

# CANNABIS DISPENSARY RETAIL SALES LICENSE APPLICATION

<i>Type of Ownership</i> : □Corporation □LLC, LLP	□Sole Proprietor □Other:
Name of Corporation, LLC, LLP, Sole Proprietor	; etc.:
Office Address of Corporation, LLC, LLP, Sole F	Proprietor
Office Phone:	Office Fax:
Email:	Website:
FEIN:	Illinois Tax No:
Local Business Name (assumed or d/b/a name):	
Business Address (No P.O. Box):	
Mailing Address (if different than above):	
Local Business Phone:	Fax Number
Cell Phone:E-Ma	il:
Applicant Information	
Applicant Information Name of Applicant:	
Name of Applicant:	
Name of Applicant:	
Name of Applicant:	Social Security #:
Name of Applicant: Alias Names: Date of Birth: Address:	Social Security #:
Name of Applicant: Alias Names: Date of Birth: Address:	Social Security #:
Name of Applicant:         Alias Names:         Date of Birth:         Address:         Address:         Phone Number:         Driver's License #:	Social Security #:
Name of Applicant:         Alias Names:         Date of Birth:         Address:         Address:         Phone Number:         Driver's License #:         **MUST INCLUDE A PHOTOCOPY O         1.         Have you ever been convicted of a criminal	Social Security #: Email: Issuing State:
Name of Applicant:         Alias Names:         Date of Birth:         Date of Birth:         Address:         Phone Number:         Driver's License #:         **MUST INCLUDE A PHOTOCOPY O         1.	Social Security #: Email: Issuing State: F GOVERNMENT ISSUED IDENTIFICATION CARD** act or ordinance violation (other than cannabis, traffic, or parking

#### Village of Norridge 4000 N. Olcott Ave. Norridge, IL 60706



	Do you own or lease your building/store front?		
	Name of Building Owner:		
	Address of Building Owner:		
	Business Phone:Email Address:		
	Will the business be supervised and conducted by a manager? $\Box$ Yes $\Box$ No If yes, please provide the following information:		
	Name of Manager:		
	Home Address:		
	Phone #: Date of Birth:		
	Driver's License #: Issuing State:		
	Does your business have a state license from the Illinois Department of Financial & Professional Regulation Yes No If yes, when was the license issued and what is the license number?		
	**MUST INCLUDE A PHOTOCOPY OF STATE LICENSE**		
	What is the approximate total floor area of the premises?		
	Describe the activities or business that will be conducted at this location?		

I. the applicant, certify that to the best of my knowledge and due diligence that the location of the business applying for this license is more than five hundred (500) feet from the property line of any state licensed child care facility, public, private or parochial elementary, middle, secondary schools, universities or post-secondary education facilities or a building or location used for education or recreation of minors or young adults under the age of 21 and any house of worship. Distance for the purpose of this certification is being measured from the property line of the business to the property line of any of the above.  $\Box$  Yes  $\Box$  No



# This Section for Corporate, Association, and Partnership Applicants Only

- 1. If *Corporation*, please answer the following questions:
  - A. Date of incorporation: \_\_\_\_\_State of incorporation: \_\_\_\_\_
  - B. If foreign corporation, date qualified under Illinois Business Corporation Act to transact business in Illinois:
  - C. New applicants must provide a copy of Articles of Incorporation.
    - □ Yes, Articles of Incorporation are attached.
- 2. If *Limited Liability Company*, please answer the following questions:
  - A. Date of formation: \_\_\_\_\_\_ State of formation: \_\_\_\_\_
  - B. If foreign company, date registered to transact business in Illinois: \_\_\_\_\_\_
  - C. New applicants must provide a copy of Articles of Organization.
    - □ Yes, Articles of Organization are attached.
- Please provide the following for all persons having a five percent or more ownership interest, all officers and all directors.

