

INSTRUCTION SHEET

APPLICATION FOR AUTHORIZATION APPROVAL MEDICAL CANNABIS DISPENSARY

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the Application Form and required fee unless otherwise directed in the instructions.*

Table of Contents	Pages
Purpose	2
Disclaimer	2
Fees: Fees are non-refundable	2
Definitions	2
Dispensing Organization Districts.....	3-4
Completing the Application	4-5
Receipt of Applications	5-6
Submission of Application	7
Application Receipt.....	7
Submission Deadline and Timetables.....	8
Incomplete Applications	8
After Application Submission	8
Change to Principal Contact.....	8
Documents Requiring Translation	9
Application Questions.....	9
Application Scoring	9
Checklist	10
Application Fee Form	11-12

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.

PURPOSE

The Medical Cannabis Pilot Program Act (the “Act”) 410 ILCS 130 and the Administrative Rules 68 IAC 1290 (the “Rules”) require that all entities engaged in the dispensing of medical cannabis be registered by the Illinois Department of Financial and Professional Regulation – Medical Cannabis Division (“Division”) to engage in such activity.

DISCLAIMER

Pursuant to the Act, the State of Illinois may not award more than 60 registrations to operate a dispensing organization. DFPR reserves the right to award fewer than 60 authorizations to register during the first request for applications if the Division concludes that no qualified applications are timely received for a specific district or districts.

After filing an application for Authorization to register a dispensing organization with the Division, applicant will be provided with a date and time stamped receipt issued by the Division. In filing an application for Authorization and receiving a date and time stamped receipt, the applicant consents and acknowledges:

- a. Applicant retains no claim or action against the Division for its denial of an Application;
- b. The Division is vested with the discretion to select the applicants to be awarded an Authorization; and
- c. The Division’s decisions in selecting the applicants shall be final.

FEES

FEES ARE NON-REFUNDABLE

The Application fee is \$5,000. The application fee shall be provided in a sealed envelope labeled "application fee" along with the submission checklist listed on pages 11 and 12 of these instructions. One application fee is to be submitted with each application.

Application fee payment must be hand delivered in the form of a **certified check** or **money order only**, made payable to “Illinois Department of Financial and Professional Regulation.”

Cash or personal checks will not be accepted.

DEFINITIONS

The Pilot Program Act uses the terms “day care center,” “day care home,” “group day care home,” “part day child care facility.” The Child Care Act of 1969 [225 ILCS 10/] defines “day care center,” “day care home,” “group day care home,” and “part day child care facility.”

For purposes of this Application, minority, female, and disabled shall be defined as found in Section 2 of the Business Enterprise for Minorities, Females, and Persons with Disabilities Act [30 ILCS 575/2].

DISPENSING ORGANIZATION DISTRICTS

Applications will be accepted for the following dispensing organization districts. The applicant is solely responsible for ensuring that the proposed location is within the district boundaries of the district for which the applicant applies. Applicants should confirm the boundary line between the City of Chicago and adjacent districts. An applicant may submit separate applications for authorization for a dispensing organization in up to five Districts.

District 1 includes Carroll, Ogle, Whiteside and Lee counties.

District 6 includes Livingston, McLean and Dewitt counties.

District 7 includes Rock Island, Mercer, Knox and Henry counties.

District 8 includes Marshall, Peoria, Stark, Tazewell and Woodford counties.

District 9 includes Cass, Christian, Logan, Mason, Menard, Morgan and Sangamon counties.

District 10 includes Champaign, Coles, Douglas, Edgar, Macon, Moultrie, Piatt, Shelby and Vermillion counties.

District 11 includes Bond, Clinton, Madison, Monroe and St. Clair counties.

District 12 includes Clark, Crawford, Cumberland, Effingham, Fayette, Jasper, Lawrence, Marion and Richland counties.

District 13 includes Franklin, Jackson, Jefferson, Perry, Randolph, Washington and Williamson counties.

District 14 includes Fulton, Hancock, Henderson, McDonough and Warren counties.

District 16 includes Boone, Jo Daviess, Stephenson and Winnebago counties.

District 17 includes Bureau, LaSalle and Putnam counties.

