

\*\*\*\*\*NOTICE REGARDING APPLICATION QUESTIONS\*\*\*\*\*

This application has been updated following the question and answer rounds. Both rounds of questions and answers are posted on the Department's website. The Department is no longer accepting questions and will not respond to any further questions. Applicants are encouraged to review the question and answer pages prior to submitting this application.

Topic-specific Frequently Asked Questions and both rounds of Cannabis Business Establishment Application Questions and Answers can be found at: <https://www2.illinois.gov/sites/agr/Plants/Pages/Adult-Use-Cannabis.aspx/>

An Applicant for an Adult Use Cannabis Infuser License must complete this application and submit it to the Illinois Department of Agriculture, Bureau of Medicinal Plants ("Department". Applicants are strongly encouraged to review the Cannabis Regulation and Tax Act ([410 ILCS 705](#)) and the Department's emergency administrative rules ([8 IAC 1300](#)). Links to both can be found on the Department's [website](#).

This application must be completed and submitted with a non-refundable application fee in the amount of \$5,000 or, if the applicant qualifies as a Social Equity Applicant, a non-refundable application fee in the amount of \$2,500. The application fee must be in the form of cashier's check or money order and made payable to the Illinois Department of Agriculture.

Applications must be submitted in person at the Department's John R. Block Building, located at 801 E Sangamon Avenue in Springfield, or at the James R. Thompson Center, located at 100 W Randolph Street in Chicago. Applications can be submitted between 8:00 a.m. and 5:00 p.m. on regular business days.

Applications must be on a USB. Applicants must submit FIVE copies of the USB. Two copies of the USB shall be redacted to remove "private information" as defined in the Freedom of Information Act (5 ILCS 140). Three copies of the USB shall be unredacted.

Each USB shall include this completed application form and all exhibits. All USBs should be submitted in the same sealed envelope that includes a cover sheet containing the following information: Applicant name, intended location, and Applicant's primary and secondary contact information (including phone number, email address, and mailing address. Each USB should have an external label with the Applicant's name and either "R" for Redacted or "UR" for Unredacted. Exhibits must be saved as separate files on the USB and each file must be clearly labeled as "Exhibit A," "Exhibit B," etc. Each Exhibit must include page numbers.

All information provided in the application and Exhibits should be anonymous except when required by certain Exhibits (G, J, K, N, O, P, Q, R, S).

Applications will be accepted beginning on **FEBRUARY 14, 2020**. The deadline for submitting an application is 5:00 p.m. Central Time on **MARCH 16, 2020**. An application will be considered submitted on the date in which it was received, if received on or before 5:00 p.m. Central Time. If received after 5:00 p.m. Central Time, the application will be considered received on the next business day.

If the Department receives an application with missing information, the Department shall issue a deficiency notice to the Applicant. The Applicant shall have 10 calendar days from the date of the deficiency notice to resubmit the incomplete information. Applications that are still incomplete after this opportunity to cure will not be scored and will be disqualified.

The General Information section and all Exhibits included with this application are mandatory, unless the Exhibit is marked as “(Optional).” The Department will interpret the absence of an Exhibit in a submitted application to mean the Applicant has no responsive documents to that Exhibit and no points will be awarded in that category. The Exhibit list below and Exhibit descriptions are intended to be informative to the Applicant but are not inclusive of every detail. Applicants are expected to review the Act, rules, and scoring criteria independently. It is the Applicant’s responsibility to demonstrate compliance. Any drawings, diagrams, and descriptions must be adequate to illustrate the Applicant’s plans.

