BUSINESS LOCATION INFORMATION

Does this change in ownership affect social equity? *

☐ Yes

☐ No

I. If a change of ownership affects Social Equity

- If the response to **Does this change in ownership affect social equity?** is **Yes**, Then the system displays additional required social equity information response fields.

LICENSE INFORMATION	SOCIAL EQUITY INFORMATION	GENERAL APPLICANT INFORMATION	CANNABIS BUSINESS LOCATION INFORMATION	SHORT TRANSPORT	CONTACTS	PARENT OR ENTITY OWNERSHIP/CONTROL	INDIVIDUAL OWNERSHIP / CONTROL	OWNERS SOCIAL EQUITY	EMPLOYEES INFORMATION	EMPLOYEES SOCIAL EQUITY
Does this change in ownership affect social equity? * ☒ Yes ☐ No If your Social Equity status will be lost with this proposed ownership change, do not proceed with this application. Please contact the Division of Cannabis Regulation at AGR.CannabisCOO@illinois.gov for direction. Did the Licensee receive its initial license within the last 5 years as a Social Equity Applicant? * ☐ Yes ☐ No Did the Licensee receive loans, grants or financial assistance from the Department of Commerce and Economic Opportunity? * ☐ Yes ☐ No Please describe the types of loans, grants or financial assistance received as a result of Licensee's Social Equity Status *										
Did you complete a new Social Equity Application as part of this ownership update? * ☐ Yes ☐ No Did the Licensee receive a Social Equity Fee Waiver on the application for permit? * ☐ Yes ☐ No Did the Licensee receive a Social Equity waiver on the license award fee? * ☐ Yes ☐ No										
SAVE → SAVE & NEXT CANCEL										

Note: If Social Equity status is lost with this proposed ownership change and no new Social Equity application will be submitted, do not proceed with this application. Select the **Cancel** option and contact the Division of Cannabis Regulation at AGR.CannabisCOO@illinois.gov for direction.

Does this change in ownership affect social equity? *

☒ Yes

☐ No

If your Social Equity status will be lost with this proposed ownership change, do not proceed with this application. Please contact the Division of Cannabis Regulation at AGR.CannabisCOO@illinois.gov for direction.

Note: If Social Equity status is changing but will be maintained under different criteria, proceed once your new Social Equity application is approved by IDOA.

- Answer all the required fields in this tab. Click **Save** to save the section's data and then **Save & Next** to advance to the following tab, **Parent or Entity Ownership/Control**.

Applications / Business Update

LICENSE INFORMATION SOCIAL EQUITY INFORMATION GENERAL APPLICANT INFORMATION CANNABIS BUSINESS LOCATION INFORMATION SHORT TRANSPORT CONTACTS PARENT OR ENTITY OWNERSHIP/CONTROL INDIVIDUAL OWNERSHIP/CONTROL OWNERS SOCIAL EQUITY EMPLOYEES INFORMATION EMPLOYEES SOCIAL EQUITY DOCUMENTS OUR ATTENTION

Does this change in ownership affect social equity? *

☒ Yes

☐ No

If your Social Equity status will be lost with this proposed ownership change, do not proceed with this application. Please contact the Division of Cannabis Regulation at AGR.CannabisCOO@illinois.gov for direction.

Did you complete a new Social Equity Application as part of this ownership update? *

☒ Yes

☐ No

Social Equity License Number *

License Validated *

☐ No

This is required.

Did the Licensee receive its initial license within the last 5 years as a Social Equity Applicant? *

☒ Yes

☐ No

Did the Licensee receive a Social Equity Fee Waiver on the application for permit? *

☐ Yes

☒ No

Did the Licensee receive a Social Equity waiver on the license award fee? *

☐ Yes

☒ No

Did the Licensee receive loans, grants or financial assistance from the Department of Commerce and Economic Opportunity? *

☐ Yes

☒ No

Please describe the types of loans, grants or financial assistance received as a result of Licensee's Social Equity Status *

II. If a change of ownership does not affect Social Equity

- If the response to **Does this change in ownership affect social equity?** is **No**, then click **Save** to save the section's data, then click **Save & Next** to advance to the next tab: **Parent or Entity Ownership/Control**.

Applications / Business Update

LICENSE INFORMATION SOCIAL EQUITY INFORMATION GENERAL APPLICANT INFORMATION CANNABIS BUSINESS LOCATION INFORMATION SHORT TRANSPORT CONTACTS PARENT OR ENTITY OWNERSHIP/CONTROL INDIVIDUAL OWNERSHIP/CONTROL OWNERS SOCIAL EQUITY EMPLOYEES INFORMATION EMPLOYEES SOCIAL EQUITY DOCUMENTS OUR ATTENTION

Does this change in ownership affect social equity? *

☐ Yes

☒ No

III. Parent or Entity Ownership/Control

- If the response is **Yes** for **Does your business have a parent company or any entity in the ownership structure?** Proceed to enter all the other required fields in this tab.

Applications / Business Update

LICENSE INFORMATION SOCIAL EQUITY INFORMATION GENERAL APPLICANT INFORMATION CANNABIS BUSINESS LOCATION INFORMATION SHORT TRANSPORT CONTACTS **PARENT OR ENTITY OWNERSHIP/CONTROL** INDIVIDUAL OWNERSHIP / CONTROL OWNERS SOCIAL EQUITY EMPLOYEES INFORMATION EMPLOYEES SOCIAL EQUITY DOCUMENTS OUR ATTE >

The Entity/Parent Tab allows for multiple entities to be entered. Each entity that, through direct or indirect means, manages, owns, or controls the licensee must be entered. A parent company is defined as owning a controlling interest in its subsidiary (greater than 50% ownership). Each Entity will be entered into a separate grid, which requires a SAVE RECORD before continuing with the next entry. The SAVE RECORD button will add the entry. The SAVE button at the bottom of this page will save your progress on the page in case you need to exit the system and come back later to complete the application. If you need to edit or remove an entry, make sure all open records have been saved first.

Does your business have a parent company or any entity in the ownership structure?

☒ Yes

☐ No

+ ADD PARENT OR ENTITY DATA GRID

SAVE → SAVE & NEXT CANCEL

- Click **+Add Parent or Entity Data grid** to add a new parent or entity. The user may remove, edit, or add a New Record.
- After changes are made, the user selects the **Save & Next** option, and the system moves the user to the next tab, the **Individual Ownership/Control tab**.

Applications / Business Update

LICENSE INFORMATION SOCIAL EQUITY INFORMATION GENERAL APPLICANT INFORMATION CANNABIS BUSINESS LOCATION INFORMATION SHORT TRANSPORT CONTACTS **PARENT OR ENTITY OWNERSHIP/CONTROL** INDIVIDUAL OWNERSHIP / CONTROL OWNERS SOCIAL EQUITY EMPLOYEES INFORMATION EMPLOYEES SOCIAL EQUITY >

The Entity/Parent Tab allows for multiple entities to be entered. Each entity that, through direct or indirect means, manages, owns, or controls the licensee must be entered. A parent company is defined as owning a controlling interest in its subsidiary (greater than 50% ownership). Each Entity will be entered into a separate grid, which requires a SAVE RECORD before continuing with the next entry. The SAVE RECORD button will add the entry. The SAVE button at the bottom of this page will save your progress on the page in case you need to exit the system and come back later to complete the application. If you need to edit or remove an entry, make sure all open records have been saved first.

Does your business have a parent company or any entity in the ownership structure?

☒ Yes

☐ No

Entity Details

Legal Entity Name: Central Shipment	Business Name or DBA's (if applicable):	Relationship/Title: Other
Tax Identification Number Type: FEIN	Email Address: smith@live.com	Phone Number: 6546546465
FEIN/SSN: 654654654		
Ownership Percentage of this Business Application: 100		
Is this Entity a Trust or Estate?: No		

Entity Mailing Address

Street or PO Box: 100 maine Unit No. / Apt No.: City: quincy
 State: Illinois Zip Code: 62301
 Address Verified?: Yes

Entity Physical Address ⓘ

Street: 100 maine Unit No. / Apt No.: City: quincy
 State: Illinois Zip Code: 62301
 Address Verified?: Yes

Does the owner or control person have:

Prior or current bankruptcy filing(s)?: No
 Prior or current state or federal tax liens against property?: No
 Prior discipline or sanction by a State or federal agency?: No
 Failure to file a tax return in any jurisdiction?: No
 Prior or current cannabis license/authorization suspended, revoked, or otherwise sanctioned?: No
 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?: No

✕ REMOVE RECORD ✎ EDIT RECORD + ADD NEW RECORD

SAVE → SAVE & NEXT CANCEL

- If the response is **No** for **Does your business have a parent company or any entity in the ownership structure?** Then click **Save**, then **Save & Next** to move to the next tab, the **Individual Ownership/Control** tab.

Applications / Business Update

LICENSE INFORMATION SOCIAL EQUITY INFORMATION GENERAL APPLICANT INFORMATION CANNABIS BUSINESS LOCATION INFORMATION SHORT TRANSPORT CONTACTS PARENT OR ENTITY OWNERSHIP/CONTROL INDIVIDUAL OWNERSHIP / CONTROL OWNERS SOCIAL EQUITY EMPLOYEES INFORMATION EMPLOYEES SOCIAL EQUITY DOCUMENTS QUI ATTE >

The Entity/Parent Tab allows for multiple entities to be entered. Each entity that, through direct or indirect means, manages, owns, or controls the licensee must be entered. A parent company is defined as owning a controlling interest in its subsidiary (greater than 50% ownership). Each Entity will be entered into a separate grid, which requires a SAVE RECORD before continuing with the next entry. The SAVE RECORD button will add the entry. The SAVE button at the bottom of this page will save your progress on the page in case you need to exit the system and come back later to complete the application. If you need to edit or remove an entry, make sure all open records have been saved first.

Does your business have a parent company or any entity in the ownership structure?

☐ Yes

☒ No

SAVE → SAVE & NEXT CANCEL

IV. Individual Ownership/Control

- The Individual Ownership/Control tab is pre-populated with the entries made to the original New business application.
- From the Individual Ownership/Control tab, the user may remove, edit, or add a new record. After changes are made, the user selects the **Save & Next** option, and the system navigates to the next tab, **Documents**.