District 18 includes Calhoun, Greene, Jersey, Macoupin and Montgomery counties.

District 19 includes Edwards, Gallatin, Hamilton, Saline, Wabash, Wayne and White counties.

District 20 includes Adams, Brown, Pike, Schuyler and Scott counties.

District 21 includes Ford, Iroquois and Kankakee counties.

District 22 includes Alexander, Hardin, Johnson, Massac, Pope, Pulaski and Union counties.

That part of the State within the Chicago metropolitan area but outside of Cook County are dispensing organization districts as follows:

District 23 includes DeKalb County.

District 24 includes DuPage County.

District 25 includes Grundy and Kendall Counties.

District 26 includes Kane County.

District 27 includes Lake County.

District 28 includes McHenry County.

District 29 includes Will County.

That part of Cook County outside of the City of Chicago are dispensing organization districts as follows:

District 30 includes Barrington, Hanover and Palatine Townships.

District 31 includes Elk Grove and Schaumburg Townships.

District 32 includes Maine and Wheeling Townships.

District 33 includes New Trier and Northfield Townships.

DISPENSING ORGANIZATION DISTRICTS (cont'd)

District 34 includes Evanston and Niles Townships.

District 35 includes Leyden, Norwood Park and Proviso Townships.

District 36 includes Berwyn, Cicero, Oak Park, River Forest and Riverside Townships.

District 37 includes Lemont, Lyons and Palos Townships.

District 38 includes Calumet, Stickney and Worth Townships.

District 39 includes Bremen, Orland and Rich Townships.

District 40 includes Bloom and Thornton Townships.

The City of Chicago includes the following districts:

District 41 includes Jefferson Township.

District 42 includes Hyde Park Township.

District 43 includes Lake Township.

District 44 includes Lakeview Township.

District 45 includes North Township.

District 46 includes Rogers Park Township.

District 47 includes South Township.

District 48 includes West Township.

COMPLETING THE APPLICATION

Please read the Act (410 ILCS 130), the Administrative Rules (68 IAC 1290), and these instructions carefully before you begin the Dispensary Authorization Application process to determine the documentation and forms you must submit to apply.

The Dispensary Authorization Application Form, Fee, Submission Checklist Form, Redacted Schedules, Redacted Addenda, Sealed Unredacted Hard Copy, and USB Drive containing a Redacted Copy and Unredacted Copy of the Application in PDF Format must be submitted by applicant for an application to be complete.

Diagrams, Plot Plans and Photographs submitted with the application must be of sufficient resolution to allow for technical review of all text and measurements. All pages must be numbered and organized in the following sequence.

Application Form

REQUIRED

Schedule 1 – Suitability of Proposed Dispensary

REQUIRED

- Suitability for Public Access- 3 page limit
- Plot Plans and Photographs – No page limit
- Zoning – No page limit

Schedule 2 – Business and Operations Plan

REQUIRED

- Knowledge and Experience – No page limit
- Staffing- 3 page limit
- Business Management Practices- 5 page limit
- Operating Plan – 5 page limit
- Services Provided- 3 page limit

COMPLETING THE APPLICATION (cont'd)

Schedule 3 – Security Plan

REQUIRED

- Facility Security – No page limit
- Security Surveillance System- 6 page limit excluding supporting documents (i.e. designs or drawings)
- Product Security- 6 page limit excluding supporting documents
- Shipping/Transportation Security measures- 3 page limit

Schedule 4 – Recordkeeping and Inventory Plan

REQUIRED

- Recordkeeping Plan- 5 page limit
- Inventory Control Plan- 5 page limit
- Patient Education and Support Plan- 4 page limit

Schedule 5 – Financial Disclosures

REQUIRED

- No page limit

Schedule 6 – Bonus Section

OPTIONAL

- Labor and Employment Practice- 3 page limit
- Research Plan- 5 page limit
- Community Benefits Plan- 3 page limit
- Substance Abuse Prevention Plan- 3 page limit
- Local Community/Neighborhood Report- 3 page limit excluding support documents
- Environmental Plan- 3 page limit
- Verification of Minority-Owned, Female-Owned, Veteran-Owned, or Disabled Person Owned - 3 page limit excluding support documents
- Illinois Based Applicants - 3 page limit excluding support documents

RECEIPT OF APPLICATIONS

A one page cover letter, including applicant's legal business name, district applied in, and consultant name (if any), on company letterhead must be submitted with the application. The Application Form must be filled out completely and display applicant's personal identifying information. Schedules and Addenda must be redacted and scrubbed of all personal identifying information.

