



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation - Cannabis Control Section

Exhibit F of the 15-36 Packet

SURETY BOND/ESCROW ACCOUNT WAIVER FORM INSTRUCTIONS

Please read the Cannabis Regulation and Tax Act (CRTA), 410 ILCS 705, and this information carefully before submitting your Surety Bond/Escrow Account Waiver Form.

The CRTA provides a waiver to the Surety Bond/Escrow Account requirements for Social Equity Applicants that meet the following criteria:

- (1) the applicant, including all individuals and entities with 10% or greater ownership and all parent companies, subsidiaries, and affiliates, has less than a total of \$750,000 of income in the previous calendar year; and*
- (2) the applicant, including all individuals and entities with 10% or greater ownership and all parent companies, subsidiaries, and affiliates, has no more than 2 other licenses for cannabis business establishments in the State of Illinois. 410 ILCS 705/7-20(a).*

In order to receive the waiver, applicants are required to submit this completed form and the Addenda below as PDF documents. A complete Exhibit F, Surety Bond/Escrow Account Waiver Form and Mandatory Addenda include the following documents:

Completed application for Surety Bond/Escrow Account Waiver form (page 2): and

Mandatory Addendum, Federal Tax Documents: For applicant, including all individuals and entities, with an ownership interest of 10% or more, include a copy of the first page of the named individual or entities' Federal Tax Returns.

Once complete, an applicant's primary or alternate contact shall email the Notice of Surety Bond/Escrow Account Waiver Form and required addenda to the Division as Exhibit F at FPR.AdultUseCannabis@illinois.gov. Incomplete forms will not be accepted and thus will not qualify for a waiver.



Illinois Department of Financial and Professional Regulation Division of Professional Regulation - Cannabis Control Section

SURETY BOND/ESCROW ACCOUNT WAIVER FORM

SECTION 1: TO BE COMPLETED BY APPLICANT

1. BUSINESS/LEGAL NAME OF APPLICANT:			2. LICENSE NUMBER: 284. _____-CL		
3. BUSINESS ADDRESS OF THE PROPOSED DISPENSARY:					
4. CITY:	5. COUNTY:		6. BLS REGION:	7. ZIP CODE:	

The applicant is solely responsible for ensuring that all information provided in this Form is truthful and accurate. **NOTE: If the ownership percentages listed in Exhibit A (Table of Organization and Principal Officer Applications) do not match those listed on this form, neither exhibit will be considered.**

Applicants are also required to attach the required addenda with this form (list on page 1)

YES	NO	Did your entity receive 50 points for Exhibit P on your application for licensure?

Please provide the name and Social Security Number (SSN) or Employee Identification Number (EIN) for each individual and Entity holding an ownership interest of 10% or more in the dispensary organization. If additional lines are required, please contact FPR.AdultUseCannabis@illinois.gov.

Name	SSN/EIN	Ownership Interest (%)

By checking this box, I affirm, under penalty of perjury, that the above stated information is true and accurate to the best of my knowledge. Further, I acknowledge that if any of the information provided is fraudulent or otherwise false or misleading, I will be prohibited from participating in this program and I acknowledge that any fees that were waived or dismissed as part of this program will be reversed and become due.

By checking this box, I acknowledge that the Illinois Department of Financial and Professional Regulation will share this this Form and any addenda with the Illinois Department of Revenue for the purpose of determining my entity's eligibility for the requested waiver and for the purposes of administering the CRTA in accordance with the confidentiality provisions enumerated in 410 ILCS 705/55-30.

Title of the Authorized Representative

Name of the Organization

Printed Name

Telephone Number

Signature / Date

SECTION 2: TO BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE ILLINOIS DEPARTMENT OF REVENUE

YES

NO

The named entity on this Form meets the statutory parameters to be exempt from to the Surety Bond / Escrow Account requirements of the CRTA as enumerated in 410 ILCS 705/7-20(a).

Title of the Authorized Representative

Printed Name

Signature / Date