Select the Type of Individual (Reference instructions above): Principal Officer

Is this individual a part of a parent/entity company?: No

Principal Officer

Legal First Name: SID	Legal Middle Name:	Legal Last Name: SRIRAM
Date of Birth: 01/01/2000	Social Security Number (required by the Act): XXX-XX-XXXX	Relationship/Title: Direct Owner (must have a % of ownership)
Disability: Yes	Gender Identity: Male	Race Ethnicity: Asian
Phone Number: 6306400943	Email: theodia@gmail.com	Annual Income (if applying for Fee Waiver):
Ownership Percentage: 80		
Background Check Date: 01/01/2026	Background Check Transaction Control Number (TCN): LS827598326098	

Applications / Business Update
FIXTURES

LICENSE INFORMATION

SOCIAL EQUITY INFORMATION

GENERAL APPLICANT INFORMATION

CANNABIS BUSINESS LOCATION INFORMATION

SHORT TRANSPORT

CONTACTS

PARENT OR ENTITY OWNERSHIP/CONTROL

INDIVIDUAL OWNERSHIP / CONTROL

OWNERS SOCIAL EQUITY

EMPLOYEES INFORMATION

EMPLOYEES SOCIAL EQUITY

DOCUMENTS

QUI ATTE

All principal officers MUST be entered. "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.

Select the Type of Individual (Reference instructions above): Principal Officer

Is this individual a part of a parent/entity company?: Yes

Entity: STRANGER THINGS

STRANGER THINGS's Ownership Percentage: 20

Principal Officer

Legal First Name: ALEX	Legal Middle Name:	Legal Last Name: SMITH
Date of Birth: 01/01/2000	Social Security Number (required by the Act): XXX-XX-XXXX	Relationship/Title: Board Member
Disability: No	Gender Identity: Other	Race Ethnicity: Hispanic/Latina/Latino/Latinx
Phone Number: 7684769874	Email: steere113@gmail.com	Annual Income (if applying for Fee Waiver):
Background Check Date: 01/01/2026	Background Check Transaction Control Number (TCN): LS827598326098	

Owner/Control Residential Address

Street: 2902 SANDY LN	Unit No. / Apt No.:	City: SPRINGFIELD
State: Illinois	Zip Code: 62711	
Address Verified?: Yes		

Owner/Control Residential Address

Street:	Unit No. / Apt No.:	City:
State:	Zip Code:	
Address Verified?: No		

Does the owner or control person have:

Prior or current bankruptcy filing(s)?:

Prior or current default on alimony?:

Prior or current default on child support? :

Prior or current state or federal tax liens against property? :

Prior discipline or sanction by a State or federal agency?:

Failure to file a tax return in any jurisdiction?:

Prior or current license/authorization to cultivate, produce, or distribute cannabis in any state or jurisdiction? :

Prior or current cannabis license/authorization suspended, revoked, or otherwise sanctioned? :

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?:

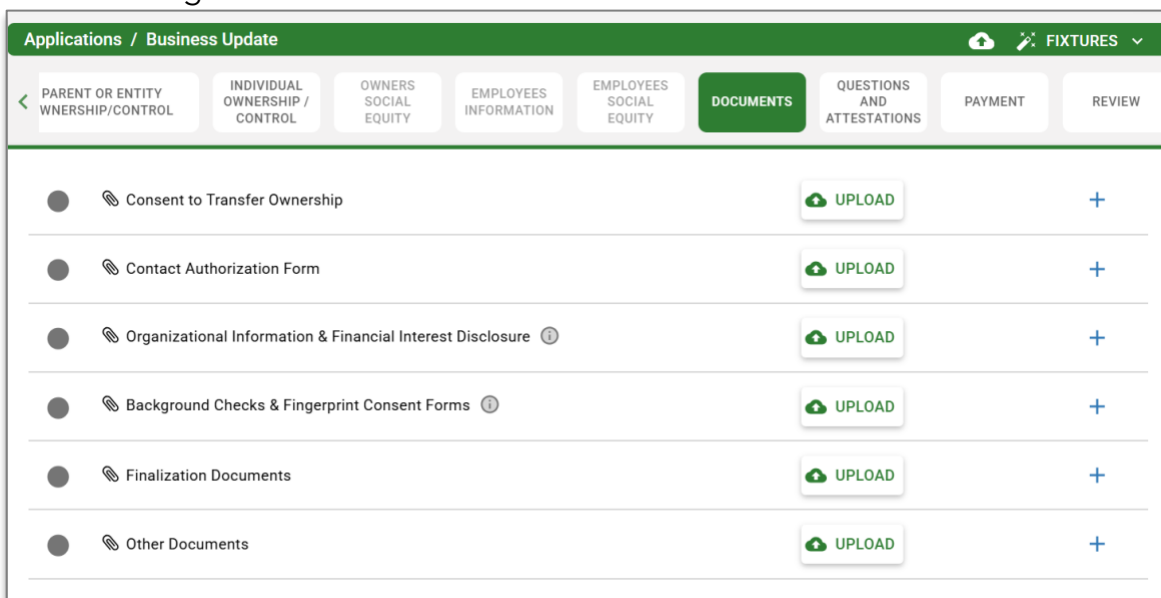
✕ REMOVE RECORD
✎ EDIT RECORD
+ ADD NEW RECORD

SAVE
→ SAVE & NEXT
CANCEL

- Upload the documents that support the partial Ownership changes.

Note: Please review the ['ProTips'](#) ⓘ for each document section to determine whether submission of these documents is required.

- Click **Save** to save the section's data and click **Save & Next** to advance to the following tab: **Attestations**.



Applications / Business Update			FIXTURES					
PARENT OR ENTITY OWNERSHIP/CONTROL	INDIVIDUAL OWNERSHIP / CONTROL	OWNERS SOCIAL EQUITY	EMPLOYEES INFORMATION	EMPLOYEES SOCIAL EQUITY	DOCUMENTS	QUESTIONS AND ATTESTATIONS	PAYMENT	REVIEW
					Consent to Transfer Ownership	UPLOAD	+	
					Contact Authorization Form	UPLOAD	+	
					Organizational Information & Financial Interest Disclosure ⓘ	UPLOAD	+	
					Background Checks & Fingerprint Consent Forms ⓘ	UPLOAD	+	
					Finalization Documents	UPLOAD	+	
					Other Documents	UPLOAD	+	

- In the **Attestations** section, the applicant must review each attestation statement and affirmatively indicate agreement by responding **Yes** to each statement.

Applications / Business Update

APPLICATION
 CANNABIS BUSINESS LOCATION INFORMATION
 SHORT TRANSPORT
 CONTACTS
 PARENT OR ENTITY OWNERSHIP/CONTROL
 INDIVIDUAL OWNERSHIP / CONTROL
 OWNERS SOCIAL EQUITY
 EMPLOYEES INFORMATION
 EMPLOYEES SOCIAL EQUITY
 DOCUMENTS
QUESTIONS AND ATTESTATIONS
 PAYMENT
 REVIEW

All of Applicant's principal officers expressly agree to be subject to service of process in Illinois with a current Illinois address on file with the Department. *

☐ Yes

☐ No

I understand the Department may deny an application or revoke a license if the documentation submitted with this application is incomplete, false, misleading, forged, or altered. *

☐ Yes

☐ No

If the Department requests additional information, the undersigned agrees to provide all additional information and documentation requested. *

☐ Yes

☐ No

All information provided is true, correct, and complies with all Compassionate Use of Medical Cannabis Program Act and Cannabis Regulations and Tax Act statutory and regulatory provisions. *

☐ Yes

☐ No

I understand that all principal officers MUST be reported and badged. *

☐ Yes

☐ No

I understand that all principal officers MUST be reported and badged. *

☒ Yes

☐ No

I understand that all principal officers and non-principal officer owners have been included in this application. *

☒ Yes

☐ No

Applicant Title in the Entity * Applicant Signature * Signature Date * 12/29/2025

SAVE SAVE & NEXT CANCEL

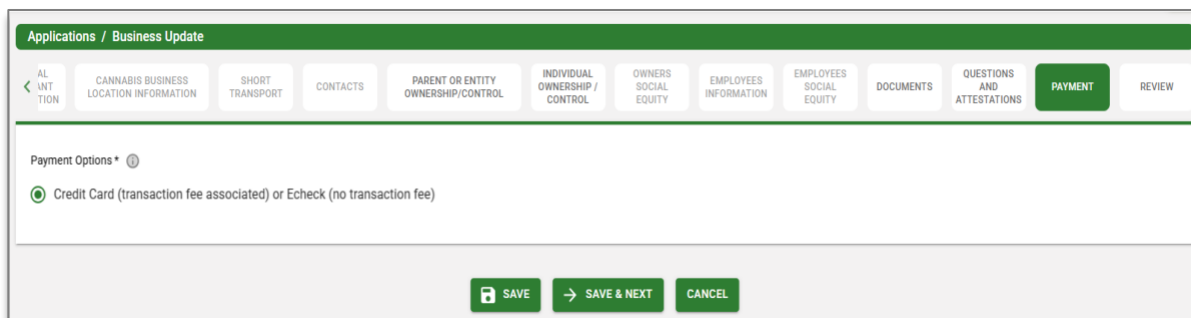
- Make sure to fill in the Applicant title, Applicant Signature, and Signature Date.