**Exhibit List**

- A: Suitability of the Proposed Facility
- B: Suitability of Employee Training Plan
- C: Security Plan and Recordkeeping
- D: Infusing Plan
- E: Product Safety and Labeling Plan
- F: Business Plan and Services to be Offered
- G: Social Equity Applicant
- H: Applicant’s Labor and Employment Practices
- I: Environmental Plan
- J: Illinois Resident Controlled or Owned
- K: Veteran Controlled and Owned
- L: Diversity Plan
- M: Bonus Section (Optional)
- N: Property Ownership
- O: Notice of Proper Zoning
- P: Organizational Information and Financial Interest Disclosure
- Q: Principal Officer or Board Member Disclosure Statement
- R: Notarized Statement
- S: Fingerprint Consent Form

**General Information**

Business/legal name \_\_\_\_\_  
 Business mailing address \_\_\_\_\_  
 Business telephone number \_\_\_\_\_  
 Business type \_\_\_\_\_  
 Date of business formation or incorporation \_\_\_\_\_  
 State(s) of incorporation \_\_\_\_\_  
 FEIN/SSN \_\_\_\_\_  
 Registered agent name \_\_\_\_\_  
 Registered agent address \_\_\_\_\_  
 Proposed business name, if any \_\_\_\_\_  
 GIS coordinates of proposed location \_\_\_\_\_  
 Ownership structure \_\_\_\_\_

Has or will Applicant submit additional Cannabis Business Establishments application(s) under the same or a different name? \_\_\_\_\_ If yes, please provide the name and type of establishment for each:

Individual/owner name \_\_\_\_\_  
 Business name \_\_\_\_\_  
 Type of establishment \_\_\_\_\_

Individual/owner name \_\_\_\_\_  
 Business name \_\_\_\_\_  
 Type of establishment \_\_\_\_\_

Is Applicant, or any of its principal officers, owners, or financial backers associated in any way with any other applicant(s) for Cannabis Business Establishments? \_\_\_\_\_ If yes, provide the following information for the other applicant(s):

Individual/owner name \_\_\_\_\_  
 Business name \_\_\_\_\_  
 Business telephone number \_\_\_\_\_  
 Type of establishment \_\_\_\_\_  
 Relationship/association to Applicant \_\_\_\_\_

Individual/owner name \_\_\_\_\_  
 Business name \_\_\_\_\_  
 Business telephone number \_\_\_\_\_  
 Type of establishment \_\_\_\_\_  
 Relationship/association to Applicant \_\_\_\_\_

Does Applicant plan to partner with a company to provide any security services as part of Applicant's required security plan? \_\_\_\_\_ If yes, provide:

Business name \_\_\_\_\_  
 Business mailing address \_\_\_\_\_  
 Business telephone number \_\_\_\_\_  
 Owner/principal name \_\_\_\_\_  
 Website \_\_\_\_\_

**Required Exhibits and Descriptions**

Application Exhibits must not exceed the page limit restrictions provided for in the Exhibit Descriptions. Page limits merely provide a maximum response length; no inference should be made about expected response length.

The Department's emergency administrative rules for License Application include a list of everything an Applicant must submit and can be found at 8 IAC 1300.400. The rules for License Selection Criteria contain details of the scoring measures and can be found at 8 IAC 1300.407. It is strongly recommended that Applicants review both to ensure their responses in the Exhibits below fully address all of the requirements.

**Exhibit A: Suitability of the Proposed Facility**

**Applicant must:** (1) demonstrate that the proposed facility is suitable for effective and safe production of cannabis and cannabis infused products; (2) demonstrate the ability to meet consumer demand by operating the infuser facility in a safe and efficient manner with minimal impact on the environment and the surrounding community; and (3) provide an Operations and Management Practices Plan.

**Total Points:** 75

**Page Limit:** none

**Exhibit B: Suitability of the Employee Training Plan**

**Applicant must:** (1) describe a staffing plan that will provide and ensure adequate staffing and experience for accessible business hours, safe production, sanitation, security, and theft prevention; and (2) provide an employee handbook that will provide employees with a working guide of the administration and policies of the facilities.

