



**Illinois Department of Financial and Professional Regulation**  
**Division of Professional Regulation - Cannabis Control Section**

**NOTICE OF PROPER ZONING FORM**

**SECTION 1: TO BE COMPLETED BY APPLICANT**

1. BUSINESS/LEGAL NAME OF APPLICANT:

2. STREET ADDRESS OF THE PROPOSED DISPENSARY:

3. CITY:

4. COUNTY:

5. ZIP CODE:

The applicant is solely responsible for ensuring the proposed location is within a region prescribed by Section 15-20(b) or the region identified in the applicant's application for a Conditional Adult Use Dispensing Organization License. Applicants must not apply with a proposed dispensary address that needs to be re-zoned. **NOTE: If a proposed location is not in a zoning classification that allows for operation of an adult use cannabis dispensary, then the location is non-compliant and your application will be disqualified.**

**CHECK ALL THAT APPLY**

- |  |     |     |    |
|--|-----|-----|----|
| 6. Are there local zoning restrictions specific to an adult use cannabis dispensary at the proposed location?  | Yes | No  |    |
| 7. Is the location of the proposed adult use cannabis dispensary in compliance with minimum local zoning restrictions for adult use cannabis dispensaries?               | Yes | No  |    |
| 8. If necessary, has the proposed dispensing organization filed a request with the local zoning authority for a dispensary use permit/conditional or special use permit? | N/A | Yes | No |
| 9. If a zoning request was filed but has not been approved, the zoning determination is expected to be issued in approximately _____ DAYS _____ WEEKS _____ MONTHS       |     |     |    |

**SECTION 2: TO BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE LOCAL ZONING OFFICE**

Please confirm the boxes 6 to 9 above are true and accurate under the local zoning ordinance.

\_\_\_\_\_  
Title of the Authorized Zoning Representative

\_\_\_\_\_  
Name of the Local Jurisdiction

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

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature / Date