Applicant Title in the Entity * Applicant Signature * Signature Date *

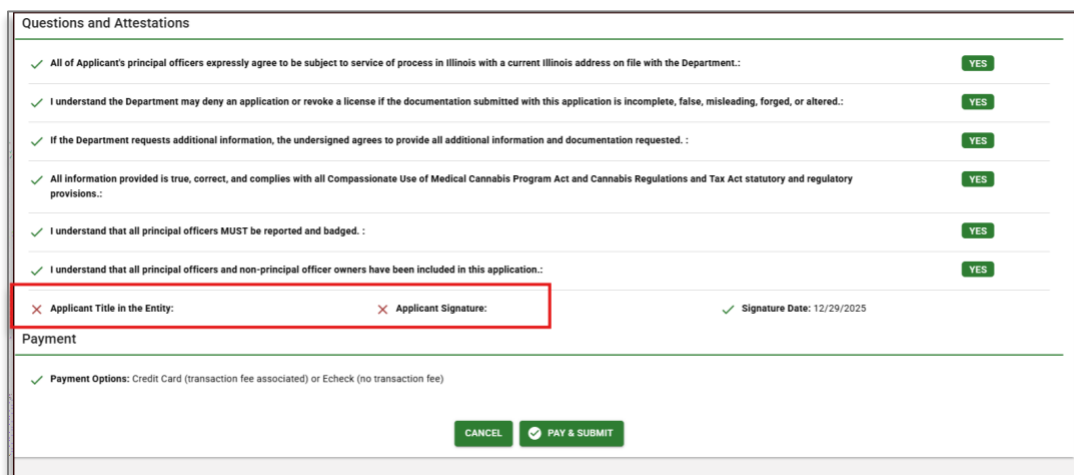
MANAGER ALEXA SMITH 12/22/2025

SAVE SAVE & NEXT CANCEL

- Click on **SAVE** to save this section's data, then click **SAVE & NEXT** to save and advance to the following tab: **Payment**
- In the payment tab, select the "Credit Card (transaction fee associated) or an E-check (no transaction fee)" option.



- Click on **SAVE** to save this section's data, then click **SAVE & NEXT** to save and advance to the following tab: **Review**
- In the Review section, verify that all required fields are completed for each section. Please review the application fields for accuracy and completeness.
- If you encounter any **red "X" marks**, return to the relevant tab (by clicking the tab at the top or the Section Header) to address the incomplete item.



V. Completing the Application

- Review your data carefully before submitting.
- Be sure to select **Save** before exiting to save your progress.
- If you need more time to complete the required sections or to collect data or documents, save the application and revisit it at your convenience. The application will be listed in the Applications section of your portal menu.

Note: Once your application is submitted, it cannot be modified (unless the IDOA reviewer returns for action). Make sure your application is complete and accurate before submitting.

VI. Submitting the Application

- After carefully reviewing all information and documents, click **PAY & SUBMIT**.
- Once the payment is made using a credit card or an e-check, and the transaction is approved, the application is submitted to the IDOA for review.

Payment

✓ **Payment Options:** Credit Card (transaction fee associated) or Echeck (no transaction fee)

CANCEL

PAY & SUBMIT

Applications / Business Update

Your application has been submitted to the Illinois Department of Agriculture.
Your application reference code is **15780**. Please retain this for your records.
Application Submission Date : **12/22/2025 2:05 PM**
Your transaction ID is: **20013656**
Transaction Token: **1766433843593**

❗ If you do not receive email notifications, please check your spam folder.

- Monitor your inbox for status updates (such as Submitted, Approved, Returned for Action, Resubmitted, Denied, or Forfeited) while your application is under review.
- If IDOA identifies any potential issues with your application, it may be returned for action. You will receive an email notification when this occurs. Returned for Action applications must be corrected and resubmitted through NLS for further review.

B. Addition or Removal of Non-Owning Principal Officers

- If the Business update is to add and/or remove Principal Officers, select **Yes** for **Would you only like to add or remove non-owning principal Officers?**
- Click the **Save** button and then click **Save & Next** to move to the next tab.

OWNERSHIP (INCLUDING PRINCIPAL OFFICER) CHANGES

Do you wish to apply for a partial change of ownership? ⓘ

☐ No

Would you only like to add or remove non-owning Principal Officers?

☒ Yes

- The Individual Ownership/Control tab is pre-populated with the entries made to the original New Business Application.
- From the Individual Ownership/Control tab, the user may Remove Record, Edit Record, or Add New Record.
- After changes are made, click **Save** to save the section's data and click the **Save & Next** option to save and advance to the following tab: **Documents**.

Select the Type of Individual (Reference instructions above): Principal Officer

Is this individual a part of a parent/entity company?: No

Principal Officer

Legal First Name: SID	Legal Middle Name:	Legal Last Name: SRIRAM
Date of Birth: 01/01/2000	Social Security Number (required by the Act): XXX-XX-XXXX	Relationship/Title: Direct Owner (must have a % of ownership)
Disability: Yes	Gender Identity: Male	Race Ethnicity: Asian
Phone Number: 6306400943	Email: theodia@gmail.com	Annual Income (if applying for Fee Waiver):
Ownership Percentage: 80		
Background Check Date: 01/01/2026	Background Check Transaction Control Number (TCN): LS827598326098	

Owner/Control Residential Address

Street:	Unit No. / Apt No.:	City:
State:	Zip Code:	
Address Verified?: No		

Does the owner or control person have:

Prior or current bankruptcy filing(s)?:

Prior or current default on alimony?:

Prior or current default on child support? :

Prior or current state or federal tax liens against property? :

Prior discipline or sanction by a State or federal agency?:

Failure to file a tax return in any jurisdiction?:

Prior or current license/authorization to cultivate, produce, or distribute cannabis in any state or jurisdiction? :

Prior or current cannabis license/authorization suspended, revoked, or otherwise sanctioned? :

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?:

✕ REMOVE RECORD ✎ EDIT RECORD + ADD NEW RECORD

SAVE
→ SAVE & NEXT
CANCEL

- Upload the documents that support the Principal Officer changes.

Note: Please review the ['ProTips'](#)  for each document section to determine whether submission of these documents is required.

- Click on **SAVE** to save this section's data, then click **SAVE & NEXT** to save and advance to the following tab: **Attestations**.

Applications / Business Update

< ENTITY CONTROL

INDIVIDUAL OWNERSHIP / CONTROL

OWNERS SOCIAL EQUITY

EMPLOYEES INFORMATION

EMPLOYEES SOCIAL EQUITY

DOCUMENTS

QUESTIONS AND ATTESTATIONS

PAYMENT >

●

🔗 Organizational Information & Financial Interest Disclosure ⓘ

📁 UPLOAD

+

●

🔗 Background Checks & Fingerprint Consent Forms ⓘ

📁 UPLOAD

+

●

🔗 Other Documents

📁 UPLOAD

+

📁 SAVE

➔ SAVE & NEXT

CANCEL

- In the Attestations section, the applicant must review each attestation statement and affirmatively indicate agreement by responding **Yes** to each statement.

Applications / Business Update

ALLOCATION

CANNABIS BUSINESS LOCATION INFORMATION

SHORT TRANSPORT

CONTACTS

PARENT OR ENTITY OWNERSHIP/CONTROL

INDIVIDUAL OWNERSHIP / CONTROL

OWNERS SOCIAL EQUITY

EMPLOYEES INFORMATION

EMPLOYEES SOCIAL EQUITY

DOCUMENTS

QUESTIONS AND ATTESTATIONS

PAYMENT

REVIEW

All of Applicant's principal officers expressly agree to be subject to service of process in Illinois with a current Illinois address on file with the Department. *

☐ Yes

☐ No

I understand the Department may deny an application or revoke a license if the documentation submitted with this application is incomplete, false, misleading, forged, or altered. *

☐ Yes

☐ No

If the Department requests additional information, the undersigned agrees to provide all additional information and documentation requested. *

☐ Yes

☐ No

All information provided is true, correct, and complies with all Compassionate Use of Medical Cannabis Program Act and Cannabis Regulations and Tax Act statutory and regulatory provisions. *

☐ Yes

☐ No

I understand that all principal officers MUST be reported and badged. *

☐ Yes

☐ No

I understand that all principal officers MUST be reported and badged. *

☒ Yes
☐ No

I understand that all principal officers and non-principal officer owners have been included in this application. *

☒ Yes
☐ No

Applicant Title in the Entity * Applicant Signature * Signature Date *
 _____ _____ 12/29/2025

SAVE → SAVE & NEXT CANCEL

- Make sure to fill in the Applicant title, Applicant Signature, and Signature Date.

Applicant Title in the Entity * Applicant Signature * Signature Date *
 MANAGER ALEXA SMITH 12/22/2025

SAVE → SAVE & NEXT CANCEL

- Click on **SAVE** to save this section's data, then click **SAVE & NEXT** to save and advance to the following tab: **Review**
- In the Review section, verify that all required fields are completed for each section. Please review the application fields for accuracy and completeness.
- If you encounter any **red "X" marks**, return to the relevant tab (by clicking the tab at the top or the Section Header) to address the incomplete item.

Questions and Attestations

✓ All of Applicant's principal officers expressly agree to be subject to service of process in Illinois with a current Illinois address on file with the Department.:	YES
✓ I understand the Department may deny an application or revoke a license if the documentation submitted with this application is incomplete, false, misleading, forged, or altered.:	YES
✓ If the Department requests additional information, the undersigned agrees to provide all additional information and documentation requested.:	YES
✓ All information provided is true, correct, and complies with all Compassionate Use of Medical Cannabis Program Act and Cannabis Regulations and Tax Act statutory and regulatory provisions.:	YES
✓ I understand that all principal officers MUST be reported and badged.:	YES
✓ I understand that all principal officers and non-principal officer owners have been included in this application.:	YES
✗ Applicant Title in the Entity:	✗ Applicant Signature:
✓ Signature Date: 05/19/2026	

I. Completing the Application

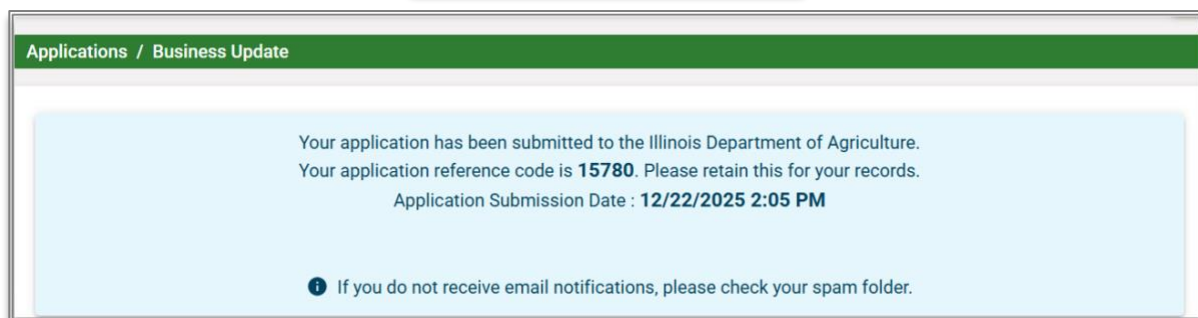
- Review your data carefully before submitting.
- Be sure to select **Save** before exiting to save your progress.