**Total Points:** 50

**Page Limit:** 15, not including a copy of the proposed handbook

**Exhibit C: Security Plan and Recordkeeping**

**Applicant must:** (1) demonstrate its ability to prevent the theft or diversion of cannabis and cannabis-infused products and how the plan will assist ISP, Department, and local law enforcement in carrying out law enforcement responsibilities, including evidence of compliance with all items in Sections 1300.455, 1300.480, and 1300.485 of the emergency rules; (2) demonstrate that its plan for record keeping, tracking and monitoring inventory, quality control and security and other policies and procedures will discourage unlawful activity, including a description of the applicant's plan to coordinate with and dispose of unused or surplus cannabis and cannabis-infused products with ISP and the Department; (3) describe the enclosed, locked facility for securing and storing cannabis and cannabis-infused products and the Applicant's security measures, including measures for when the location is closed for business and steps taken to ensure that cannabis and cannabis-infused products are not visible to the public; (4) Applicant must also provide its plan to apply for a Transporter license or plan to work with a licensed Transporter and the procedures for safely and securely delivering cannabis-infused products to cannabis business establishments.

**Total Points:** 145

**Page Limit:** 65

**Exhibit D: Infusing Plan**

**Applicant must:** (1) describe its plan to provide a steady, uninterrupted supply of cannabis-infused products to registered dispensaries; (2) demonstrate knowledge of infusion methods to be used in the production of cannabis-infused products; (3) demonstrate the steps that will be taken to ensure the quality, including the purity and consistency, of the cannabis-infused products to be provided to dispensaries.

**Total Points:** 75

**Page Limit:** 50

**Exhibit E: Product Safety and Labeling Plan**

**Applicant must:** (1) describe its plan for safe and accurate packaging and labeling of cannabis-infused products; (2) describe its plan for testing and ensuring that all cannabis-infused products are free of contaminants; (3) describe its plan for establishing a product recall in the event of product defect or adverse health consequences to consumers, including methods of identifying product, notifying dispensaries and/or consumers, and disposal of the returned product.

**Total Points:** 95

**Page Limit:** 55

**Exhibit F: Business Plan and Services to be Offered**

**Applicant must:** (1) provide a business plan that describes how the infuser plans to operate on a long-term basis, including a detailed description about the amount and source of the equity and debt commitment and financial feasibility; (2) demonstrate and/or describe the experience that the Applicant or its officers, board members, or incorporators have in business management, this industry, operating a commercial kitchen or laboratory preparing products for human consumption, infusing products with cannabis concentrate, and agriculture or horticulture, and the extent of their involvement in or ability to influence the day-to-day operations of the facility; (3) provide a startup timetable which provides an estimated time from permit approval to full operation, and the basis of the estimates. This should include a statement that Applicant can demonstrate experience in or business practices that promote economic empowerment in Disproportionately Impacted Areas.

**Total Points:** 110

**Page Limit:** 60

**Exhibit G: Social Equity Applicant**

**Applicant must declare whether Applicant is applying as a Social Equity Applicant.** If Applicant is *not* applying as a Social Equity Applicant, Applicant need not provide any further information in this Exhibit. If Applicant *is* applying as a Social Equity Applicant, Applicant must provide evidence of Social Equity Applicant status. Evidence of status as a Social Equity Applicant may be established by providing:

1. Evidence of the Applicant's status as an "Illinois resident" as demonstrated by incorporation documents, or, if applying as an individual, at least two of the following: (i) a signed lease agreement that includes the applicant's name, (ii) a property deed that includes the applicant's name, (iii) school records, (iv) voter registration card, (v) an Illinois driver's license, ID card, or a Person with a Disability ID card, (vi) a paycheck stub, (vii) a utility bill, or (viii) any other proof of residency or other information necessary to establish residence. A person must have been domiciled in the state for a period of 30 days to be an "Illinois resident" as used in this application; **and**
2. Evidence the person or persons owning and controlling at least 51% of the proposed Infuser have lived in a Disproportionately Impacted Area for 5 of the preceding 10 years as demonstrated by, but not limited to, tax filings, voter registrations, leases, mortgages, paycheck stubs, utility bills, insurance forms, or school records that include the qualifying principal officers' names on them; or
3. Evidence the person or persons owning and controlling at least 51% of the proposed Infuser have been arrested for, convicted of, or adjudicated delinquent for any offense made eligible for expungement by Public Act 101-0027. If the arrest, conviction, or adjudication has been sealed or expunged, provide records of such action; or
4. Evidence the person or persons owning and controlling at least 51% of the proposed Infuser has had a parent, legal guardian, child, spouse, dependent, or was a dependent of an individual who prior to June 25, 2019, was arrested for, convicted of, or adjudicated delinquent for any offense made eligible for expungement by Public Act 101-0027. If the arrest, conviction, or adjudication

