



JB Pritzker, Governor
Jerry Costello II, Director

Division of Cannabis Regulation • PO Box 19281 • Springfield IL 62794-9281 • 217/782-2172 • TDD 217/524-6858

**Consent for Disclosure Between IDOA and the
Cook County Cannabis Development Grant Program**

Licensee Name: _____

License Number: _____

This consent form must be completed by a current Principal Officer of the licensee.

Name of Principal Officer: _____

Badge Number of Principal Officer (if applicable): _____

I authorize the Illinois Department of Agriculture ("IDOA") to verify information submitted in or related to the above licensee's application for a conditional adult use dispensing organization license or an adult use dispensing organization license with the Cook County Cannabis Development Grant Program.

I understand that Section 55-30 of the Cannabis Regulation and Tax Act ("CRTA") provides that certain information, including the above licensee's application and its contents, are confidential, but that through this form, I consent to IDOA verifying the information provided in the licensee's application and its contents with the Cook County Cannabis Development Grant Program.

I understand that a copy of this consent form will be kept on file by both IDOA and the Cook County Cannabis Development Grant Program.

Signature: _____

Date: _____