- If you need more time to complete the required sections or to collect data or documents, save the application and revisit it at your convenience. The application will be listed in the Applications section of your portal menu.

Note: Once your application is submitted, it cannot be modified (unless the IDOA reviewer returns for action). Make sure your application is complete and accurate before submitting.

II. Submitting the Application

- After carefully reviewing all information and documents, click **SUBMIT**.



- Monitor your inbox for status updates (such as Submitted, Approved, Returned for action, Resubmitted, Denied, or Forfeited) as your application is reviewed.
- If IDOA finds any potential issues with your application, it may be returned for action. You will receive an email notification when this occurs. Returned for Action applications must be corrected and resubmitted through NLS for further review.

7. BUSINESS LICENSE NAME CHANGES

- Licensees are required to report name updates to the Illinois Department of Agriculture, including official business name changes and any changes to their assumed name or DBA on file with the Office of the Illinois Secretary of State (ILSoS). Use the business license update option to request a name change in the IDOA portal.
- Refer to [Section 3](#) to create a Business Update Application.
- Answer the questions in the **Business License Name Changes Section** and the **Other** section relevant to your Business license update request using the **yes/no** toggle.
- Click the **Save** Button.

Applications / Business Update

LICENSE INFORMATION

SOCIAL EQUITY INFORMATION

GENERAL APPLICANT INFORMATION

CANNABIS BUSINESS LOCATION INFORMATION

SHORT TRANSPORT

CONTACTS

PARENT OR ENTITY OWNERSHIP/CONTROL

INDIVIDUAL OWNERSHIP / CONTROL

Please select the applicable license number from the drop down. Please note: If your license has been deactivated or is expired, it may not appear in the drop down. If the entity holds more than one license, each license must be updated separately.

This request is being completed at the direction of the owner, if individually-owned; by one of the partners, if a partnership; or by an officer, if a company or corporation.

License Number *
IN00000109

If you are an approved testing lab attempting to make an update, please contact the Department at AGR.CannabisMod@illinois.gov.

BUSINESS LICENSE NAME CHANGES

Do you want to Change the Licensed Business Name (replacing the current name on file)? ⓘ

No

Do you want to make a change to your Assumed Name or DBA? ⓘ

No

OTHER (Contact Details & Documents)

Basic contact changes (mailing address, phone numbers, business emails and other Contacts tab details)

No

Would you like to upload any documents (not already covered in the previous questions)?

No

Note: Select only one Business Name change option at a time. Multiple selections are not allowed.

License Number *
IN00000109

If you are an approved testing lab attempting to make an update, please contact the Department at AGR.CannabisMod@illinois.gov.

BUSINESS LICENSE NAME CHANGES

Do you want to Change the Licensed Business Name (replacing the current name on file)? ☒ Yes

Do you want to make a change to your Assumed Name or DBA? ☒ Yes

LOCATION CHANGES

Do you want to do a change of location? ☐ No

OWNERSHIP (INCLUDING PRINCIPAL OFFICER) CHANGES

Do you wish to apply for a partial change of ownership? ☐ No

Please select only one Business name change option at a time. Multiple selections are not allowed.

- Depending on your selection of questions from the **Business License name change** section and the **Other** section, the relevant tabs open for entering any required information.
- Once you save your selections, you may not change them. **If you need to start the application over, simply delete this application from your dashboard and begin again.**
- Please note that some fields will be greyed-out, as the user cannot change them.

License Information

Business License Name * Swapna Berry changed Inc	Assumed Name (DBAs) KJHGKREJIR	Tax ID - FEIN or SSN (if sole proprietor) * 837535185
Business License Type * Infuser	Business Type Corporation	Phone Number (984)698-4391
Secretary of State File ID 1234567822	Are you applying as a Veteran Controlled or Owned Applicant? ☒ Yes ☐ No	Are you applying as an Illinois Resident Controlled or Owned? ☒ Yes ☐ No
Legacy License Number 6247267162IN		

SAMPLE OF GREYED-OUT SECTION

- The Business Update Application form will copy the information from your record on file. Fill out the required fields, update the account as needed, then click **Save** to save the section's data and click "**Save & Next**" to save and advance to the following tab: **Questions and Attestations**.

 **SAVE**
 **SAVE & NEXT**
 **CANCEL**

- In the **Questions and Attestations** section, make sure to fill in the Applicant title, Applicant Signature, and Signature Date.

Applications / Business Update

< PARENT OR ENTITY OWNERSHIP/CONTROL
INDIVIDUAL OWNERSHIP / CONTROL
OWNERS SOCIAL EQUITY
EMPLOYEES INFORMATION
EMPLOYEES SOCIAL EQUITY
DOCUMENTS
QUESTIONS AND ATTESTATIONS
PAYMENT
REVIEW

Applicant Title in the Entity *
Applicant Signature *
Signature Date * 12/22/2025

 **SAVE**
 **SAVE & NEXT**
 **CANCEL**

- Click on **SAVE** to save this section's data, then click **SAVE & NEXT** to save and advance to the following tab: **REVIEW**.
- In the Review section, verify that all required fields are completed for each section. Please review the application fields for accuracy and completeness.
- If you encounter any **red "X" marks**, return to the relevant tab (by clicking the tab at the top or the Section Header) to address the incomplete item.

Questions and Attestations

X Applicant Title in the Entity:
X Applicant Signature:
✓ Signature Date: 12/22/2025

Payment

✓ Payment Options: Skip Payment

CANCEL
 **SUBMIT**

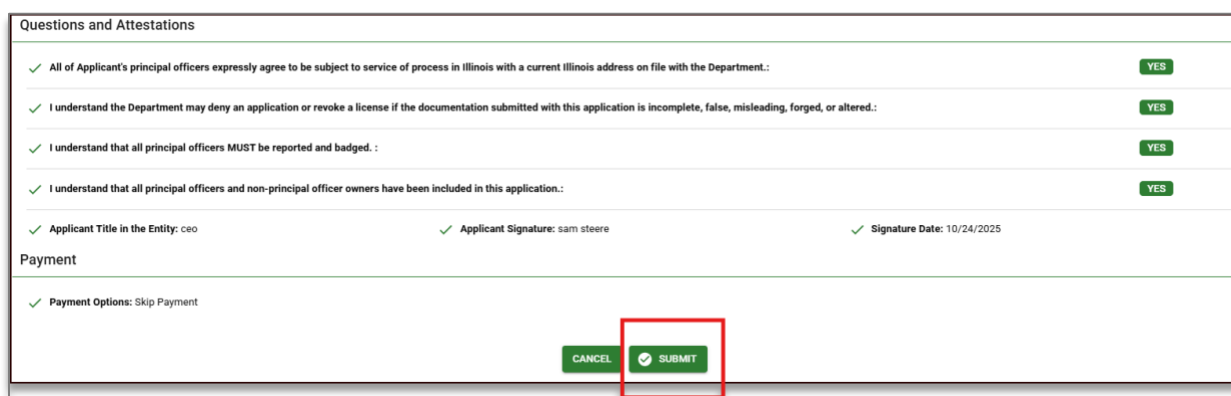
A. Completing the Application

- Review your data carefully before submitting.
- Be sure to select **Save** before exiting to save your progress.
- If you need more time to complete the required sections or to collect data or documents, save the application and revisit it at your convenience. The application will be listed in the Applications section of your portal menu.

Note: Once your application is submitted, it cannot be modified (unless the IDOA reviewer returns for action). Make sure your application is complete and accurate before submitting

B. Submitting the Application

- After carefully reviewing all information and documents, click **SUBMIT**.



The screenshot shows a web form titled "Questions and Attestations". It contains several rows of questions, each with a green checkmark icon and a "YES" button. The questions are:

- ✓ All of Applicant's principal officers expressly agree to be subject to service of process in Illinois with a current Illinois address on file with the Department.:
- ✓ I understand the Department may deny an application or revoke a license if the documentation submitted with this application is incomplete, false, misleading, forged, or altered.:
- ✓ I understand that all principal officers MUST be reported and badged.:
- ✓ I understand that all principal officers and non-principal officer owners have been included in this application.:

Below these questions, there are three fields with green checkmarks:

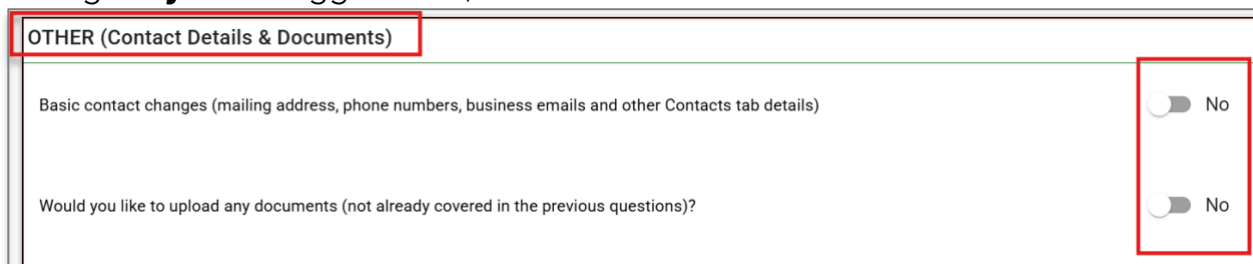
- ✓ Applicant Title in the Entity: ceo
- ✓ Applicant Signature: sam steere
- ✓ Signature Date: 10/24/2025

Under the "Payment" section, there is a green checkmark and the text "Payment Options: Skip Payment". At the bottom of the form, there are two buttons: "CANCEL" and "SUBMIT". The "SUBMIT" button is highlighted with a red rectangular box.

