



VILLAGE OF PARK FOREST

Economic Development & Planning Department, 350 Victory Drive, Park Forest, IL 60466
(708) 283-5617 (Phone) • (708) 748-4355 (Fax)

APPLICATION FOR CANNABIS BUSINESS REGISTRATION

FEES: Initial Registration Fee \$1,500.00 ____ Annual Renewal \$750.00 ____ (Fees are non-refundable)

A Certificate of Liability is required in the amount of \$1,000,000 naming the Village of Park Forest, its officers, employees, agents, and volunteers as additional insureds (exact verbiage required) as a Certificate Holder including the Village address of 350 Victory Drive, Park Forest, IL 60466.

Type of Certificate Applying for:

- Adult-use Cannabis Craft Grower – A facility operated by an organization or business that cultivates, dries, cures, and packages cannabis and performs other necessary activities to make cannabis available for sale at a dispensing organization or use at a processing organization. *(Limited to 5,000-14,000 square feet growing space.)*
- Adult-use Cannabis Cultivation Center – A facility operated by an organization or business that cultivates, processes, transports and performs necessary activities to provide cannabis and cannabis-infused products to licensed cannabis business establishments. *(Up to 210,000 square feet growing space)*
- Adult-use Cannabis Dispensing Organization – A facility operated by an organization or business that acquires cannabis from licensed cannabis business establishments for the purpose of selling or dispensing cannabis, cannabis-infused products, cannabis seeds, paraphernalia or related supplies to purchasers or to qualified registered medical cannabis patients and caregivers.
- Adult-use Cannabis Infuser Organization or Infuser – A facility operated by an organization or business that directly incorporates cannabis or cannabis concentrate into a product formulation to produce a cannabis-infused product.
- Adult-use Cannabis Processing Organization or Processor – A facility operated by an organization or business that either extracts constituent chemicals or compounds to produce cannabis concentrate or incorporate cannabis or cannabis concentrate into a product formulation to produce a cannabis product.
- Adult-use Cannabis Transporting Organization or Transporter – An organization or business that transports cannabis on behalf of a cannabis business establishment or a community college licensed under the Community College Cannabis Vocational Training Pilot Program.

Business Information

Legal Business Name Including All Other DBAs _____

Business Location: _____ Days/Hours of Operation _____

Designated Agent in Charge: _____ Phone # _____
(Copy of State issued Agent Identification required)

Email _____ Date of Birth: _____

Home Address _____ City, State & Zip _____

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

Individual *(Copy of valid state identification of person registering business)*

Owner's Name _____ Phone # _____

Email _____ Date of Birth: _____

Home Address _____ City, State & Zip _____

Partnership/Non-Corporate or Corporation (Copy of valid state identification for **EACH** partner, principal/officer, or member, and registered agent thereof)

A. Name _____ Phone # _____

Email _____ Date of Birth: _____

Home Address _____ City, State & Zip _____

B. Name _____ Phone # _____

Email _____ Date of Birth: _____

Home Address _____ City, State & Zip _____

C. Name _____ Phone # _____

Email _____ Date of Birth: _____

Home Address _____ City, State & Zip _____

(Use additional pages if needed.)

If Property is Leased:

Property Owner's Name _____ Phone # _____

Email _____

Home Address _____ City, State & Zip _____

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

Business Operations:

Volume of cannabis business is authorized to store or cultivate: _____ Retail Sales Tax ID _____

Number of Vehicles: _____ VIN Number(s): _____

License Plate Number(s): _____

(Copies of state registrations required for transporting organizations/businesses)

Do you have a fire alarm? **Y** or **N** If yes, where is it located: _____

Will you use, store, or transport chemicals? (New or waste state) **Y** or **N**

Will you manage or produce biohazardous materials or waste? **Y** or **N**

If yes to above questions, what type of hazardous materials? _____

If answered yes, where is the location of hazardous materials? _____

If answered yes, what are the quantities of hazardous materials? _____

(Material Safety Data Sheets must be provided.)

If the cannabis business establishment discontinues use, they shall immediately notify the Village Manager. A bond in the form of a letter of credit shall be posted in an amount determined by the Village **AT THE TIME OF APPLICATION**, but not exceeding \$5,000.00, insuring compliance. Documentation that the Letter of Credit is valid for the full term of the Cannabis Business Certificate must be submitted with each renewal. _____ (Business owner initial here)

The Following Documents are Required with Application:

- Site Plan as submitted to Planning and Zoning Commission
- Special Use Permit issued by Village Board
- Valid copy of lease agreement if applicable
- State issued Cannabis License
- Documentation if the cannabis business establishment qualifies as a social equity applicant by the State of Illinois.
- Valid identification card issued by Illinois Department of Financial & Professional Regulation for each employee
- Copy of Security Alarm Permit to confirm registration with the Park Forest Police Department
- Letter of Credit from bank in the amount determined by the Finance Director not to exceed \$5,000.00 that is renewed annually

A copy of valid identification card for each employee shall be forwarded to the Village Clerk and updated as the card is renewed, suspended, revoked, or the employee is terminated. _____ (Business owner initial here)

If any of the information contained in the Cannabis Business Establishment application changes during the term of the business certificate, the business must inform the Village Manager in writing within 10 days. _____ (Business owner initial here)

The cannabis dispensary shall notify the Village of any change to the Agent-in-Charge within 10 days. _____ (Business owner initial here)

I hereby certify that there are no willful misrepresentations or falsifications in this application. I am aware that, should investigation disclose such misrepresentations and/or falsifications, my application will be rejected. _____ (Business owner & Designated Agent in Charge initial here)

Failure to maintain Illinois State Licenses, Corporations, and Village accounts renders your Park Forest Business Certificate invalid. _____ (Business owner & Designated Agent in Charge initial here)

Designated Agent in Charge Signature:	Print Name:	Date:
Business Owner Signature	Print Name	Date