

**Medical Cannabis Cultivation Center Application
Instructions**

Illinois Department of Agriculture
Springfield, Illinois

APPLICATION INSTRUCTIONS

Application for Permit, Construction and Operational Approval – Medical Cannabis Cultivation Center

The Application for Permit, mandatory forms, Schedules 1, 2, 3, 4, 5 and 6 and the information required by each schedule must be submitted by all applicants. The information in Schedule 7, Bonus Section, is optional. Applicants are encouraged to draft the narrative portions of the application clearly and concisely.

Blueprints and engineering specifications are required with the application packet. Please complete the *Approvals of Application for Permit Form* with the proper signatures. Engineering drawings are applicable to more than one schedule; i.e. one plan view may cover both production areas. In this situation, submit one drawing and reference the number on any subsequent schedules. The Department of Agriculture requires permission to reproduce all drawings.

In order to aid the Department to review and score applications anonymously, please DO NOT use your company name or distinguishing characteristics in Schedules 1 – 5. Department staff that will be involved in the reviewing and scoring of applications will NOT be involved in the acceptance and recording of applications.

Schedules:

Schedule 1 – Suitability of the Proposed Facility	REQUIRED	150 Points
Schedule 2 – Staffing and Operations Plan	REQUIRED	100 Points
Schedule 3 – Security Plan	REQUIRED	200 Points
Schedule 4 – Cultivation Plan	REQUIRED	300 Points
Schedule 5 – Product Safety and Labeling Plan	REQUIRED	150 Points
Schedule 6 – Business Plan	REQUIRED	100 Points
Schedule 7 – Bonus Section	OPTIONAL	20 Points ea.

Mandatory Forms:

- Approvals of Application for Permit
- Direct or Indirect Financial Interest
- Principal Officer or Board Member Disclosure Statement
- Contracting Disclosure
- Current or Previous Authorization to Cultivate Cannabis
- General Information
- Notarized Statement
- Written Statement
- Regulatory Agency Contact Authorization Form
- Property Ownership Form
- Notice of Proper Zoning Form
- Fingerprint Consent Form

**Medical Cannabis Cultivation Center Application
Instructions**

NOTE: It is extremely important that the information submitted with the application and the Schedules clearly shows compliance with the rules of the Department, found at 8 Ill. Adm. Code Part 1000, hereinafter referred to as the rules. While citations to the rules have been added to documents in the application in order to assist in completion, omission of a citation does not alleviate the applicant from submitting required information. It is strongly recommended that the applicant read and become familiar with the rules, a copy of which is available online at www.mcpp.illinois.gov.

Pursuant to the Compassionate Use of Medical Cannabis Pilot Program Act (410 ILCS 130, hereinafter referred to as the Act), in Section 85, and the rules, in Section 1000.140, a non-refundable application fee of \$25,000 shall be submitted with each application. The fee shall be in the form of a certified check or money order made payable to Illinois Department of Agriculture.

Applications must be submitted through Certified U.S. Mail or in person at the address and during the dates and times listed below. *All data and information must be typed except documents requiring original signatures and the application checklist.* Blueprints shall be of sufficient resolution to allow for technical review.

For paper copies, all pages must be numbered and organized in the following sequence:

1. Schedule 1 – Suitability of the Proposed Facility
 - a) Location Area Map
 - b) Plot Plan of Facility
 - c) Zoning Compliance
 - d) Engineering Plans and Specifications
 - e) Employee Handbook
2. Schedule 2 – Staffing and Operations Plan
 - a) Staffing Plan
 - b) Operational and Management Practices Plan
3. Schedule 3 – Security Plan
 - a) Facility Security – Engineering Plans and Specifications
 - b) Security Surveillance System
 - c) Product Security
 - d) Shipping/Transportation Security
4. Schedule 4 – Cultivation Plan
 - a) Cultivation Methods
 - b) Product Registration
 - c) Production Areas (Plants)