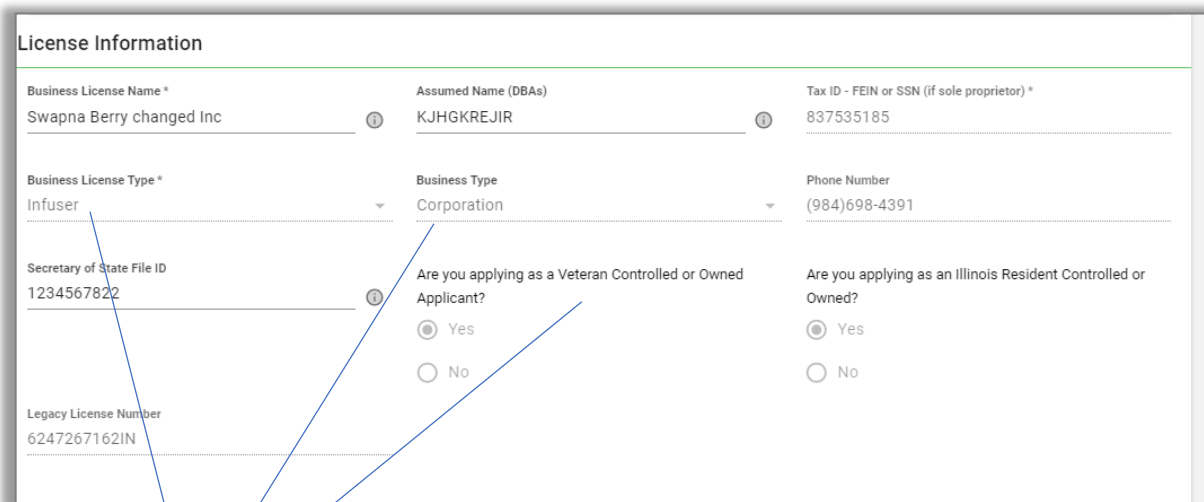
- Monitor your inbox for status updates (such as Submitted, Approved, Returned for Action, Resubmitted, Denied, or Forfeited) while your application is under review.
- If IDOA identifies any potential issues with your application, it may be returned for action. You will receive an email notification when this occurs. Applications returned for action must be corrected and resubmitted through NLS for further review.

8. OTHER (CONTACT DETAILS & DOCUMENTS)

- Licensees can update the basic contact changes or upload any documents to their approved business in the **Other changes** section
- Refer to [Section 3](#) to create a Business Update Application.
- Answer the questions in the **Other** section relevant to your Business license Update request using the **yes/no** toggle. Then, Click the **Save** Button.



- Depending on your selection of questions from the **Other** section, the relevant tabs open for entering any required information.
- Once you save your selections, you may not change them. **If you need to start the application over, simply delete this application from your dashboard and begin again.**
- Please note that some fields will be greyed out, as the user cannot change them.



SAMPLE OF GREYED-OUT SECTION

- The business update application form will copy the information from your record on file. You will select which questions (toggles) to update.
- Update the required form fields as needed and select **Save** to save this section's data, and then click **Save & Next** to save and advance to the following tab: **Questions and Attestations.**

 **SAVE**
 **SAVE & NEXT**
CANCEL

- In the **Questions and Attestations** section, make sure to fill in the Applicant title, Applicant Signature, and Signature Date.

Applications / Business Update

PARENT OR ENTITY OWNERSHIP/CONTROL

INDIVIDUAL OWNERSHIP / CONTROL

OWNERS SOCIAL EQUITY

EMPLOYEES INFORMATION

EMPLOYEES SOCIAL EQUITY

DOCUMENTS

QUESTIONS AND ATTESTATIONS

PAYMENT

REVIEW

Applicant Title in the Entity *

Applicant Signature * 

Signature Date * 

 **SAVE**
 **SAVE & NEXT**
CANCEL

- Click on **SAVE** to save this section's data, then click **SAVE & NEXT** to save and advance to the following tab: **REVIEW**.
- In the Review section, verify that all required fields are completed for each section. Please review the application fields for accuracy and completeness.
- If you encounter any **red "X" marks**, return to the relevant tab (by clicking the tab at the top or the Section Header) to address the incomplete item.

Questions and Attestations

✗ Applicant Title in the Entity:

✗ Applicant Signature:

✓ Signature Date: 12/22/2025

Payment

✓ Payment Options: Skip Payment

CANCEL
 **SUBMIT**

A. Completing the Application

- Review your data carefully before submitting.
- Be sure to select **Save** before exiting to save your progress.

- If you need more time to complete the required sections or to collect data or documents, save the application and revisit it at your convenience. The application will be listed in the Applications section of your portal menu.

Note: Once your application is submitted, it cannot be modified (unless the IDOA reviewer returns for action). Make sure your application is complete and accurate before submitting

B. Submitting the Application

- Click **SUBMIT** once the application is successfully reviewed.

Questions and Attestations		
✓ All of Applicant's principal officers expressly agree to be subject to service of process in Illinois with a current Illinois address on file with the Department.:		YES
✓ I understand the Department may deny an application or revoke a license if the documentation submitted with this application is incomplete, false, misleading, forged, or altered.:		YES
✓ I understand that all principal officers MUST be reported and badged. :		YES
✓ I understand that all principal officers and non-principal officer owners have been included in this application.:		YES
✓ Applicant Title in the Entity: ceo	✓ Applicant Signature: sam steere	✓ Signature Date: 10/24/2025
Payment		
✓ Payment Options: Skip Payment		
CANCEL SUBMIT		

- Monitor your inbox for status updates (such as Submitted, Approved, Returned for Action, Resubmitted, Denied, or Forfeited) while your application is under review.
- If IDOA identifies any potential issues with your application, it may be returned for action. You will receive an email notification when this occurs. Applications returned for action must be corrected and resubmitted through NLS for further review.

9. SHORT TRANSPORT CHANGES

- Businesses can submit a Business Update application to request Short Transport for Craft Grower or Infuser business, or make changes to existing Short Transport destination(s), or remove all Short Transport destinations and deactivate all registered Short Transport vehicles.
- Please ensure this request is submitted in the direction of the owner (if individually owned), a partner (if a partnership), or an officer (if a company or corporation).
- Refer to [Section 3](#) to create a Business Update application.
- Answer one of the questions in the **Short Transport Section** relevant to your Business license update request using the **yes/no** toggle. Then, Click the **Save** Button.

SHORT TRANSPORT

Do you want to request Short Transport for your craft grower or infuser business? ⓘ
☒ Yes

Do you want to edit, remove, or add to existing Short Transport destination(s)?
☐ No

Do you want to remove all of your Short Transport destinations & deactivate all registered Short Transport vehicles?
☐ No

Note: Select only one action for Short Transport. Multiple selections of questions are not allowed.

SHORT TRANSPORT

Do you want to request Short Transport for your craft grower or infuser business? ⓘ
☒ Yes

Do you want to edit, remove, or add to existing Short Transport destination(s)?
☒ Yes

Do you want to remove all of your Short Transport destinations & deactivate all registered Short Transport vehicles?
☐ No

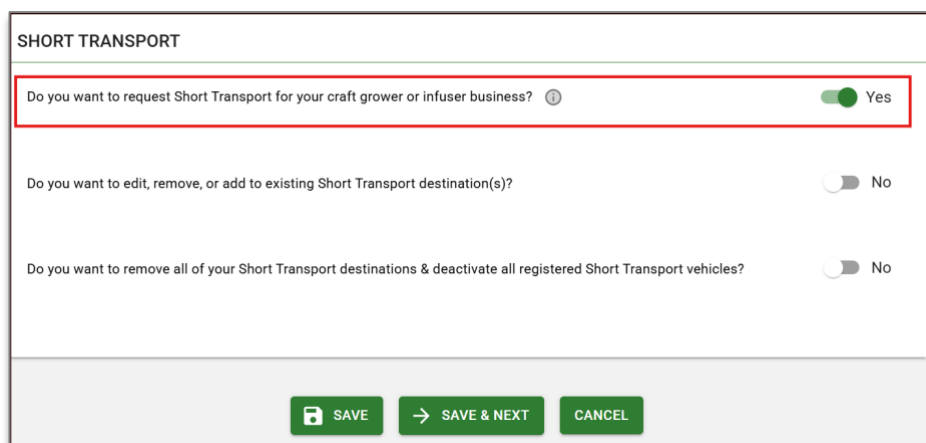
ⓘ Please select only one Short Transport action. Multiple selections are not allowed.

- Depending on your selection of questions from the **Short Transport** section, the relevant tabs open for entering any required information.

Note: Once you save your selections, you may not change them. If you need to start the application over, simply delete this application from your dashboard and begin again.

A. Create a new Short Transport

- If the Business update is to request Short Transport for Craft grower or Infuser business, then the Licensee should select **Yes** for **Do you want to request Short Transport for your Craft grower or Infuser business?**
- After selecting Yes, click the **Save** button to save the section's data and then click **Save & Next** to move to the next tab.



