

Cannabis Business Establishment Application

Application for the Business of: (check one)

- Adult-Use Cannabis Craft Grower
- Adult-Use Cannabis Cultivation Center
- Adult-Use Cannabis Dispensing Organization
- Adult-Use Cannabis Infuser Organization or Infuser
- Adult-Use Cannabis Processing Organization or Processor
- Adult-Use Cannabis Transporting Organization or Transporter

Name of the Business: _____

Physical Address: _____

Name of Owner(s): _____

Address of Owner: _____

Telephone Number(s): _____

Name of Owner(s): _____

Address of Owner: _____

Telephone Number(s): _____

If more than two submit on separate paper.

Copy of License provide by State of Illinois. (If not available provide when issued.)

Receipt of Fee collected for each business.

County Board Chairman

Date _____

County Clerk and Recorder

Date _____

(SEAL)