Last	First	Middle
Position:	Percer	nt of Ownership:
(Owner, Officer,	Director)	(if no ownership interest, put
Date of Birth:/	/ Place of E	Birth:
Social Security #:	Driver's Li	icense #:
Citizenshin <sup>.</sup>	Naturalized U.S	. Citizen? □Yes □No
please provide date and p		
please provide date and p	Place:	
please provide date and p Date: Current Home Address:	Place:	
please provide date and p Date: Current Home Address: City:	Place:	
please provide date and p Date: Current Home Address: City: Home phone #:	Place: State: Work phone #:	Zip Code:



Name:			
Last		First	Middle
Position:		Percent of Ownersh	
(Owner, Officer,			ership interest, put 0)
Date of Birth:/	/	Place of Birth:	
Social Security #:		Driver's License #:	
Citizenship:		Naturalized U.S. Citizen?	□Yes □No
If yes, please provide date	e and place of natur	alization:	
Date:	Place:		
Current Home Address:			
City:	State:_	Zip	Code:
Home phone #:	Work phone	e #:Cell	phone #
Previous Home Address:			
City:	State:	Zip	Code:
Name: Last		First	Middle
Position: (Owner, Officer,		Percent of Ownership: (if no own	ership interest, put 0)
Date of Birth:/	/	Place of Birth:	
Social Security #:			
Citizenship:		Naturalized U.S. Citizen?	□Yes □No
If yes, please provide dat	e and place of natur	alization:	
Date:	Place:_		
Current Home Address:			
City:	State:	Zip Code: _	
Home phone #:	Work phone #	:Cell Phone #	<b>#</b>
Previous Home Address: _			
		Zip Code: _	

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4. Has any officer, manager, director or shareholder owning 5% or more of the stock of the corporation association, or partnership ever been convicted of a criminal act or ordinance violation (other than cannabis, traffic, or parking offenses)? □ Yes □ No If yes, explain in detail with name, offense, disposition, and jurisdiction:

### **Operational Requirements:**

- A. Adult-Use Cannabis Dispensing Organizations shall be located only in and comply with all requirements of the underlying zoning districts. An Adult-Use Cannabis Dispensing Organization shall not be located within a house, apartment, condominium, or an area zoned for residential use. It shall be located only in the CO Cannabis Overlay District.
- B. Adult-Use Cannabis Dispensing Organizations may not conduct any sales or distribution of cannabis other than as authorized by the Act and this Article, nor violate any other requirements or prohibitions set by the State of Illinois.
- C. The perimeter walls of an Adult-Use Cannabis Dispensing Organization may not be located within 500 feet of the property line of a pre-existing public primary or secondary school. Learning centers and vocational/trade centers shall not be classified as a public or private school for purposes of this Section. The five hundred foot (500') distance limit in this subsection C shall be measured in a straight line from the nearest "lot line" of the Adult-Use Cannabis Dispensing Organization to the nearest "lot line" of the "land use" from which the setback is sought; provided that if an Adult-Use Cannabis Dispensing Organization is to be situated in a distinct tenant space within a multi-tenant building, then the setback described in this subsection C shall be measured from the nearest demising wall of the distinct tenant space within the building in which the Adult-Use Cannabis Dispensing Organization is proposed to the nearest "lot line" of the "land use" from which the setback is sought.
- D. An Adult-Use Cannabis Dispensing Organization shall not be established as an accessory use or a component land use with any other land use, except a Medical Cannabis Dispensing Organization.
- E. At least 75% of the floor area of any tenant space occupied by an Adult-Use Cannabis Dispensing Organization shall be devoted to the activities of the dispensing organization as authorized by the Act, and no cannabis dispensary shall also sell food for consumption on the premises other than as authorized by the Village.
- F. An Adult-Use Cannabis Dispensing Organization shall not include a drive through facility, nor distribution of cannabis by a vending machine, nor distribution by delivery to residences or other locations where purchasers may be.
- G. On-site consumption of cannabis is prohibited. Cannabis may not be consumed within an Adult-Use Cannabis Dispensing Organization for any purpose and in any form, including but not limited to samples, tastings, edible products, or byproducts or by smoking. A sign, at least twenty -four (24) inches by thirty-six (35) inches, shall be posted inside, at a location clearly visible to patrons, with the following language.