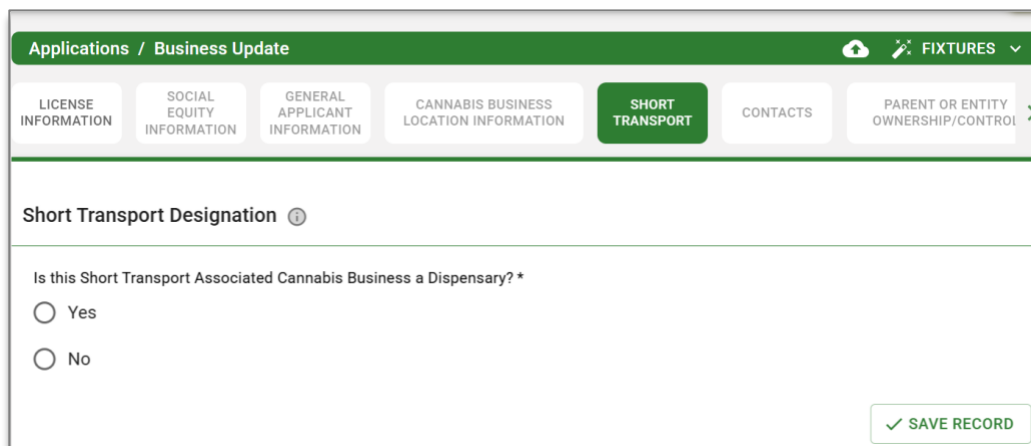
SHORT TRANSPORT

Do you want to request Short Transport for your craft grower or infuser business? ? ☒ Yes

Do you want to edit, remove, or add to existing Short Transport destination(s)? ☐ No

Do you want to remove all of your Short Transport destinations & deactivate all registered Short Transport vehicles? ☐ No

- The system displays the **Short Transport** tab with a required response to the Short Transport question.



Applications / Business Update FIXTURES

LICENSE INFORMATION SOCIAL EQUITY INFORMATION GENERAL APPLICANT INFORMATION CANNABIS BUSINESS LOCATION INFORMATION **SHORT TRANSPORT** CONTACTS PARENT OR ENTITY OWNERSHIP/CONTROL

Short Transport Designation ?

Is this Short Transport Associated Cannabis Business a Dispensary? *

☐ Yes

☐ No

I. If Short Transport-associated business is a Dispensary

- If the associated business is a Dispensary, select **Yes** and complete the required dispensary information.
- Click **Save record**.

Short Transport Designation ⓘ

Is this Short Transport Associated Cannabis Business a Dispensary? *

☒ Yes

☐ No

Short Transport Associated Cannabis Business - Dispensary

Associated Business Name *

Associated Business License Type *

Dispensary

Street Address *

City *

County *

State *

Zip Code *

✓ SAVE RECORD

- If you need to edit your entry or add another record, you can click **Edit Record** and/or **Add New Record** at this time and fill in the required dispensary information, followed by the acknowledgment.

Short Transport Associated Cannabis Business - Dispensary

Associated Business Name: test this

Associated Business License Type: Dispensary

Street Address: 2902 sandy lane

City: springfield

County: Adams

State: Illinois

Zip Code: 62711

EDIT RECORD + ADD NEW RECORD

I acknowledge that the Department's approval of this short transport request is based upon the information provided within the request. If any cannabis business identified and approved as an intended delivery location relocates, I understand a new approval request must be completed and approved by the Department before deliveries can be made at the new location. *

☐ Yes

☐ No

SAVE

→ SAVE & NEXT

CANCEL

- Click **Save** to save the section's data and then click **Save & Next** to save and advance to the next tab: **Attestation**.
- Complete the Attestation section. Ensure to fill in the Applicant Title, Applicant Signature, and Signature Date.

Applicant Title in the Entity *	Applicant Signature *	Signature Date *
MANAGER	ALEXA SMITH	12/22/2025
  		

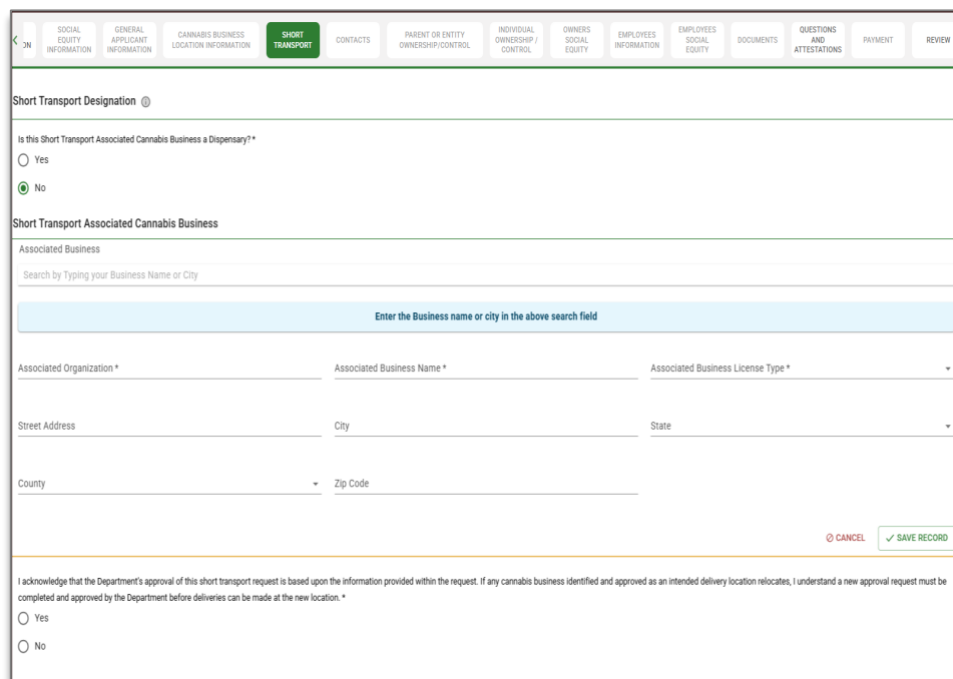
- Click on **SAVE** to save this section's data, then **SAVE & NEXT** to save and advance to the following tab: **Review**
- In the Review section, verify that all required fields are completed for each section. Please review the application fields for accuracy and completeness.
- If you encounter any **red "X" marks**, return to the relevant tab (by clicking the tab at the top or the Section Header) to address the incomplete item.

Employees Information		
Employees Social Equity		
Documents		
Other Documents:		No Document present
Questions and Attestations		
✗ Applicant Title in the Entity:	✗ Applicant Signature:	✓ Signature Date: 01/19/2026
Payment		
✓ Payment Options: Skip Payment		
 		

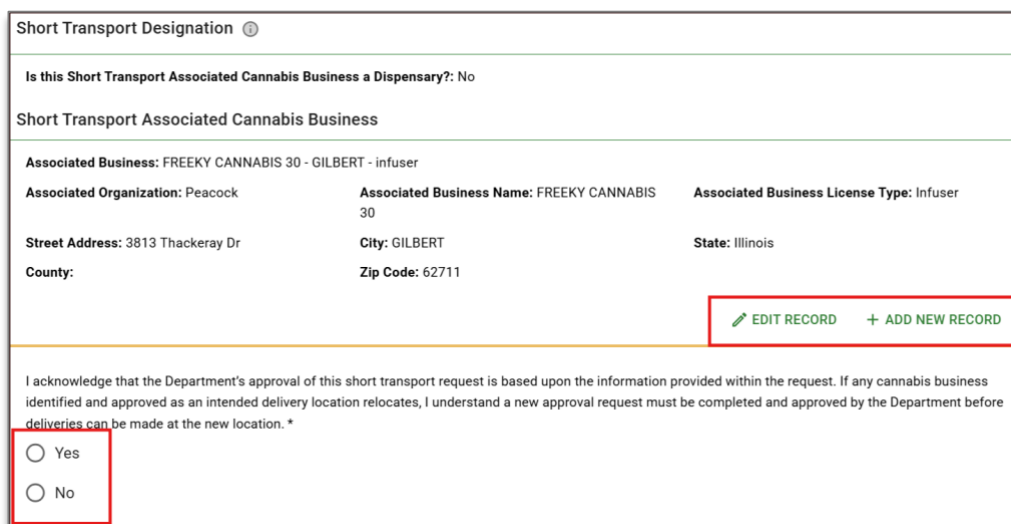
II. If Short Transport-associated business is not a Dispensary

- If the associated business is not a Dispensary, select **No** and complete the required Short Transport associated cannabis business information.
- Select the associated business from the auto-populated list. This will auto-populate all the fields in this section. If the auto-populated data in the fields looks correct. Click

Save record. Otherwise, make the necessary changes to the fields and then click Save record.



- If you need to edit your entry or add another record, you can click **Edit Record** and/or **Add New Record** at this time and fill in the required dispensary information, followed by the acknowledgment.



- Click **Save to save the section's data** and **then Save & Next** to save and advance to the following tab: **Questions & Attestations**.

- Complete the Attestation section, then review and submit the application. Make sure to fill in the Applicant Title, Applicant Signature, and Signature Date.

Applicant Title in the Entity *	Applicant Signature *	Signature Date *
MANAGER	ALEXA SMITH	12/22/2025

SAVE
→ SAVE & NEXT
CANCEL

- Click on **SAVE** to save this section's data, then click **SAVE & NEXT** to save and advance to the following tab: **Review**
- In the Review section, verify that all required fields are completed for each section. Please review the application fields for accuracy and completeness.
- If you encounter any **red "X" marks**, return to the relevant tab (by clicking the tab at the top or the Section Header) to address the incomplete item.

Employees Information		
Employees Social Equity		
Documents		
Other Documents:		No Document present
Questions and Attestations		
✗ Applicant Title in the Entity:	✗ Applicant Signature:	✓ Signature Date: 01/19/2026
Payment		
✓ Payment Options: Skip Payment		
CANCEL ✓ SUBMIT		

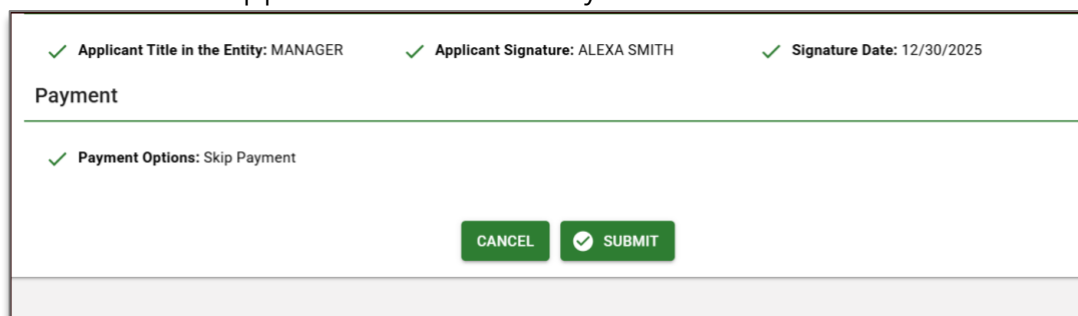
III. Completing the Application

- Review your data carefully before submitting.
- Be sure to select **Save** before exiting to save your progress.
- If you need more time to complete the required sections or to collect data or documents, save the application and return to it at your convenience. The application will appear in the Applications section of your portal menu.