has been sealed or expunged, provide records of such action. The Applicant must also provide evidence of the relationship between the Applicant's principal officer or officers and the person who was arrested for, convicted of, or adjudicated delinquent for any offense made eligible for expungement by Public Act 101-0027; or

5. Evidence that the Applicant employs 10 or more full-time employees, and evidence that at least 51% of those employees (1) currently reside in a Disproportionately Impacted Area; (2) have been arrested for, convicted of, or adjudicated delinquent for any offense that is eligible for expungement under Public Act 101-0027; or (3) are members of an "impacted family" as that term is defined in Public Act 101-0027. The Applicant must provide evidence as described above for each employee. The applicant shall also provide evidence the employees were engaging in full time work as of the date the application was submitted. If employee information or employment status of employees changes before licenses are awarded, Applicant has a duty to notify the Department of the change in employee information or status.

**Total Points:** 200

**Page Limit:** none

#### **Exhibit H: Applicant's Labor and Employment Practices**

**Applicant must:** provide a plan to provide a safe, healthy and economically beneficial working environment for its employees, including, but not limited to, its plans regarding workplace safety and environmental standards, codes of conduct, healthcare benefits, educational benefits, retirement benefits, living wage standards, and entering a labor peace agreement with employees.

**Total Points:** 20

**Page Limit:** 10

#### **Exhibit I: Environmental Plan**

**Applicant must:** (1) provide or demonstrate a plan to minimize the carbon footprint, environmental impact, and resource needs for the production of cannabis-infused products and; (2) describe any plans for the use of alternative energy, treatment of waste water and run off, and treatment of exchanged air.

**Total Points:** 20

**Page Limit:** 10

#### **Exhibit J: Illinois Resident Controlled or Owned**

**Applicant must declare whether Applicant is Illinois Resident Controlled or Owned.** If Applicant is *not* applying as Illinois Resident Controlled or Owned, Applicant need not provide any further information in this Exhibit.

If Applicant *is* applying as Illinois Resident Controlled or Owned, **Applicant must:** provide tax records proving the infuser will be 51% controlled or owned by an individual or individuals who have been an Illinois resident for each of the past 5 years.

**Total Points:** 90

**Page Limit:** none

#### **Exhibit K: Veteran Controlled and Owned**

**Applicant must declare whether Applicant is Veteran Controlled and Owned.** If Applicant is *not* Veteran Controlled and Owned, Applicant need not provide any further information in this Exhibit.

If Applicant *is* applying as Veteran Controlled and Owned, **Applicant must:** provide evidence proving the infuser will be 51% controlled and owned by a veteran, as defined in Section 45-57 of the Illinois Procurement Code (30 ILCS 500).

**Total Points:** 20

**Page Limit:** none

**Exhibit L: Diversity Plan**

**Applicant must:** provide a narrative that establishes a goal of diversity in ownership, management, employment, and contracting to ensure that diverse participants and groups are afforded equality of opportunity.

**Total Points:** 100

**Page limit:** No more than 2500 words

**Exhibit M: Bonus Section (Optional)**

Applicants must receive 75% of total available points in the required categories, and meet all other requirements, to be eligible for bonus points.

In the event of a tie in scoring after all required categories are scored, the Department may award up to 2 bonus points for preferred but Applicant's plan to engage with the community.