The cover letter, unredacted Application Form, redacted Schedules and Addenda must be three hole punched and placed in a three ring binder. Between each Application Schedule insert a divider. Each Application Schedule must be labeled with a tab corresponding to the Schedule number. Each Application Addendum must be separated by a divider as well, with a tab corresponding to the Addendum letter on the divider. Please do not staple or permanently bind the application materials in any way.

For each application submission the applicant must also submit: one (1) unredacted paper copy of the application in a sealed envelope or box, one USB drive containing one (1) redacted copy of the application and one (1) unredacted copy of the application in Adobe Portable Document Format (PDF), and a sealed envelope labeled "application fee" containing the application fee along with the submission checklist listed on pages 11 and 12 of these instructions.

The unredacted application hard copy must be submitted in a separate envelope or box that is sealed and must have a label displaying the name of the applicant entity applying, district applied in, and consultant used (if any). No application materials will be accepted via US mail or electronic mail.

Applicant must submit one USB drive containing one (1) unredacted copy and one (1) redacted copy of the application materials in PDF. PDF's must be text-searchable, where feasible. The USB drive must be virus-free, not contain any encryption or password protection, and be compatible with Windows 7 Operating System. PDF's must be sanitized.

RECEIPT OF APPLICATIONS (cont'd)

Except where indicated, all application materials, whether paper or PDF, must be in black and white, 8.5x11, 12-point Times New Roman font, 1.5 spaced paragraphs, 1 inch margins. No portion of the application may be handwritten except for signatures. All PDF's must be readily printable on 8.5x11 paper, or configured to scale to those dimensions, provided doing so still meets the typeface requirements. Applicant assumes sole responsibility for ensuring that the electronic documents are not corrupted and are readily accessible by Division employees.

Except where provided, the contents of the USB drive must be identical to the paper application. Make one folder for the complete un-redacted application and a separate folder for the complete redacted version. Each folder must be organized in the following manner:

-  Application Forms
-  A. Principal Officer Attestation Form(s)
-  B. Principal Officer Certification Form(s)
-  C. Property Ownership Form(s)
-  D. Zoning Form(s)
-  E. Criminal History Form(s)
-  F. Livescan Receipt Form(s)
-  G. Photocopy of Application Fee
-  Schedule 1 – Suitability of Proposed Disp
-  Schedule 2 – Business and Operations Plan
-  Schedule 3 – Security Plan
-  Schedule 4 – Recordkeeping & Inventory
-  Schedule 5 – Financial Disclosures
-  Schedule 6 – Bonus Section

Applicants are encouraged to make all reasonable efforts to ensure the documents are included as a PDF. 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 physical application copy and provide a placeholder page in the electronic PDF indicating where the document can be found in the physical copy.

Redacting Identifiable Information

To ensure the scoring process is conducted fairly, applicants must omit personal information from designated portions of the application that would reveal, or cause to reveal, the identity of the applicants. Personal information that must be removed on the redacted Application and the redacted electronic copy on the USB drive:

- | | |
|--|---|
| a. All first and last names listed in the application | i. All business and personal addresses |
| b. Name of company, including parent or subsidiary companies | j. Consultant name |
| c. Employer taxpayer identification number | k. The names of all Corporations, LLCs, sole proprietorships, non-for-profits that have a financial interest in the dispensary. |
| d. Driver's license number | l. Any personal identifying information in the photographs, plot plans or drawings |
| e. State identification number (FEIN) | m. Signatures |
| f. Proposed dispensary name | n. Any additional personal identifying information contained in the application |
| g. All phone numbers | |
| h. All e-mail addresses | |

Application forms may be downloaded from the IDFPR website at www.idfpr.com.

