



Office of the City Manager
City Hall, 419 Fulton Street
Peoria, IL 61602
Phone: (309) 494-8524 Fax: (309) 494-8556

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CANNABIS BUSINESS LICENSE APPLICATION

IMPORTANT: Application must be completed in full and notarized before it will be accepted. All fees must be paid at the time the application is submitted.

NOTE: The City of Peoria will not begin processing this application until the applicant has provided the City with a copy of the applicant's state license.

1. I am requesting a:

- New License, Renewal, Application Change

2. What type of license are you applying for?

- Craft Grower, Cultivation Center, Dispensing Organization, Infuser Organization or Infuser, Processing Organization or Processor

3. Please select the option that best describes your business:

- Corporation, LLC, Partnership, Sole Proprietorship, Individual, Other

4. Business Information

Business Name:
Assumed Name or Doing Business As (DBA) Name:
Business Address (where the license will be used):
Business Phone: Website Address:
Sales Tax (IBT) #: FEIN #:

5. Applicant Information

Name of Applicant:
Alias Names:
Date of Birth: Social Security #:
Address:
Phone Number: Email:
Driver's License #: Issuing State:

Must include a photocopy of government issued identification card

6. Have you ever been convicted of a criminal act or ordinance violation (other than cannabis, traffic, or parking offenses)? Yes No If yes, explain in detail the conviction, date, and prosecuting jurisdiction:

7. Have you ever had a business application or license denied, suspended or revoked? Yes No
If yes, explain in detail including the date, application or license type, and jurisdiction:

8. Do you own or lease your building/ store front? Own Lease

If you lease, please provide the following information:

Name of Building Owner: _____

Address of Building Owner: _____

Business Phone: _____ Email Address: _____

9. Will the business be supervised and conducted by a manager? Yes No

If yes, please provide the following information:

Name of Manager: _____

Home Address: _____

Phone #: _____ Date of Birth: _____

Driver's License # _____ Issuing State: _____

10. Does your business have a state license from the Illinois Department of Financial and Professional Regulation?
 Yes No

If yes, when was the license issued and what is the license number?

*****Must include a photocopy of state license*****

11. What is the approximate total floor area of the premises? _____

****Attach a floor layout/ diagram of the business****

12. Describe the activities or business that will be conducted at this location?

13. Certification

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. Yes No

Fees

The applicant shall pay the city treasurer a fee per year or part thereof for each license applied for each of the first three years the licensee is in business and then afterwards. Each business year shall be calculated as 365 days of operation, not calendar year. Fees are due at the time of application. Fees will be as follows:

First Year of License	Fee
Adult- Use Cannabis Craft Grower	\$1,000.00
Adults- Use Cannabis Cultivation Center	\$5,000.00
Adult- Use Cannabis Dispensing Organization	\$2,500.00
Adult- Use Cannabis Infuser Organization or Infuser	\$500.00
Adult- Use Cannabis Processing Organization or Processor	\$500.00

Second Year of License	Fee
Adult- Use Cannabis Craft Grower	\$1,500.00
Adults- Use Cannabis Cultivation Center	\$7,500.00
Adult- Use Cannabis Dispensing Organization	\$3,750.00
Adult- Use Cannabis Infuser Organization or Infuser	\$750.00
Adult- Use Cannabis Processing Organization or Processor	\$750.00

Third Year and Subsequent Years of License	Fee
Adult- Use Cannabis Craft Grower	\$2,000.00
Adults- Use Cannabis Cultivation Center	\$10,000.00
Adult- Use Cannabis Dispensing Organization	\$5,000.00
Adult- Use Cannabis Infuser Organization or Infuser	\$1,000.00
Adult- Use Cannabis Processing Organization or Processor	\$1,000.00

****This Section for Corporate, Association, and Partnership Applications Only****

1. List each officer, director, or shareholder owning 5% or more stock or controlling interest of the corporation, association, and partnership.

Name	Home Address	Home Phone #	Driver's License #

2. 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:

Affidavit

State of Illinois)
) SS
County of Peoria)

I/We, the undersigned, being first duly sworn, say that I/we have read the foregoing application and that the statements therein are true, complete and correct and are upon my/our personal knowledge and information that I/we will not violate any of the ordinances of the City of Peoria or the laws of the State of Illinois and the United States of America, in the conduct of the place of business described herein.

It is further represented that no officer, manager, director, or stockholder of the Corporation, owning more than 5% of the stock in such Corporation, has ever been convicted of a felony and would not be disqualified to receive a license by reason of any matter or thing contained in the Ordinances of the City of Peoria and that no officer, manager, director or stockholder will violate any of the Laws of the State of Illinois or of the United States, or any Ordinances of the City of Peoria in the conduct of the place of business described herein.

Applicant acknowledges the obligation of those person(s) identified above on this application to submit to fingerprinting and background investigation upon request by the City.

Dated at Peoria, Illinois this _____ day of _____, A.D. _____

Signature of Applicant _____

Signature of Applicant _____

Signature of Manager _____

Signature of Business Owner _____

Signature of Landlord/Property Owner _____

I, _____, a Notary Public in and for said county in the state aforesaid, do hereby certify that the applicant(s), appeared before me this day in person and acknowledged that he/she/they signed the foregoing application as his/her/their free and voluntary act for the use and purposes therein set forth.

Given under my hand and notarial seal this _____ day of _____, A.D. _____.

SEAL

Notary Public

ENDORSEMENT OF THE CHIEF OF POLICE

Recommend Issuing: Yes No Date: _____

Comments: _____

Signature

ENDORSEMENT OF THE DIRECTOR OF COMMUNITY DEVELOPMENT

Recommend Issuing: Yes No Date: _____

Comments: _____

Signature

ENDORSEMENT OF THE FIRE CHIEF

Recommend Issuing: Yes No Date: _____

Comments: _____

Signature

CHECKLIST OF DOCUMENTS TO BE SUBMITTED BY APPLICANT

1. () Photocopy of applicant's government issued identification card
2. () Photocopy of state license
3. () Records establishing ownership of business
4. () Copy of business records that establishes persons with management authority
5. () Proof of business and underlying entity is in good standing with the State of Illinois
6. () If leased, copy of lease, and amendments, addenda, assignments and subleases
7. () Floor layout/ diagram
8. () The corresponding fee of as directed by page 4 of this application