

IMPORTANT NOTICE:
Completion of this form is necessary for consideration for licensure in connection with the Medical Cannabis Pilot Program Act, 410 ILCS 130 and 68 IAC 1290.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

SUPPORTING DOCUMENT

**MEDICAL CANNABIS
DOCUMENTATION OF PROPERTY OWNERSHIP**

**MC-
PROP**

To be completed by Property Owner

1. NAME OF ENTITY APPLYING FOR A DISPENSARY REGISTRATION		2. MEDICAL CANNABIS DISTRICT NUMBER	
3. NAME OF OWNER OF THE PHYSICAL ADDRESS OF THE PROPOSED DISPENSARY			
4. PHYSICAL ADDRESS OF THE PROPOSED DISPENSARY			
5. CITY	6. COUNTY		7. ZIP CODE
8. IS APPLICANT ALSO THE PROPERTY OWNER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
9. IS THE PROPERTY SUBJECT TO A MORTGAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO			

CERTIFICATION

By affixing your signature below, you certify you are the owner of the physical address of the property listed herein, and you know and understand that the above listed entity is applying for a medical cannabis dispensary with the Illinois Department of Financial and Professional Regulation. You also consent that the property at the listed address provided herein may be used as a dispensary if the applicant is awarded a registration by the Illinois Department of Financial and Professional Regulation.

Property Owner Name

Phone Number

Property Owner Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20_____.

(SEAL)

Notary Public