**Total Points:** 2

**Page Limit:** 10

**Exhibit N: Property Ownership – 8 IAC 1300.400(d)(22)**

**Applicant must submit different documentation depending on Applicant's status as the property owner.**

If the property of the proposed location is **leased by the Applicant**, Applicant must submit: a copy of the lease, confirmation of land ownership, identification of any mortgagees and/or lienholders, a written statement from property owner and/or landlord certifying consent for an infuser facility to be operated on the premises by the Applicant at least through December 31, 2021, and if applicable, verification of notification by the property owner to any and all mortgagees and/or perfected lienholders that the property is to be used as an infuser facility at least through December 31, 2021, and consent thereto by any mortgagees and/or perfected lienholders.

If the property is **not owned or currently leased by the Applicant**, Applicant must submit: a written statement from property owner and/or landlord certifying consent for the Applicant to lease or purchase the land for the purpose of operating an infuser facility at least through December 31, 2021, and if applicable, verification of notification by the property owner to any and all mortgagees and/or perfected lienholders that the property is to be used as a infuser facility at least through December 31, 2021, and consent thereto by any mortgagees and/or perfected lienholders.

If the **property is owned by the Applicant**, Applicant must submit: confirmation of land ownership, identification of any and all mortgagees and or perfected lienholders, and if applicable, verification of notification to any and all mortgagees and/or perfected lienholders that the property is to be used as an infuser facility at least through December 31, 2021; and consent thereto by any mortgagees and/or perfected lienholders.

**Page limit:** none

**Exhibit O: Notice of Proper Zoning**

This Exhibit contains two parts: one to be completed by the Applicant, and one to be completed by the local zoning authority. Both parts must be completed. Applicant must submit a copy of the zoning ordinance or regulation with this Exhibit.

***To be completed by Applicant:***

I, \_\_\_\_\_, am filing an application with the Illinois Department of Agriculture to obtain a permit to operate as an INFUSER FACILITY. The street address of the proposed facility location is: \_\_\_\_\_, located in the \_\_\_\_\_ County, City/Village of \_\_\_\_\_, zip code \_\_\_\_\_.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***To be completed by Zoning Authority or Local Government:***

\_\_\_\_\_, Zoning Office/Department of \_\_\_\_\_ City/Town/County, hereby affirms that the location identified in the street address above is:

- IN COMPLIANCE with currently enacted local zoning laws and regulations to operate an Infuser Facility
- has applied for local zoning approval to operate an Infuser Facility
- has no applicable, currently enacted zoning regulations in effect at this time

Title of Authorized Zoning Representative \_\_\_\_\_  
 Printed Name \_\_\_\_\_  
 Telephone Number and email address \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date \_\_\_\_\_

**Exhibit P: Organizational Information and Financial Interest Disclosure – 8 IAC 1300.405**

Applicant must disclose all relevant financial information related to the infuser. In responding to this Exhibit, Applicants are encouraged to review the definition of “financial interest” in the rules, and Sections 1300.405 and 1300.400(d)(18)-(26).