Medical Cannabis Cultivation Center Application Instructions

- d) Process Flow Diagram (Plants)
 - e) Production Areas (Processed/Infused)
 - f) Process Flow Diagram (Processed/Infused)
 - g) Pesticide Application and Storage Plan
 - h) Inventory of Production Areas
 - i) Shipping and Receiving
 - j) Water Flow Diagram
 - k) Disposal of Waste materials
5. Schedule 5– Product Safety and Labeling
- a) Product Packaging and Labeling Plan
 - b) Product Testing Plan
 - c) Product Recall Plan
6. Schedule 6 - Business Plan and Financial Disclosure
- a) Business Plan
 - b) Financial Disclosure
7. Schedule 7 – Bonus Section
- a) Labor and Employment Practices
 - b) Research Plan
 - c) Community Benefits Plan
 - d) Substance Abuse Prevention Plan
 - e) Local Community/Neighborhood Report
 - f) Environmental Plan
 - g) Verification of Minority owned, Female owned, Veteran owned or Disabled Person owned Business
 - h) Verification that the applicant's principal place of business is headquartered in Illinois and plan for creating Illinois based jobs
8. Mandatory Forms
- a) Approvals of Application for Permit
 - b) Direct or Indirect Financial Interest
 - c) Principal Officer or Board Member Disclosure Statement
 - d) Contracting Disclosure
 - e) Current or Previous Authorization to Cultivate Cannabis
 - f) General Information
 - g) Notarized Statement
 - h) Written Statement
 - i) Regulatory Agency Contact Authorization Form
 - j) Property Ownership Form
 - k) Notice of Proper Zoning Form
 - l) Fingerprint Consent Form

Medical Cannabis Cultivation Center Application Instructions

PDF files on the USB drive must be organized based on the above outline. Please make one folder for the complete un-redacted application and a separate folder for the complete redacted version. Each Schedule must be a separate PDF file within the folder.

All documents need to be received by the Department of Agriculture by the closing date and time of the application process.

Applications must provide sufficient information to allow the Department to conduct a technical review to determine if it meets all requirements of the Act and the rules. The information required on each schedule is to ensure performance of a thorough review.

Final permits may be issued with special conditions but the following conditions will apply to all permits: All information and plans submitted with the application will become mandatory conditions of the permit if issued; no changes or modifications will be allowed without Department approval; a valid Illinois Tax ID number must be submitted to the Department; and all final zoning documents must be complete and submitted to the Department within 60 days of the application submittal date.

Contact the Department of Agriculture at the email address below if you have questions. AGR.MedicalCannabis@illinois.gov. No questions about the application or application process will be answered except through email.

Submit applications and payment:

September 8, 2014 – September 22, 2014

Monday – Friday

8:30 am – 5:00 pm.

*****NOTE: The application period will end at 3:00 pm on Monday, September 22, 2014*****

Emmerson Building
Illinois State Fair Grounds – Gate 11
Corner of Main Street and Central Avenue
Springfield, Illinois 62707

PO Box 19281
Springfield, Illinois 62794

Department of Agriculture will provide a time and date stamped receipt upon application submission. The receipt will serve as a record that the application was delivered to the Department.

Late applications or applications submitted on days and at times other than those listed will not be accepted.

Medical Cannabis Cultivation Center Application Instructions

Required Documents

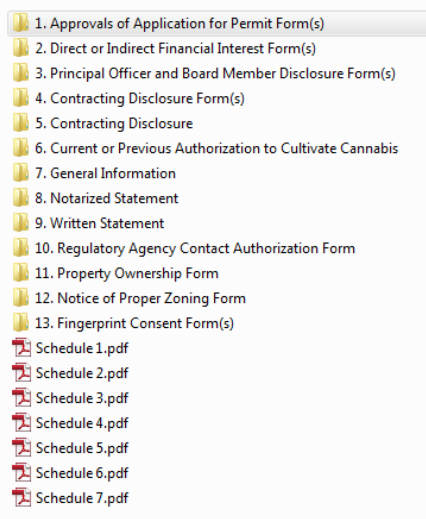
Application materials need to be typed in 12-point Times New Roman font, 1.5 line spacing, 1-inch margins on each side. No portions of the application may be handwritten except for documents that require signatures. Do not permanently bind any portion of the application materials.

All application materials must be submitted in the order outlined on page 2 – 4 of the instructions.

