



**Illinois Department of Financial and Professional Regulation**  
**Division of Professional Regulation**

**ATTESTATION FOR PROPOSED PRINCIPAL OFFICER  
ADULT USE DISPENSING ORGANIZATION – SECONDARY SITE**

Please read the Cannabis Regulation and Tax Act, (410 ILCS 705), and this information carefully before submitting your attestation.

A proposed principal officer ("Applicant") must complete this form for Department of Financial and Professional Regulation, Division of Professional Regulation, Cannabis Control Section ("Division") review and approval.

"Principal officer" includes: (1) a board member of a cannabis business establishment applicant or licensed cannabis business establishment; (2) an owner with more than a 1% interest in a privately held cannabis business establishment or more than a 5% interest in a publicly traded cannabis company; (3) the president, vice president, secretary, treasurer, partner, officer, member, or manager member of a cannabis business establishment; (4) a person with a profit sharing, financial interest, or revenue sharing arrangement with a cannabis business establishment; (5) a person with authority to control the cannabis business establishment; or (6) a person who assumes responsibility for the debts of the cannabis business establishment.

A person may not be a principal officer of or hold a financial interest in more than 10 adult use dispensing organization licenses.

The Division may verify the information contained in this form and any accompanying addenda to assess the Applicant's character and fitness. The attestation may be denied if the Division finds the Applicant is lacking in good character, honesty and integrity. All information requested below is for the proposed principal officer unless otherwise identified.

FIRST NAME		M.I.	LAST NAME	
MAIDEN NAME (If Applicable)			ALIAS (If Applicable)	
MAILING ADDRESS (P.O. Box may not be used)				
PHONE NUMBER			E-MAIL ADDRESS	
DATE OF BIRTH		GENDER		RACE (optional)
SOCIAL SECURITY NUMBER		PROPOSED TITLE OF DISPENSING ORGANIZATION		
PERCENT OWNERSHIP		TYPE OF OWNERSHIP		
CURRENT DISPENSING ORGANIZATION BUSINESS NAME				
CURRENT DISPENSING ORGANIZATION BUSINESS ADDRESS				
CURRENT DISPENSING ORGANIZATION LICENSE NUMBER(S)				
PROPOSED DISPENSARY NAME				
PROPOSED DISPENSARY ADDRESS				
<p>Other than the proposed dispensing organization related to this attestation, provide the name of any other dispensing organization or cannabis business establishment with which the Applicant is associated:</p>				

*A proposed principal officer must sign, date, and have this form notarized. Signatures on this form signify compliance with 410 ILCS 705/5-20(a), 410 ILCS 705/15-15(b)(3) and (6), and 410 ILCS 705/15-20(c)(14).*

All proposed principal officers shall certify and attest, under penalty of perjury, that each of the following statements made are true and correct. **Failure to certify and attest, or the making a false statement, will result in denial of the attestation.**

		YES	NO
1.	I understand that the information provided to the Division on this attestation is true, correct and complete.		
2.	The proposed dispensary does or will meet State and local building and fire codes. Relevant local ordinances are or will be met prior to operation, and the proposed dispensing organization will continue to meet State and local building and fire codes and applicable local ordinances during operation.		
3.	I understand that the Division's approval of this attestation means the information and plans in this attestation are a condition of the license. I understand that applicants and dispensing organizations have a duty to promptly disclose any material changes to the information contained in the Early Approval Adult Use Dispensing Organization License – Secondary Site Application.		
4.	I understand that all principal officers of the proposed dispensing organization are listed in this Early Approval Adult Use Dispensing Organization License - Secondary Site Application.		
5.	I understand that I am not allowed to be and will not be a principal officer in or hold financial interest, whether indirect or direct, in more than ten early approval adult use dispensing organization licenses, conditional adult use dispensing organization licenses, and adult use dispensing organization licenses.		
6.	I will not divert cannabis.		
7.	I understand that I am required to promptly respond to the Division's requests for supplemental information.		
8.	I understand that I will apply for an agent identification card through the Division and visibly display it while at the dispensary.		
9.	I understand that I will immediately return my dispensing organization agent identification card to the dispensing organization if I no longer serve as a principal officer.		
10.	I understand that if I lose my dispensing organization agent identification card, I will ensure the loss is reported to the Department of State Police and the Department of Financial and Professional Regulation immediately upon discovery.		