**Applicant must provide:**

1. The ownership structure of the Infuser, including the percentage ownership interest of each individual or business entity. This should identify all principal officers and business entities that through direct or indirect means, manage, own or control the interests and assets of the Infuser Applicant.
  - a. Applicant must state what type of business entity it is: sole proprietor, partnership, limited partnership, limited liability partnership, corporation, limited liability company, or other.
    - i. Sole proprietors must provide the name, residence, and date of birth of the owner.
    - ii. All partnerships must provide the names and addresses of all partners, both general and limited, and any partnership documents.
    - iii. Limited partnerships, limited liability partnerships, corporations, and limited liability companies must provide a copy of a certificate of existence and a copy of a Certificate of Good Standing from the Illinois Secretary of State, issued within the last 60 days.
    - iv. Limited liability companies must provide a copy of their Articles of Organization and a listing of the members of the limited liability company and their contact information.
    - v. Corporations must provide a copy of their Articles of Incorporation, and a copy of assumed name registration issued by the Secretary of State if applicable. Corporations must also provide the names and addresses of all stockholders and directors of the corporation.
      1. All foreign entities must provide the documentation applicable to their entity type above, plus a copy of a Certificate of Good Standing from their jurisdiction of incorporation, and a copy of a Certificate of Authority issued by the Illinois Secretary of State.
2. A current organizational chart of the Infuser, including positions descriptions and names and resumes of persons occupying positions, and the name of any agent-in-charge for each work shift. Include any additional skills, education, or experience relevant to an infuser that is not included in employees' resumes.
3. Copies of compensation agreements, management agreements, supply agreements, or other financial documents between or among the Applicant and any persons having a financial interest and/or control in the licensee, including growers, owners, and officers, or a narrative if the agreement is oral.
4. Documentation establishing that Applicant has at least \$20,000 in liquid assets.
5. Audited financial statements for the previous fiscal year. If Applicant was formed within the year preceding application, provide certified financial statements for the period of time Applicant has been in existence.
6. Nature and type of any outstanding bonds, loans, lines of credit, etc., issued or executed, or to be issued or executed, in connection with the opening or operating of the proposed infuser.
7. Disclosure of all sources of funding used to acquire or develop the infuser business and documentation of such funding.
8. Documentation sufficient to show that Applicant will be able to obtain insurance to indemnify and hold harmless the State as required by law.

Applicant must complete the below worksheet for any individual or entity identified in the above information.

**For any individual identified, complete the following:**

First name \_\_\_\_\_  
Middle name \_\_\_\_\_  
Last name \_\_\_\_\_  
Maiden name (if applicable) \_\_\_\_\_  
Alias(es) or former names \_\_\_\_\_  
Percent ownership \_\_\_\_\_  
Type of ownership \_\_\_\_\_  
Sex (optional) \_\_\_\_\_  
Race (optional) \_\_\_\_\_  
U.S. resident? \_\_\_\_\_  
Illinois resident? \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Work telephone \_\_\_\_\_  
Cell phone \_\_\_\_\_  
Email address \_\_\_\_\_  
Title in Infuser Facility \_\_\_\_\_  
Social security number (as required by the Act) \_\_\_\_\_

**For any business entity, complete the following:**

Business name \_\_\_\_\_  
Business mailing address \_\_\_\_\_  
Business telephone number \_\_\_\_\_  
Business entity type \_\_\_\_\_  
Website \_\_\_\_\_  
Date(s) and jurisdiction(s) of business formation or incorporation \_\_\_\_\_  
FEIN \_\_\_\_\_  
Names of controlling shareholders, class of stock, and percentage ownership.  
\_\_\_\_\_

**If owned by a trust, disclose:** the names, addresses, dates of birth, and percentages of interest of all beneficiaries and trustees.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Percent Interest: \_\_\_\_\_  
Beneficiary or Trustee: \_\_\_\_\_

**Exhibit Q: Principal Officer and Board Member Disclosure**

This form must be completed for each principal officer and/or board member. This form must be filled out entirely despite the potential appearance of duplicative information.

First Name \_\_\_\_\_  
 Middle Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Maiden Name (if applicable) \_\_\_\_\_  
 Alias(es) or former names \_\_\_\_\_  
 Sex (optional) \_\_\_\_\_  
 Race (optional) \_\_\_\_\_  
 U.S. Resident? \_\_\_\_\_  
 Illinois Resident? \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Work Telephone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Social security number (as required by the Act) \_\_\_\_\_

Check Yes or No for the following questions. For any questions marked Yes, use the additional lines at the bottom of this form to provide further details: year, jurisdiction, amount, resolution, and any other pertinent information. Attached additional pages as necessary.