SUBMISSION OF APPLICATION

Submission Checklist – To be completed and submitted with Application Fee

- Application fee in the form of a money order or certified check
- Submission Checklist Form (see page 11 of application instruction sheet) and fee in a sealed envelope labeled "application fee".
- One (1) hard copy of redacted Application scrubbed of all personal identifying information, three hole punched and placed in a three ring binder together with unredacted Application Form
- One (1) hard copy of unredacted Application containing wet signatures that displays all personal identifying information, in a sealed envelope together with unredacted Application Form
- Addendum A. Medical Cannabis Principal Officer Attestation Form with original signatures
- Addendum B. Principal Officer Certification Form with original signatures (Complete separate form for each Principal Officer)
- Addendum C. Confirmation of Property Ownership with original signatures
- Addendum D. Zoning Form with original signatures
- Addendum E. Criminal History Form (Complete separate form for each Principal Officer)
- Addendum F. Livescan Receipt (Submit separate receipt for each Principal Officer including all information from Section 230 of the Administrative Rules. Applicants may submit the same livescan receipt in any other applications)
- Addendum G. Photocopy of Application Fee
- Plot Maps, Diagrams and Photographs
- One (1) USB Drive containing one (1) redacted copy of application, scrubbed of all personal identifying information and one (1) unredacted copy of application, displaying all personal identifying information

**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: Principal Officer #1 = John Smith, Principal Officer #2 = John Doe.*

Applications must be hand delivered to the Division during the application submission time period:

Department of Financial and Professional Regulation

ATTN: Bridget Carlson - Division of Professional Regulation – Medical Cannabis

James R. Thompson Center

100 W. Randolph - 9th Floor

Chicago, Illinois 60601

All application materials, upon submission to the Division, become property of the State of Illinois. No application materials will be returned.

APPLICATION RECEIPT

The Division 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 Division. Application materials must be presented to a Division employee. You may not leave the application materials unattended at the front desk.

SUBMISSION DEADLINE AND TIMETABLE:

All Application materials must be hand delivered to the Division between September 8, 2014 and September 22, 2014.

Application materials will be accepted between 8:30 a.m. and 5:00 p.m. Central Standard Time, except for Monday, September 22, 2014 the last day of acceptance.

On Monday, September 22, 2014 materials will be accepted until 3:00 p.m. Time shall be determined by the clock at the reception desk at the Division.

The Division will not accept applications after the deadline on September 22, 2014.

It is the applicant's responsibility to submit the application on time, and consider potential delays. Sole responsibility rests with the applicant to ensure that their application is received and date and time-stamped, on or before the submission deadline.

INCOMPLETE APPLICATIONS

The Division will follow 68 IAC 1290.70(b) regarding incomplete applications. If the missing or incomplete schedule is not submitted in connection with 68 IAC 1290.70(b), your application will be disqualified. Applications will not be returned to you. You will be notified by the Division if your application is disqualified.

AFTER APPLICATION SUBMISSION

Unless the applicant is contacted by the Division in connection with 68 IAC 1290.70(b) regarding incomplete applications, no applicant may submit an amendment or add information to their application after it has been submitted.

CHANGE TO PRINCIPAL CONTACT

You must notify the Division in writing of any change to principal or alternate contact information, address or e-mail after you file this application in order to receive further information. Please send these materials to: FPR.MedicalCannabis@Illinois.gov, Attn: Change to Principal/Alternate Contact or to:

Department of Financial and Professional Regulation

ATTN: Bridget Carlson - Division of Professional Regulation – Medical Cannabis

James R. Thompson Center

100 W. Randolph - 9th Floor

Chicago, Illinois 60601

NOTE: Confidential and time sensitive information may be sent to the applicant's email address provided in the application. Failure to respond to emails may result in your application being withdrawn or denied. It is the applicant's responsibility to add FPR.MedicalCannabis@Illinois.Gov to their safe senders and safe receipts list.

DOCUMENTS REQUIRING TRANSLATION

Any documents submitted in a foreign language must be accompanied by an original, notarized translation that has been transcribed by a person, other than the applicant, and who is fluent in both English and the language of the document(s). The translator shall certify to the above requirements as well as to the accuracy of the translation.

APPLICATION QUESTIONS

Please direct all questions about the application forms to: FPR.MedicalCannabis@Illinois.gov.