Please submit your applications as follows

- One (1) complete un-redacted paper application with original signatures – In a sealed envelope or box, blueprints and engineering specifications may be in sealed tubes.
- One (1) complete redacted paper application– In a sealed envelope or box, blueprints and engineering specifications may be in sealed tubes.
**If you would like to include a key for this section the key will be kept separate from the materials during scoring. Example of a key would be: Financial Backer #1 = John Smith, Financial Backer #2 = John Doe.*
- One (1) USB drive with PDF files of the complete un-redacted and redacted application. Make one folder for the complete un-redacted application and a separate folder for the complete redacted version. Each Schedule must be a separate PDF file within the folder. Please make a sub-folder within the main folders that contains the forms for each version of the application. Each PDF must be text-searchable and “[sanitized](#)”.

Arrange your files in the following format within each sub-folder:



All USB drives must have sufficient storage capacity to hold the application files. The USB drive must be virus-free, have no encryption or password protection, and be compatible with the Windows 7 Operating system. All files must be readily printable to 8.5 x 11 paper. Applicants must make all reasonable efforts to ensure the documents are

Medical Cannabis Cultivation Center Application Instructions

included as PDFs. The Department recognizes that some materials, such as blueprints or technical diagrams, may not be practicably included as a PDF. If that is the case, please include these documents only in the paper application and provide a placeholder page in the PDF file indicating where the document should be.

- Certified Check or Money Order for \$25,000 payable to the Illinois Department of Agriculture. Please include a copy of your Application Submission Checklist and a copy of the certified check or money order with your payment in a sealed envelope.

When preparing the redacted version of your application materials please redact all references to the following items:

1. All first and last names listed in the application
2. Social security numbers
3. Employer taxpayer identification number
4. Driver's license number
5. State identification number (FEIN)
6. Proposed dispensary name
7. All phone numbers
8. All e-mail addresses
9. All business and personal addresses
10. Consultant name
11. The names of all Corporations, LLCs, sole proprietor ships, non-for-profits that have a financial interest in the dispensary.
12. Any personal identifying information in the photographs, plot plans or drawings
13. Signatures
14. Any additional personal identifying information contained in the application

**Medical Cannabis Cultivation Center Application
Instructions**

Submission Checklist – To be completed and submitted with Application Fee

Submit applications and payment:

September 8, 2014 – September 22, 2014

Monday – Friday

8:30 am – 5:00 pm.

*****The application period will end at 3:00 pm on Monday, September 22, 2014*****

Emmerson Building

Illinois State Fair Grounds – Gate 11

Corner of Main Street and Central Avenue

Springfield, Illinois 62707

Name: _____

ISP District: _____

County: _____

Check Number: _____

Initial on the lines below verifying the information is included in your application packet.

___ 1 complete, sealed, un-redacted application with original signatures

___ 1 complete, sealed, redacted application

___ USB drive with PDF copies of both versions of the application

___ \$25,000 non-refundable certified check or money order

___ Photocopy of certified check or money order

___ Submission Checklist

___ Schedule 1 – Suitability of Proposed Facility

___ Schedule 2– Staffing and Operations Plan

___ Schedule 3 – Security Plan

___ Schedule 4 – Cultivation Plan

___ Schedule 5 – Product Safety and Labeling Plan

___ Schedule 6 – Business Plan

___ Schedule 7 – Bonus Section

___ Approvals of Application for Permit Form

___ Direct or Indirect Financial Interest Form

___ Principal Officer or Board Member Disclosure Statement Form

___ Contracting Disclosure Form

___ Current or Previous Authorization to Cultivate Cannabis Form

___ General Information Form

___ Notarized Statement

**Medical Cannabis Cultivation Center Application
Instructions**

-
-
- Written Statement
 - Regulatory Agency Contact Authorization Form
 - Property Ownership Form
 - Notice of Proper Zoning Form
 - Completed Fingerprint Consent Form(s)

Applicant Signature _____

Printed Name _____

Date _____

*****Office use ONLY*****

Application Number: _____
Name: _____
ISP District: _____
County: _____
Check Number: _____
Receipt Number: _____