	Yes	No
Prior or current bankruptcy filing(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Prior or current default on alimony?	<input type="checkbox"/>	<input type="checkbox"/>
Prior or current default on child support?	<input type="checkbox"/>	<input type="checkbox"/>
Prior or current state or federal tax liens against property?	<input type="checkbox"/>	<input type="checkbox"/>
Prior discipline or sanction by a State or federal agency?	<input type="checkbox"/>	<input type="checkbox"/>
Failure to file a tax return in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
Prior or current license/authorization to cultivate, produce, or distribute cannabis in any state or jurisdiction? If Yes is marked in answer to this question, principal officer/board member must also: (1) provide a copy of the licensing or authorizing document; (2) provide a statement granting Department permission to contact the regulatory authority that issued the license and verify the information contained in this application, and; (3) disclose whether the entity's license or authorization was ever suspended, revoked, or otherwise sanctioned, and provide a copy of that documentation, or a statement of no sanction.	<input type="checkbox"/>	<input type="checkbox"/>
Any other business the principal officer/board member was involved in that was convicted, censured, or had a registration or license suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Exhibit R: Notarized Statement**

I, the undersigned Applicant, on behalf of all principal officers, owners, and board members of the Applicant, hereby state as follows:

1. The Infuser will register with the Illinois Department of Revenue.
2. The application is complete and accurate.
3. The Applicant has actual notice that, notwithstanding the Cannabis Regulation and Tax Act (Act):
  - a. Cannabis is a prohibited Schedule I controlled substance under federal law;
  - b. The Act does not authorize any licensee to violate federal or state laws;
  - c. Participation in the program is permitted only to the extent provided by the strict requirements of the Act and rules;
  - d. Any activity not sanctioned by the Act or rules may be a violation of state or federal law and could result in arrest, prosecution, conviction, or incarceration;
  - e. Growing, distributing, or possessing cannabis in any capacity, unless done through a federally - approved research program, is a violation of federal law;
  - f. Use of cannabis may affect the validity of or an individual's ability to receive or retain federal or state licensure in other areas;
  - g. Use or possession of cannabis, in tandem with other conduct, may be a violation of state or federal law and could result in arrest, prosecution, conviction, or incarceration;
  - h. Participation in the cultivation, processing, manufacture, distribution, sale, consumption, or transportation of cannabis in accordance with the Act does not authorize any person to violate federal law or state law;
  - i. The Act does not provide any immunity from or affirmative defense to arrest, prosecution, conviction, or incarceration under federal law or state law, other than as set out in Article 45 of 410 ILCS 705; and
  - j. Applicants shall indemnify, hold harmless, and defend the State of Illinois for any and all civil or criminal penalties resulting from participation in the program.
4. Applicant understands that the Department has authority to include additional certifications in the application that would be sufficient to ensure compliance with the Act and other applicable laws.
5. Applicant will notify the Department of any material changes to any of the information provided to the Department during the application process, such as but not limited to ownership, financial interest, operational structure and criminal history.
6. 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.
7. Applicant understands that should the Applicant be awarded a license, the information and plan provided by the Applicant in its application becomes a mandatory condition of the license and that if the successful Applicant (licensee) fails to comply with standard and special conditions of the license, the Department may assess a penalty or seek suspension or revocation of the license pursuant to Section 1300.600, et al, of the rules.
8. Applicant understands that the Infuser License is not transferable, except as provided in Section 1300.415, and that the license is the property of the State of Illinois and shall be surrendered upon demand of the Department.
9. Applicant understands that cannabis shall be transported only in a cannabis container as defined in Section 1300.10.

