CANNABIS ESTABLISHMENT PERMIT APPLICATION

DATE OF APPLICATION: _____

LEGAL NAME OF BUSINESS: _____

DBA NAME: _____ IL SALES TAX #: _____

BUSINESS ADDRESS: _____, EAST DUNDEE, IL PHONE: _____

MAILING ADDRESS (*if different*): _____

NAME OF APPLICANT: _____ PHONE: _____

E-MAIL ADDRESS: _____

NAME/ADDRESS of the person who will be managing the ongoing affairs of this business at these premises:

_____

Is the Premise leased? ☐ YES ☐ NO

If you answered yes, please provide the information below.

Name of Property Owner: _____Owner Phone Number: _____

Address of Property Owner: _____City: _____ State: ____ Zip: _____

Expiration Date of Lease: _____

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1. Type of Business: ☐ MEDICAL ☐ ADULT-USE/RECREATIONAL ☐ BOTH

2. Type of Use: ☐ RETAIL - Dispensary

☐ MANUFACTURING

Please select one: ☐ Craft Grower ☐ Cultivation Center ☐ Infuser ☐ Processor

☐ TRANSPORTATION, UTILITY AND SOLID WASTE - Transporter

3. Type of Corporate Structure (check one):

☐ Individual ☐ Corporation

☐ Partnership ☐ Other (specify) _____

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors and managers.

NAME ____________________

SOCIAL SECURITY # ____________________ BIRTHDATE ____________________

HOME ADDRESS ____________________

DRIVER'S LICENSE # ____________________ HOME PHONE # ____________________

BUSINESS TITLE ____________________

PERCENTAGE OF STOCK HELD ____________________

NAME ____________________

SOCIAL SECURITY # ____________________ BIRTHDATE ____________________

HOME ADDRESS ____________________

DRIVER'S LICENSE # ____________________ HOME PHONE # ____________________

BUSINESS TITLE ____________________

PERCENTAGE OF STOCK HELD ____________________

NAME ____________________

SOCIAL SECURITY # ____________________ BIRTHDATE ____________________

HOME ADDRESS ____________________

DRIVER'S LICENSE # ____________________ HOME PHONE # ____________________

BUSINESS TITLE ____________________

PERCENTAGE OF STOCK HELD ____________________

Note: *If additional space is required, please attach a separate sheet of paper.*

☐ **All items required on the checklist have been attached with this application**

Visit the following links to review the Village ordinances relating to cannabis business establishments:

CHAPTER 122: CANNABIS BUSINESS ESTABLISHMENTS

http://www.wdundee.org/EDApps/vwide/EDWeb.nsf/71EE22982D30F3038625851A007191DA/$file/ord2003.pdf

CHAPTER 157: ZONING, TITLE XV LAND USAGE

http://www.wdundee.org/EDApps/vwide/EDWeb.nsf/A84213845DB881A5862585420069C4CC/$file/ord2004.pdf

DO YOU ATTEST, BY YOUR NOTORIZED SIGNATURE BELOW, THAT YOU HAVE READ AND UNDERSTAND ALL THE LAWS, RULES AND REGULATIONS, AND POLICIES AND PROCEDURES ASSOCIATED WITH YOUR APPLICATION; AND THAT YOU FULLY UNDERSTAND THE NATURE, MEANING, AND CONTENTS OF SUCH LAWS, RULES AND POLICIES. AND DO YOU WARRANT AND REPRESENT THAT YOU WILL ABIDE BY SUCH LAWS, RULES, AND POLICIES DURING THE APPLICATION PROCESS AND AFTER YOUR LICENSE HAS BEEN ISSUED BY THE VILLAGE OF EAST DUNDEE? _____

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STATE OF ILLINOIS)
) SS.
COUNTY OF KANE)

I HEREBY SWEAR BY MY SIGNATURE HERE AFFIXED THAT ALL OF THE FOREGOING FACTS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY AND THE RESPONSIBILITY OF MY AGENTS AND EMPLOYEES TO COMPLY WITH THE PROVISIONS OF THE VILLAGE OF EAST DUNDEE MUNICIPAL CODE AND RULES AND REGULATIONS WHICH GOVERN MY CANNABIS ESTABLISHMENT PERMIT APPLICATION.

I am signing in my capacity as _____
(Individual, Owner, or Partner)
or as _____, Officer of
(President, Secretary or Treasurer)
_____
(Corporation)

_____
Signature of Applicant

I am signing in my capacity as _____
(Individual, Owner, or Partner)
or as _____, Officer of
(President, Secretary or Treasurer)
_____
(Corporation)

_____
Signature of Applicant #2

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

_____
Notary Public

CHECKLIST

SPECIAL USE REQUIREMENTS TO BE SUBMITTED AS PART OF THE SPECIAL USE REQUEST FOR A CANNABIS BUSINESS ESTABLISHMENT

☐ All questions on the application completed in full. Application signed.

☐ Signature of applicant at the bottom of page 4 of application swearing all statements are true and correct, witnessed and notarized by an Illinois Notary Public. ***(Do not sign in advance, a notarized signature must be signed in the presence of a Notary. Village Hall has notaries on staff that will do so at NO cost)***

☐ An accurately dimensioned site plan indicating buildings, building entrances, parking, sidewalks, adjacent streets and immediately surrounding uses.

☐ Plan for disposal of any cannabis or byproducts that are not sold in a manner that protects any portion thereof from being possessed or ingested by any person or animal and shall abide by applicable state or local regulations.