	YES	NO
<p>11. If there is a shortage of cannabis or cannabis-infused products, the dispensing organization will prioritize serving qualifying patients, caregivers, provisional patients, and OAPP participants.</p>		
<p>12. In accordance with 20 ILCS 2105-15(g): "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."</p> <p>Are you delinquent in the filing of state taxes? If yes, provide an explanation below.</p>		
<p>13. In accordance with 5 ILCS 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order.</p> <p>Are you more than 30 days delinquent in complying with a child support order? If yes, provide an explanation below.</p>		
<p>14. Are you delinquent in the payment of an alimony order? If yes, provide an explanation below.</p>		

	YES	NO
<p>15. Have you ever been a principal officer, manager, board member or owner of a cannabis business establishment in another State? If yes, please state the name(s) of the business(es), the address(es) of the licensed space and the type of facility(ies) below.</p>		
<p>16. Are you or were you a principal officer, manager, board member or owner of a cannabis business establishment in Illinois, or another State, that had its registration fined, censured, suspended or revoked? This does not include non-disciplinary or non-public administrative orders. If yes, provide an explanation below.</p>		
<p>17. If the registration or license of any cannabis business establishment in the United States of which I am a principal officer, manager, board member, or owner is fined, censured, suspended, or revoked, I understand I must immediately disclose the fine, censure, suspension, or revocation to the Division.</p>		

	YES	NO
<p>18. I accept the limitations of liability stated below and the requirement to indemnify, hold harmless, and defend the State of Illinois, including:</p> <p>Limitation of Liability- the State of Illinois shall not be liable to the principal officer, principal officer's employees, family members, purchasers, or guest(s) for any damage, injury, accident, loss, compensation or claim, based on, arising out of or resulting from the principal officers participation in the adult use cannabis program, including, but not limited to, the following: arrest, seizure of persons or property, prosecution pursuant to federal laws by federal prosecutors, any fire, robbery, theft, mysterious disappearance or any other casualty, or the actions of any other licensees or persons. This provision shall survive expiration or the early termination of the license if a license is granted.</p> <p>I acknowledge that I have actual notice that notwithstanding any State Law:</p> <ul style="list-style-type: none"> <li>• Cannabis is a prohibited Schedule I controlled substance under federal law;</li> <li>• Participation in the cannabis program is permitted only to the extent provided by the strict requirements of the Act and the Division's Administrative Rules;</li> <li>• Any activity not sanctioned by the Act or the Division's administrative rules may be a violation of State or federal law and could result in arrest, prosecution, conviction or incarceration;</li> <li>• Growing, distributing, or possessing cannabis in any capacity, except through a federally-approved research program, is a violation of federal law and could result in arrest, prosecution, conviction, or incarceration;</li> <li>• Use of cannabis may affect an individual's ability to receive federal or State licensure in other areas;</li> <li>• Use 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;</li> <li>• Participation in the adult use cannabis program does not authorize any person to violate federal law or State law and, other than as set out in 410 ILCS 705, does not provide immunity from or affirmative defense to arrest or prosecution under federal or State law; and</li> <li>• Participants shall indemnify, hold harmless, and defend the State of Illinois for any and all civil or criminal penalties resulting from their participation in the program.</li> </ul>		

	YES	NO
<p>19. Have you ever been charged with a criminal offense in any domestic or foreign jurisdiction? If yes, explain the charges, the nature of the alleged offense and the resolution in the space below. Include all charges regardless of whether they were dismissed or you were found not guilty. Attach additional pages if you need more space. You are not obligated to disclose sealed or expunged records of a conviction or arrest.</p>		
<p>20. Have you ever been convicted of a criminal offense in any domestic or foreign jurisdiction? If yes, list the offense, the class of crime, and the conviction date in the space below. Include all convictions regardless of the class of the crime (felonies, misdemeanors, and all petty offenses). Attach additional pages if you need more space. You are not obligated to disclose sealed or expunged records of a conviction or arrest.</p>		

***I certify under penalty of perjury that I personally completed this attestation, that the answers provided are true and correct to the best of my knowledge and belief, and that I am legally authorized to sign this attestation.***

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Signature (in full)

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

(SEAL)

Notary Public \_\_\_\_\_