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11. Applicant understands that the Department may deny an application if the documentation is incomplete, or if the Department determines, after an inquiry or investigation, that the information provided was false, misleading, forged or altered.
12. Applicant understands that, upon issuance of a license, the infuser is subject to random inspections by the Department, Illinois State Police (ISP) and the Department of Public Health (DPH) and, when necessary to perform their governmental duties, local law enforcement or other federal, State or local government officials.
13. Applicant specifically acknowledges receipt and advisement of the notices contained in the application and agrees to and accepts the limitations of liability and the requirement to indemnify, hold harmless and defend the State of Illinois, including:
  - a. Limitation of Liability – the State of Illinois shall not be liable to the licensed Infuser, its agents, family members or guests for any damage, injury, accident, loss, compensation or claim, based on, arising out of, or resulting from the licensed Infuser’s participation in the Cannabis Regulation and Tax Act including, but not limited to, the following: arrest, seizure of persons and/or property, prosecution pursuant to State or federal laws by State or federal prosecutors, any fire, robbery, theft, mysterious disappearance or any other casualty; or the actions of any other licensees, registrants or persons. This Limitation of Liability provision shall survive expiration or the early termination of the license.
  - b. Hold Harmless/Indemnification – the licensed Infuser, its principal officers, board members, backers, agents, employees, family members or guests will hold harmless and/or indemnify the State of Illinois, its officers and employees against any civil action or criminal penalty commenced against the State and/or its officers or employees resulting from participation in the Cannabis Regulation and Tax Act.
  - c. Federal Prosecution – the United States Congress has determined that cannabis is a controlled substance. Growing, distributing, transporting and possessing cannabis in any capacity, other than as part of a federally authorized research program, is a violation of federal laws. The State of Illinois' Cannabis Regulation and Tax Act does not authorize any licensee to violate federal or state laws.

I certify, under penalty of perjury, that the information provided in this application for an Infuser License is true and accurate to the best of my knowledge. Submission of false, misleading, or inaccurate information in connection with this application is grounds for revocation of the Infuser License and other administrative, civil, or criminal penalties.

Applicant Signature and date: \_\_\_\_\_  
Applicant Title: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 2020

(SEAL) \_\_\_\_\_, Notary Public

**Exhibit S: Fingerprint Consent Form**

All of Applicant's principal officers, board members, and agents must complete the Fingerprint Submission Consent and Notification Form and submit it directly to a live scan vendor. A copy of the Form must also be submitted with the application.

Applicant should not alter the Requesting Agency Name, Requesting Agency ORI Identifier, Requesting Agency Address, or Purpose Code fields of the Form.

This fingerprint consent Form will serve to meet the requirements of a verified background check in 410 ILCS 705/35-10(a)(7) and 8 IAC 1300.400(d)(7).

## Fingerprint Submission Consent and Notification Form (Used for all Licensing and Employment Screening)

The authorized agency (Agency) named below requires all applicants in the Agency's screening or approval process for the purpose identified below to submit to a fingerprint-based criminal history record information background check. The Agency will follow all applicable laws, rules and regulations concerning the criminal background check pursuant to the authorizing statute, Uniform Conviction Information Act and federal statute. The live scan vendor or Agency must confirm the identity of the applicant submitting the fingerprints. The live scan vendor or Agency must use the Applicant Information section to document the valid government issued identification provided by the applicant before the fingerprints are taken. This document also serves as a consent and notification form. **The form must be signed by the applicant** (See Page 2) in order to authorize the release of any criminal history record information that may exist regarding the applicant. The results of the inquiry will be forwarded to the Agency for review.

### Agency Information

Requesting Agency Name:	Requesting Agency ORI Identifier:
Requesting Agency Address:	
Fiscal Cost Center: (for entity responsible for paying ISP)	Purpose Code:

### Applicant Information

Name:	Sex:	Race:	Date of Birth:
SSN ( <i>if req. by Agency</i> ):	DL/ State ID/ Passport # :		DL/ID State:

### Livescan Vendor/Appointment Information

Live Scan Fingerprint Vendor Company Name:	Address:	
Phone Number:	Appointment Date & Time:	IL Vendor License Number:

## Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

### Applicant Consent

By signing below, I acknowledge and hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

Applicant Name (printed):	
Applicant Name (signature):	Date:

**THIS SIGNED FORM MUST BE RETAINED BY THE AGENCY FOR AT LEAST TWO YEARS.**