☐ Plan for ventilation of the cannabis business establishment that describes the ventilation systems that will be used to prevent any odor of cannabis off the premises of the business. For cultivation centers, such plan shall also include all ventilation systems used to control the environment for the plants and describe how such systems operate with the systems preventing any odor leaving the premises.

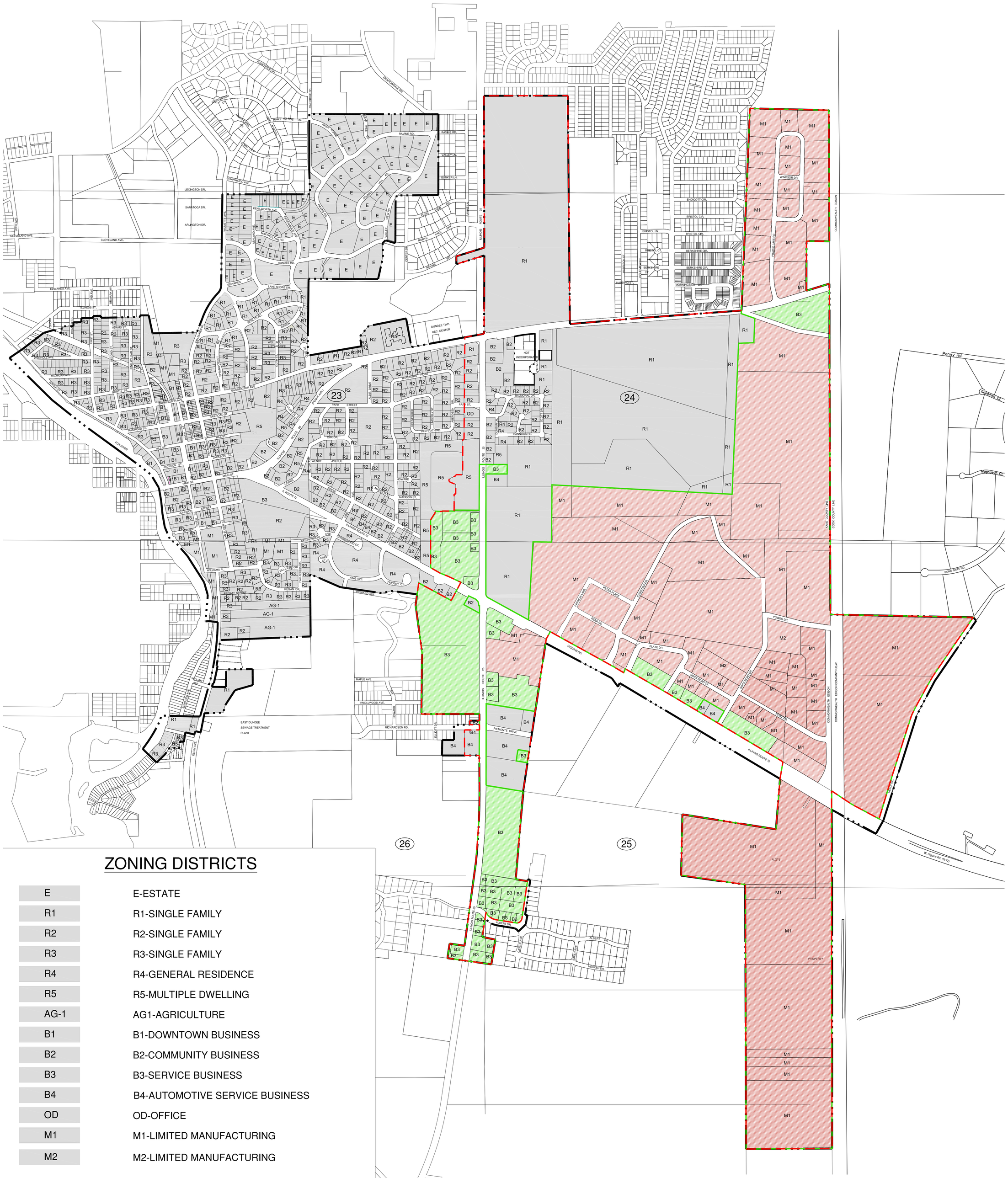
☐ Security plan for the cannabis business establishment that includes facility access controls, surveillance systems, on-site security personnel, and other security measures required by state or local regulations. Security arrangements must deter and prevent unauthorized entrance into areas containing cannabis or cannabis products and that theft of cannabis or cannabis products from the Adult-Use Cannabis Business Establishment, and ensure the safety of employees and customers of the Adult-Use Cannabis Business Establishment, as well as the surrounding area, and include no less than the minimum security and lighting measures required by State law. The security plan shall be reviewed and approved by the Chief of Police.

☐ Distance map: *(Describe the distances of any of the following facilities in relation to your establishment's location)*

- Any Cannabis use business shall not be located within one thousand five hundred (1,500) feet of the property line of any pre-existing Cannabis Business Establishment located within or outside the village.
- Any Manufacturing use business shall not be located within two thousand five hundred (2,500) feet of the property line of a pre-existing public or private preschool or elementary or secondary school or day care center, day care home, group day care home, part day child care facility, place of worship or an area zoned for residential use.

☐ A Copy of your State issued Cannabis License

CANNABIS OVERLAY DISTRICT



APPROVED: FEBRUARY 25, 2020

BY ORDINANCE 20-03