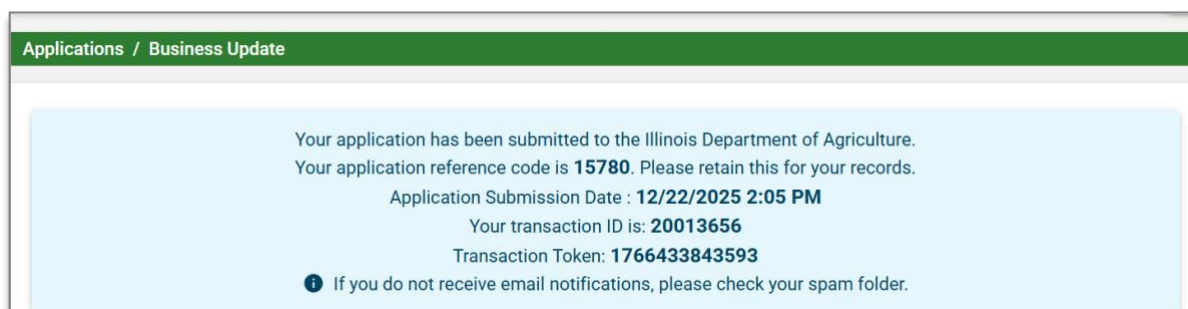
Note: Once your application is submitted, it cannot be modified (unless the IDOA reviewer returns for action). Make sure your application is complete and accurate before submitting.

IV. Submitting the Application

- Click **SUBMIT** once the application is successfully reviewed.



- Once your application is submitted, it will be available for review by IDOA.
- Monitor your inbox for status updates (such as Submitted, Approved, Returned for Action, Resubmitted, Denied, or Forfeited) while your application is under review.
- If IDOA identifies any potential issues with your application, it may be returned for action. You will receive an email notification when this occurs. Returned for Action applications must be corrected and resubmitted through NLS for further review.



B. Edit, Remove, or Add an existing Short Transport destination

- If the Business update is to edit, remove, or add to an existing Short transport destination, then the Licensee should select **Yes** for **Do you want to edit, remove, or add to existing short transport destination(s)?**

- After selecting Yes, click the **Save** button and then click **Save & Next** to move to the next tab.

SHORT TRANSPORT

Do you want to request Short Transport for your craft grower or infuser business? ⓘ ☐ No

Do you want to edit, remove, or add to existing Short Transport destination(s)? ☒ Yes

Do you want to remove all of your Short Transport destinations & deactivate all registered Short Transport vehicles? ☐ No

SAVE
→ SAVE & NEXT
CANCEL

- The system displays the **Short Transport** tab, where the user can edit, remove, or add a short transport dispensary or business.

LICENSE INFORMATION

SOCIAL EQUITY INFORMATION

GENERAL APPLICANT INFORMATION

CANNABIS BUSINESS LOCATION INFORMATION

SHORT TRANSPORT

CONTACTS

PARENT OR ENTITY OWNERSHIP/CONTROL

INDIVIDUAL OWNERSHIP / CONTROL

Short Transport Designation ⓘ

Is this Short Transport Associated Cannabis Business a Dispensary?: No

Short Transport Associated Cannabis Business

Associated Business: Freekyberry Test 1 Inc - Springfield - infuser

Associated Organization: Ozzebra Inc.	Associated Business Name: Freekyberry Test 1 Inc	Associated Business License Type: Infuser
Street Address: 2418 HIDDEN LAKE CIR	City: Springfield	State: Illinois
County: Alexander	Zip Code: 38401	

EDIT RECORD
+ ADD NEW RECORD

I acknowledge that the Department's approval of this short transport request is based upon the information provided within the request. If any cannabis business identified and approved as an intended delivery location relocates, I understand a new approval request must be completed and approved by the Department before deliveries can be made at the new location. *

☒ Yes

Note: Refer to the Short Transport ProTip for the Short Transport distance requirement.

Applications / Business Update

LICENSE INFORMATION SOCIAL EQUITY INFORMATION GENERAL APPLICANT INFORMATION CANNABIS BUSINESS LOCATION INFORMATION **SHORT TRANSPORT** CONTACTS

Short Transport Designation ⓘ

Is this Short Transport Associated Cannabis Business a Dispensary? *

☐ Yes

☒ No

Short Transport Associated Cannabis Business

Associated Business

- Click **Save** to save the section's data and then **Save & Next** to save and advance to the next tab: **Questions and Attestations**.
- Complete the Attestations section. Make sure to fill in the Applicant Title, Applicant Signature, and Signature Date.

Applicant Title in the Entity * MANAGER

Applicant Signature * ALEXA SMITH ⓘ

Signature Date * 12/22/2025 ⓘ

SAVE **→ SAVE & NEXT** **CANCEL**

- Click on **SAVE** to save this section's data, then click **SAVE & NEXT** to save and advance to the following tab: **Review**
- In the Review section, verify that all required fields are completed for each section. Please review the application fields for accuracy and completeness.
- If you encounter any **red "X" marks**, return to the relevant tab (by clicking the tab at the top or the Section Header) to address the incomplete item.

Questions and Attestations

✗ Applicant Title in the Entity:

✗ Applicant Signature:

✓ Signature Date: 01/06/2026

Payment

✓ Payment Options: Skip Payment

CANCEL

✓ SUBMIT

I. Completing the Application

- Review your data carefully before submitting.
- Be sure to select **Save** before exiting to save your progress.
- If you need more time to complete the required sections or to collect data or documents, save the application and revisit it at your convenience. The application will be listed in the Applications section of your portal menu.

Note: Once your application is submitted, it cannot be modified (unless the IDOA reviewer returns for action). Make sure your application is complete and accurate before submitting.

II. Submitting the Application

- Click **SUBMIT** once the application is successfully reviewed.

✓ Applicant Title in the Entity: MANAGER

✓ Applicant Signature: ALEXA SMITH

✓ Signature Date: 12/30/2025

Payment

✓ Payment Options: Skip Payment

CANCEL

✓ SUBMIT

- Once your application is submitted, it will be available for review by IDOA.
- Monitor your inbox for status updates (such as Submitted, Approved, Returned for Action, Resubmitted, Denied, or Forfeited) while your application is under review.
- If IDOA identifies any potential issues with your application, it may be returned for action. You will receive an email notification when this occurs. Returned for Action applications must be corrected and resubmitted through NLS for further review.

Applications / Business Update

Your application has been submitted to the Illinois Department of Agriculture.
Your application reference code is **15780**. Please retain this for your records.
Application Submission Date : **12/22/2025 2:05 PM**
Your transaction ID is: **20013656**
Transaction Token: **1766433843593**
i If you do not receive email notifications, please check your spam folder.

C. Remove Short Transport destinations and deactivate vehicles

- If the Business update is to remove or deactivate a Short transport destination, then the Licensee should select **Yes** for **Do you want to remove all of your Short Transport destinations and deactivate all registered Short Transport vehicles?**
- After selecting Yes, click the **Save** button and then click **Save & Next** to move to the next tab.

SHORT TRANSPORT

Do you want to request Short Transport for your craft grower or infuser business? **i** ☐ No

Do you want to edit, remove, or add to existing Short Transport destination(s)? ☐ No

Do you want to remove all of your Short Transport destinations & deactivate all registered Short Transport vehicles? ☒ Yes

SAVE **CANCEL**

- Click **Save** to save the section's data and click **Save & Next** to advance to the following tab: **Questions and Attestations**
- Complete the Attestations section. Make sure to fill in the Applicant Title, Applicant Signature, and Signature Date.

Applicant Title in the Entity *

Applicant Signature * **i**

Signature Date * 

SAVE **→ SAVE & NEXT** **CANCEL**

- Click on **SAVE** to save this section's data, then click **SAVE & NEXT** to save and advance to the following tab: **Review**.

- In the Review section, verify if all the required fields are completed for each section. Please review the fields in the application for accuracy and completeness.
- If you encounter any **red "X" marks**, please return to the relevant tab (by clicking on the tab up top or clicking on the Section Header) to address the incomplete item.

Questions and Attestations

✗ Applicant Title in the Entity:

✗ Applicant Signature:

✓ Signature Date: 01/06/2026

Payment

✓ Payment Options: Skip Payment

CANCEL

SUBMIT

I. Completing the Application

- Review your data carefully before submitting.
- Be sure to select **Save** before exiting to save your progress.
- If you need more time to complete the required sections or to collect data or documents, save the application and return to it at your convenience. The application will appear in the Applications section of your portal menu.

Note: Once your application is submitted, it cannot be modified (unless the IDOA reviewer returns for action). Make sure your application is complete and accurate before submitting.

II. Submitting the Application

- Click **SUBMIT** once the application is successfully reviewed.

✓ Applicant Title in the Entity: MANAGER

✓ Applicant Signature: ALEXA SMITH

✓ Signature Date: 12/30/2025

Payment

✓ Payment Options: Skip Payment

CANCEL

SUBMIT

- Once your application is submitted, it will be available for review by IDOA.
- Monitor your inbox for status updates (such as Submitted, Approved, Returned for Action, Resubmitted, Denied, or Forfeited) while your application is under review.
- If IDOA identifies any potential issues with your application, it may be returned for action. You will receive an email notification when this occurs. Returned for Action applications must be corrected and resubmitted through NLS for further review.

Applications / Business Update

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Your transaction ID is: **20013656**

Transaction Token: **1766433843593**

 If you do not receive email notifications, please check your spam folder.

