



IDFPR

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

idfpr.illinois.gov

JB PRITZKER
Governor

MARIO TRETO, JR.
Secretary

CECILIA ABUNDIS
Director

IDFPR Social Equity Criteria Lottery **Contestation Form Instructions and Process**

1. An individual seeking to contest the contents of the participant list for the Social Equity Criteria Lottery (“SECL”) must complete this form and email it with the subject line “Participant List Contestation” to FPR.AdultUseCannabis@illinois.gov. See [68 IAC 1291.400\(e\)](#).
2. Boxes 1-3 may contain your own information if you are contesting that your application is not included on the posted participant list. This form should not be used to contest an applicant's eligibility for a license based on the criteria identified in [68 IAC 1291.410\(e\)\(6\)](#).
3. After the Department posts the list of participants, applicants have 5 (“five”) business days, until 5:00 p.m. Central Time on May 5th, 2023, to submit this form to FPR.AdultUseCannabis@illinois.gov. See 68 ILCS 1291.400(e).
4. The Department will review all contestation forms it has received to determine if any applicants were improperly included or excluded. See [68 IAC 1291.400\(f\)](#).
5. If any applicants were improperly included or excluded, the Department may publish a revised and updated list of eligible applicants. Any revised list is not subject to further contestation. See [68 IAC 1291.400\(f\)](#).
6. The Department may conduct a lottery drawing from the list of eligible applicants at any time after the conclusion of the five-business day period to contest ends. See [68 IAC 1291.400\(g\)](#).
7. The publishing of the list of SECL eligible applicants to participate in the lottery, or any revised list of eligible applicants, is not a final agency decision. Any opportunity to contest the list shall not be considered a rehearing or an action for administrative review. See [68 IAC 1291.400\(h\)](#).
8. If you are seeking to withdraw your application for any reason from participating in the SECL, you must submit this form along with the [withdrawal form, available here](#). Both forms must be submitted together and within the five business day period.
9. **This Form must be completed electronically. No handwritten Forms will be accepted.**



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IDFPR Social Equity Criteria Lottery Contestation Form

1. Applicant Name Being Contested:	2. Unique Applicant Number, if Applicable:	3. BLS Region Name and Number:
4. Person or Applicant Completing This Form:		5. Relationship to Applicant Being Contested:
6. Phone Number:	7. Email:	
8. Reason for Contest (if additional space or documentation is needed, please attach as clearly marked PDF(s) on the same email as this Form):		

I hereby notify the Department the below is contesting the Social Equity Criteria Lottery (“SECL”) participants list. I attest that the information contained herein is both truthful and accurate. I understand that the Department will conduct a review pursuant to any contestation form(s) it receives. I understand that the Department may republish the participant list.

Name:
Signature:
Date: