



FOR OFFICE USE ONLY

Date Received: _____

Time Received: _____

Approved/Denied: _____

Date Approved/Denied: _____

VILLAGE OF LINCOLNWOOD
6900 North Lincoln Avenue, Lincolnwood IL 60712

ADULT- USE CANNABIS DISPENSARY
REGISTRATION APPLICATION

Instructions

To apply, please complete this registration application and provide the required documentation. All requested information is required, incomplete applications will be rejected and not considered.

- Completed application and documentation must be delivered to the Finance Department, during regular business hours, Monday through Friday from 9:00 a.m.- 5:00 p.m.
- Applications will be processed using a first-in-time, first-in-right method and will not be accepted prior to 9:00 a.m. on October 1, 2021. If more than one application is received simultaneously a "lottery" method will be utilized when the application is deemed complete.
- If application is complete, the Finance Director will send the submitted materials to the relevant departments for review within five business days after receiving the application.
- If the Finance Director receives a rejection from any one department, written notice of the rejected application will be sent to the applicant.

Business Information

Legal Business Name: _____

Business Entity Mailing Address: _____

Type of Ownership: () Individual () Partnership/Non-Corporate () Corporation

Cannabis Business Name: _____

Business Location (*Lincolnwood Address*): _____

Proposed Days/Hours of Operation: _____

Business FEIN Number (*If applicable*): _____

Designated Agent in Charge: _____ Phone # _____

(*Copy of State issued Agent Identification required*)

Designated Agent Email: _____

Home Address: _____ City, State & Zip: _____

Business's Primary Contact: _____ Title: _____

Email: _____

Home Address: _____ City, State & Zip: _____

Business's Alternate Contact: _____ Title: _____

Email: _____

Home Address: _____ City, State & Zip: _____

If Property is Leased: Please provide documentation that the registered premises has been leased for the next calendar year with approval from the landlord.

Property Owner's Name _____ Phone # _____

Email: _____

Home Address: _____ City, State & Zip: _____

Management Company or Owner's Agent: _____ Phone # _____

Agreement to Inspection

I hereby authorize the Village of Lincolnwood Police Department, Community Development Department, Fire Department, and/or other appropriate Village employees or agents or their designees, to enter the property only during normal business hours for the purpose of examining the location to confirm compliance with the provisions of the Village of Lincolnwood Code of Ordinances.

Additionally, the Village of Lincolnwood Police Department is hereby authorized to enter a dispensing organization and conduct random and unannounced dispensary inspections under Illinois law 410 ILCS 705/15-135.

Signature of Applicant: _____ **Date:** _____

If Applicant does not own the Property:

Signature of Property Owner: _____ **Date:** _____

Acknowledgement

I do hereby certify that the information contained in this application and addendum has been furnished by me and to the best of my knowledge is correct. I understand that any untrue, inconsistent or misleading information shall be cause for refusal to grant or the revocation of any certificate of registration granted pursuant to this application. I further certify that any of the foregoing information changes during the course of the license year, I will notify the Village of Lincolnwood, within seven days after the date of such change.

Signature of Applicant: _____ **Date:** _____

Required Documentation

Applications that do not include the required documentation listed below will be considered incomplete and rejected. Please attach copies of the following to your submitted application:

Signed Affidavit (*See form attached*)

Initial Registration Fee - \$2,000; annual renewal fee of \$500.

Plat of Survey

Provide an accurate Plat of Survey for the subject property prepared by an Illinois Registered Land Surveyor.

Operations Plan

Provide an operating plan that describes, at a minimum:

(a) A floor plan depicting the designated locations within the subject property where (i) queuing of customers will occur; (ii) identification of customers will be verified; (iii) customers will wait to be admitted to the sales floor; (iv) retail transactions of cannabis will be conducted including the number of sales kiosks; and (v) delivery and storage of cannabis will be conducted;

(b) A site plan of the exterior of the subject property depicting parking and site circulation for customers' vehicles;

(c) The types of cannabis products that will be offered for sale, the hours of operation, and methods of packaging and delivery to customers; and

(d) Security methods and systems for the subject property.

Table of Organization

Provide a Table of Organization, Ownership and Control that identifies all principal of officers and Business Entities that through direct or indirect means, manage, own or control the interests and assets of the registration holder.

Proof of State Licensure

Provide proof of issuance of conditional license to operate as a Cannabis Retailer from the Illinois Department of Financial and Professional Regulation.

Proof of Lease and Authorization by Landlord (If Applicable)

Provide proof you have a lease for a period of no less than the entire following calendar year and documentation that the landlord has agreed to use of their property for the purposes outlined in this application.

Proof of Ownership or Contract to Purchase (If Applicable)

Provide proof you own the property in which the proposed business will operate.

Proof of Compliance with the Village of Lincolnwood Zoning Ordinance

Provide sufficient proof that the proposed business complies with all applicable provisions of the Village Zoning Ordinance, including, without limitation, minimum parking requirements.

Adult-Use Cannabis Business Establishment Affidavit

I, _____, a duly authorized individual representing the following
(Print Name)

cannabis business establishment ("Business"), _____ hereby certify the following:
(Business Name)

Initial each box indicating understanding of, agreement with, and compliance with each condition:

- I, the undersigned, declare under penalty of perjury that to the best of my knowledge, the information contained in this Application, and its supporting documentation, is truthful, correct, and complete; and, the information contained in this Application, and its supporting documentation, discloses all material facts regarding the applicant and associated individuals necessary to allow the Village of Lincolnwood ("Village") to properly evaluate the applicant's qualifications for Registration.
- I, the undersigned, attest that the Business will maintain compliance with the Village of Lincolnwood's regulations regarding cannabis dispensaries, as amended, at all times.
- I, the undersigned, attest that the Business will maintain compliance with the Village of Lincolnwood's specific regulations regarding the designated use, as amended, at all times.
- I, the undersigned, attest that the Business will at all times maintain compliance with the State of Illinois Cannabis Regulation and Tax Act, as amended, or the Compassionate Use of Medical Cannabis Program Act, as amended, if applicable.
- I, the undersigned, attest that all members, officers, managers, general partners, directors, stakeholders, or limited partners of the Business owning 5% or more of the Business have no criminal convictions in any jurisdiction. I agree that all on-site managers must undergo a criminal background check, including, without limitation, fingerprinting under the direction of the Village Police Department.
- I, the undersigned, understand that any misrepresentations, omissions, or falsifications may result in the Business being disqualified from the registration process and/or the issuance of a Certificate of Occupancy for the business may be deemed null and void by the Village.
- I, the undersigned, understand that the Village of Lincolnwood will impose a 3% tax on the gross receipts of sales of cannabis within the Village pursuant to its authority under the Municipal Cannabis Retailers' Occupation Tax Law (65 ILCS 5/8-11-23) for the purpose of collecting revenue from cannabis sales. This tax does not apply to sales of cannabis by medical cannabis dispensaries. This tax will be collected and enforced by the Department of Revenue and will become effective no later than January 1, 2022. I understand and acknowledge that as a cannabis retailer, I will be responsible for paying this tax and that any failure to pay this tax as required by Article 23 of Chapter 8 of the Lincolnwood Village Code will constitute a violation of the terms of my License to operate as a Cannabis Retailer in the Village.

Signature

Date