#### "SMOKING, EATING, DRINKING, OR OTHER FORMS OF CONSUMPTION OF CANNABIS OR PRODUCTS CONTAINING CANNABIS IS PROHIBITED ANYWHERE INSIDE OR ON THE GROUNDS OF THIS ESTABLISHMENT."

No person, including any employee, manager, owner or agent of the licensee may consume cannabis products on the licensed premises before or after the permitted hours of operation. No employee or other server of cannabis may consume or be permitted to consume any cannabis product on the licensed premises while on duty or while performing any duties of employment.

- H. Consumption in parking lot adjacent to Adult-Use Cannabis Dispensing Organization is prohibited.
  - 1. Cannabis may not be consumed in any parking lot or open area adjacent to any Adult-Use Cannabis Dispensing Organization for any purpose and in any form, including but not limited to samples, tastings, edible products or byproducts or by smoking.
  - 2. No licensee, or officer, associate, member, representative, agent, or employee of such licensee, shall permit or engage in the consumption of cannabis in violation of this Article.
  - 3. All cannabis dispensaries must post the following sign on the property where the establishment is located.

#### "PURSUANT TO THE VILLAGE OF NORRIDGE CODE, IT IS UNLAWFUL TO CONSUME ANY CANNABIS IN ANY PARKING LOT OR OPEN AREA ADJACENT TO THIS ADULT-USE CANNABIS DISPENSING ORGANIZATION."

- I. Signage shall comply with the Cannabis Regulation and Tax Act, (P.A. 101-0027), as it may be amended from time-to-time, the regulations promulgated thereunder, and Village zoning regulations.
- J. Adult-Use Cannabis Dispensing Organizations must include the legal name of the dispensary on the packaging of any cannabis product it sells.
- K. Adult-Use Cannabis Dispensing Organizations are prohibited from selling alcohol.
- L. An Adult-Use Cannabis Dispensing Organization may only accept cannabis deliveries into a restricted access area.
- M. A dispensary may operate only between the hours of 8:00 a.m. and 10:00 p.m.
- N. Building enhancements, such as security cameras, lighting, or other improvements, to ensure the safety of employees and customers of the adult-use cannabis business establishments, as well as its environs shall be installed. Said improvements shall be determined based on the specific characteristics of the floor plan for an Adult-Use Cannabis Dispensing and the site on which it is located, consistent with the requirements of the Act.
- O. An Adult-Use Cannabis Dispensing Organization shall comply with the security provisions of 410 ILCS 705/15-100. Dispensaries must ensure that the dispensary interior and exterior premises are sufficiently lit to facilitate surveillance, and must ensure that trees, bushes, and other foliage outside of the dispensary premises do not allow for a person or persons to conceal themselves from sight. (See 410 ILCS 705/15-100 (a)(13) and (14)).



- P. A manager shall be on the licensed premises at all times that the licensed premises is open for business.
- Q. The owner, manager or a key holder of the Adult-Use Cannabis Dispensing Organization is required to respond by phone or email pertaining to non-emergency situations within 24 hours of contact by a Village official.
- R. The cannabis dispensary business shall be ventilated so that the odor of marijuana cannot be detected by a person with a normal sense of smell at the exterior of the business.
- S. Disposal of adult-use cannabis and cannabis byproducts: all products must be made unusable and unrecognizable prior to the removal from the business.
- T. It is prohibited to cultivate, distribute, produce, smoke, use, or ingest marijuana openly or publicly in a place open to the general public.
- U. Operation of the Adult-Use Cannabis Dispensing Organization business is prohibited when:
  - 1. the video surveillance equipment is inoperative
  - 2. the point-of-sale equipment is inoperative.
  - 3. the State's cannabis electronic verification system is inoperative
  - 4. there are fewer than two people working at any time within the Adult-Use Cannabis Dispensing Organization.
- V. Parking and loading shall be as required in accordance with Village zoning regulations as amended from time to time: 1 space for every 150 sq. ft. of gross floor area plus employee parking.