10. SUPPORT

A. Technical Help

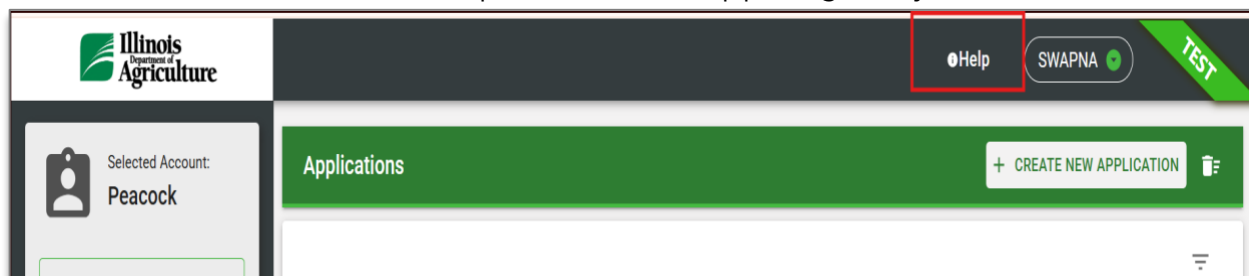
For technical support, please contact Tyler Cannabis Licensing Support at <https://cannabislicensing.zendesk.com/hc/en-us/requests/new>

Please provide your license number or application ID number, your name, email address, and as many details as possible when contacting technical support. When you email support, a support ticket is automatically created with the details of your request.

Note: Technical support cannot provide status updates on submitted applications. Please **do not** contact Technical Support to ask about the status of your application.

B. Help Screen and Online User Guides

The help section contains support emails and user guides available on the portal and the [IDOA cannabis website](#). Click on the Help button at the upper right of your screen.



11. USER TIPS & FAQS

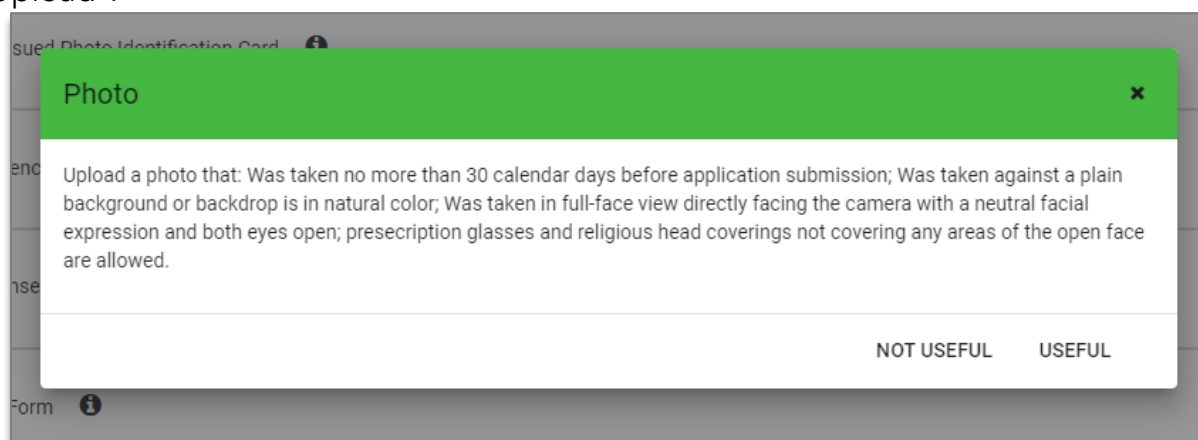
A. Legend of Icons in the System

These icons are described here:

	<i>Pro Tips</i>	<i>Useful Information</i>
	<i>Toggle Filter</i>	<i>Search Filters</i>
	<i>Actions</i>	<i>Actions shortcut on Specific Licenses</i>
	<i>Filter</i>	<i>Filter options available to search</i>
	<i>Reset Filter</i>	<i>Resets the filter</i>

I. ProTips

- ProTips are found throughout the software, where additional information may be helpful. Some Pro Tips have hyperlinks to download documents.
- When you click on the  icon, a window will open. Here is a sample ProTip for a "Photo Upload":



II. Filters

- The filter will sort the screen for viewing.

Licenses							PRINT DIGITAL CARD
Status Approved,Deactivated,Expired Application Type Name							Refresh Filter
Status	Application ID ↑	Name	License Type	License Number	Expiry Date	Actions	
✓ Approved	8373	Swapna Berry Cannabis test	New Business Application	IN00000043	Oct 30, 2026	⋮	
⊘ Deactivated	8407	Swapna Berry Inc	New Vehicle Registration	VR000076	Not Applicable	⋮	

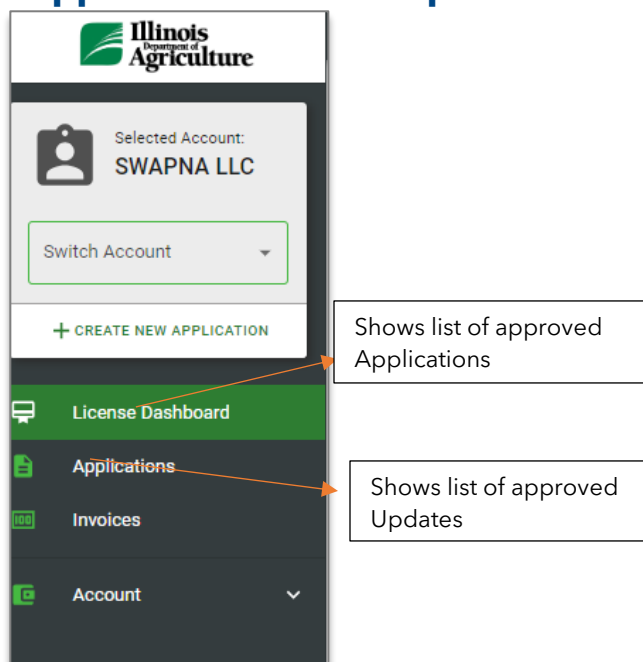
III. Actions

- The Actions button will provide shortcuts to actions on licenses. Each time the actions icon appears, the choices may be different.

Licenses							Filter
Status Approved, Deactivated, Expired Application Type							Refresh Filter
Status	Application ID	Title	License Type	License Number	Expiry Date ↑	Actions	
✓ Approved	1057	Nancy Hahlbeck	New Agent Registration	INAC10000002	03/03/2022	⋮	
Page: 1 Rows per page: 25 1 - 1 of 1 < >							

Licenses							PRINT DIGITAL CARD
Status Approved,Deactivated,Expired Application Type Name							Refresh Filter
Status	Application ID ↑	Name	License Type	License Number	Expiry Date	Actions	
✓ Approved	8373	Swapna Berry Cannabis test	New Business Application	IN00000043	Oct 30, 2026	⋮	
⊘ Deactivated	8407	Swapna Berry Inc	New Vehicle Registration	VR000076	Not Applicable	⋮	
✓ Approved	8486	Gummies	Product Registration	PR0005206	Not Applicable	⋮	
✓ Approved	11471	Swapna Berry test 1	New Business Application	IN00000044	Nov 21, 2026	⋮	

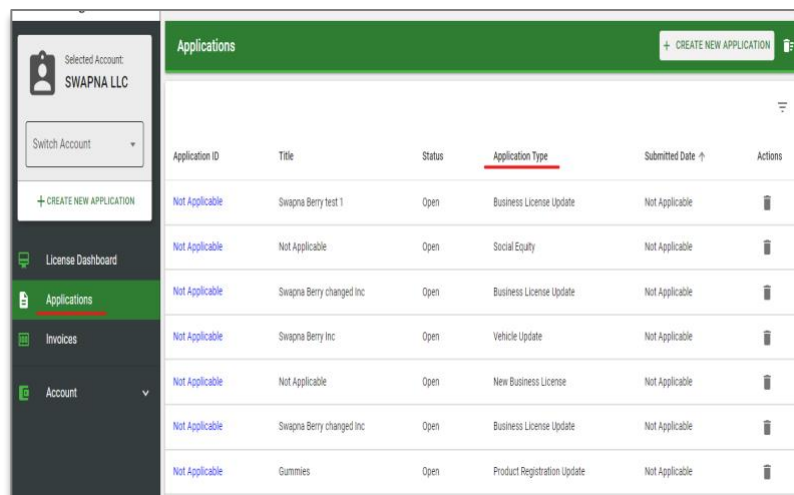
B. License Dashboard and Application section explained



- The License dashboard section only shows the approved applications, such as New Business License, New Vehicle Registration, and Product Registration

Selected Account: SWAPNA LLC		Licenses						PRINT DIGITAL CARD
Switch Account								
+ CREATE NEW APPLICATION								
License Dashboard								
Applications								
Invoices								
Account								
Status	Application ID ↑	Name	License Type	License Number	Expiry Date	Actions		
✓ Approved	8373	Swapna Berry changed Inc	New Business License	IN00000043	Jun 16, 2025	⋮		
⊘ Deactivated	8407	Swapna Berry Inc	New Vehicle Registration	VR000076	May 24, 2025	⋮		
✓ Approved	8486	Gummies	Product Registration	PR0005206	Not Applicable	⋮		
✓ Approved	11471	Swapna Berry test 1	New Business License	IN00000044	Jun 17, 2025	⋮		

- Social Equity and other Approved, Open, Processing, Paid, Submitted, Returned for Action, and Denied Updates for New Business Licenses, Vehicle registrations, Product Registrations, Business License Updates, Business License renewals, and Vehicle Updates show up in the Applications section.



Application ID	Title	Status	Application Type	Submitted Date	Actions
Not Applicable	Swapna Berry test 1	Open	Business License Update	Not Applicable	
Not Applicable	Not Applicable	Open	Social Equity	Not Applicable	
Not Applicable	Swapna Berry changed Inc	Open	Business License Update	Not Applicable	
Not Applicable	Swapna Berry Inc	Open	Vehicle Update	Not Applicable	
Not Applicable	Not Applicable	Open	New Business License	Not Applicable	
Not Applicable	Swapna Berry changed Inc	Open	Business License Update	Not Applicable	
Not Applicable	Gummies	Open	Product Registration Update	Not Applicable	

C. Frequently asked questions

- Please refer to the [Frequently Asked Questions](#) section for more frequently asked questions for Business Modules.