APPLICATION SCORING

The Application Form must be completed but will not be scored (incomplete Application Forms will be disqualified). Only Application Schedules will be scored based on the following point and percentage based system.

Schedule Name	Total Points Available	Percentage
Schedule 1: Suitability of the Proposed Dispensary	150	15%
Schedule 2: Business and Operations Plan	200	20%
Schedule 3: Security Plan	200	20%
Schedule 4: Record Keeping and Inventory Plan	200	20%
Schedule 5: Financial Disclosures	150	15%
Schedule 6: Bonus	100	10%
Total	1,000	100%

As stated in 68 IAC 1290.40, these instructions identify the minimum number of percentage points necessary from the required schedules to be eligible for consideration in the bonus categories. All applications will be reviewed and points awarded based upon the same point system in a fair and unbiased manner. Applications scoring in the top 30 percent of each district may have their bonus categories scored. Points available for each bonus category are identified below.

Labor and Employment Practices:	15
Research Plan:	10
Community Benefits Plan:	10
Substance Abuse Prevention Plan:	15
Local Community/Neighborhood Report:	10
Environmental Plan:	10
Verification of Minority-Owned, Female -Owned, Veteran-Owned, or Disabled Person-Owned:	15
Illinois Based Applicants:	15

CHECKLIST

Consistent with the Medical Cannabis Pilot Program Act, in order to be considered for a Dispensing Organization Registration in Illinois, an applicant

- 1) Must be a business entity where none of the prospective Principal Officers have been convicted of an excluded offense;
- 2) Shall select a location that is in compliance with local zoning rules or can cure the zoning deficiency in a reasonable time;
- 3) Must not have a prospective Principal Officer who has served as a principal officer, owner, officer, or board member of a registered medical cannabis Dispensing Organization that had its Registration, license or permit revoked;
- 4) Must not have a prospective Principal Officer under 21 years of age;
- 5) Must not have a prospective Principal Officer that is a registered qualified patient or a designated caregiver;
- 6) Must not include a physician who holds a direct or indirect economic interest in a dispensing organization if he or she recommends the use of medical cannabis to qualified patients or is in a partnership or other fee or profit-sharing relationship with a physician who recommends medical cannabis.

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*****

James R. Thompson Center
100 W. Randolph St. – 9th Floor
Chicago, Illinois 60601

Name: _____

Dispensing Organization District: _____

County: _____

Check Number: _____

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

- Application fee in the form of money order or certified check
- Application Submission Checklist
- One (1) hard copy of redacted Application scrubbed of all personal identifying information, three hole punched and placed in a three ring binder together with unredacted Application Form
- One (1) hard copy of unredacted Application containing wet signatures that displays all personal identifying information, in a sealed envelope together with unredacted Application Form

- Schedule 1 – Suitability of Proposed Facility
- Schedule 2 – Business and Operations Plan
- Schedule 3 – Security Plan
- Schedule 4 – Recordkeeping and Inventory Plan
- Schedule 5 – Financial Disclosures
- Schedule 6 – Bonus Section

- Addendum A. Medical Cannabis Principal Officer Attestation Form with original signatures
- Addendum B. Principal Officer Certification Form with original signatures
(Complete separate form for each Principal Officer)
- Addendum C. Confirmation of Property Ownership with original signatures
- Addendum D. Zoning Form with original signatures
- Addendum E. Criminal History Form (Complete separate form for each Principal Officer)

SUBMISSION CHECKLIST – To be completed and submitted with Application Fee

- ___ Addendum F. Livescan Receipt (Submit separate receipt for each Principal Officer including all information from Section 230 of the Administrative Rules. Applicants may submit the same livescan receipt in any other applications)
- ___ Addendum G. Photocopy of Application Fee

- ___ One (1) USB Drive containing one (1) redacted copy of application, scrubbed of all personal identifying information and one (1) unredacted copy of application, displaying all personal identifying information.

** 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: Principal Officer #1 = John Smith, Principal Officer #2 = John Doe.*

Applicant Signature: _____

Printed Name: _____

Date: _____

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

Application Number: _____

Name: _____

ISP District: _____

County: _____

Check Number: _____

Receipt Number: _____