#### Please submit the following with application:

- A. A copy of a current valid government issued I.D.;
- B. A copy of a current valid State of Illinois Cannabis License;
- C. Floor layout/diagram of the business;
- D. Certificate of Insurance listing the Village of Norridge as additionally insured;
- E. A one thousand dollar (\$1,000) non-refundable application fee



# SIGNATURE PAGE

The undersigned reaffirm (s) all of the foregoing statements to be true and correct to the best of his/her/their knowledge and belief.

The undersigned acknowledges that he/she/they have read, understand and will obey the provisions of the Cannabis Ordinance of the Village of Norridge. The undersigned further affirms that he/she/they are familiar with the laws of the United States and the State of Illinois relating to the sale of cannabis.

The undersigned agree(s) not to violate any of the laws of the United States, State of Illinois, or any of the ordinances of the Village of Norridge in the conduct of business described herein. The undersigned hereby makes application for a cannabis dispensary license pursuant to the provisions of the Village Code of the Village of Norridge (as amended) regulating the sale of cannabis in the Village of Norridge, County of Cook, Illinois and all amendments thereto now in force and effect.

(**NOTE**: In the case of Corporations, the President and Secretary must sign. If both offices are held by one person, sign twice. In the case of LLC's at least two owners and/or officers must sign. If there is only one owner/officer, then sign twice. Sole proprietors need only sign once.)

Printed Name:	Printed Name:
Title:	Title:
Signature:	Signature:
Date:	Date:
Printed Name:	Printed Name:
Title:	Title:
Signature:	Signature:
Date:	Date:
State of Illinois County of Cook	
Subscribed and sworn to me this	
Day of, 20	
	SEAL:
Notary Public	

Village of Norridge 4000 N. Olcott Ave. Norridge, IL 60706



## **AFFIDAVIT**

State of Illinois County of Cook

The undersigned swear (or affirm) that the corporation in whose name this application is being made will not violate any of the ordinances of the Village of Norridge in the Laws of the State of Illinois or of the United States of America in the conduct of the place of business described herein and that the statements contained in this application are true and correct to the best of our knowledge and belief (any intentional misrepresentation submitted may be cause for denial of the license). In the event applicant becomes aware that any information or documentation submitted as part of this application process is inaccurate or incomplete, applicant agrees to immediately notify the Village and provide such additional information and material, and failure to do so may be cause for delay in processing this application or result in denial of the license.

I have read and will comply with all the requirements of the Village of Norridge's Ordinance No. 2087-22 – An Ordinance Enacting Article XI-B of the Zoning Ordinance Establishing a "CO" Cannabis Overlay District, Cannabis Overlay District Regulations, Amending Related Articles of the Zoning Ordinance and Amending the Zoning Map, and the Village of Norridge's Ordinance No. 2095-23 – An Ordinance Amending Chapter 22 "Business" Enacting, Article 11, Sections 500-550 "Cannabis Businesses:, and Amending Chapter 38, Section 22 "Fines, Penalties and Fees", of the Revised Municipal Code of the Village of Norridge.

	(President)
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\_\_\_\_\_(Secretary)

SUBSCRIBED and sworn to before

Me this \_\_\_\_\_day of

\_\_\_\_\_, 20

(Corporate Seal)

Notary Public



# WAIVER VILLAGE OF NORRIDGE CANNABIS DISPENSARY RETAIL SALES LICENSE APPLICATION

In connection with the application referred to above, I authorize the Village of Norridge to obtain, prepare, and use information concerning my current and former employment, general reputation and criminal history:

#### (MAKE COPIES PRIOR TO FILLING OUT! To be completed by all person's listed in Question 3. (PLEASE PRINT):

Name in full; spell out completely:	First		
	First	Middle	Last
Nicknames Used. N/A if none:			
Current Home Address:			
Current Home Phone Number:	( )		
Cell Phone Number:			
Date of Birth:			
Social Security Number:			
Driver's License No. & Issuing State:	No.	Stat	e.
	110.	Siai	
		Applicant's Signature	
State of Illinois County of Cook		Date	

Subscribed and sworn to me this \_\_\_\_\_

Day of \_\_\_\_\_, 20\_\_\_

Notary Public

SEAL: