

APPLICATION FOR CANNABIS RENEWAL OF BUSINESS ESTABLISHMENT SPECIAL USE PERMIT

City of Chillicothe

908 North Second Street PO Box 145
Chillicothe, Illinois 61523
(309) 274-2020

<u>For Office Use Only</u>
Date Received by City Clerk: _____
Fee Received: \$ _____
Date of Council Action: _____
Council Action: Approve / Deny

APPLICANT INFORMATION

Name: _____
Mailing Address: _____
City/State/Zip: _____
Daytime Phone: _____

TYPE OF CANNABIS BUSINESS ESTABLISHMENT:

- _____ Craft Grower
- _____ Cultivation Center
- _____ Dispensing Organization
- _____ Infuser Organization
- _____ Processing Organization
- _____ Transporting Organization

Applicant acknowledges that a special use permit issued for a cannabis business establishment is a privilege and not a right, and is subject to non-renewal, revocation and suspension as set forth in the Chillicothe City Code.

SIGNATURE OF APPLICANT

Signature: _____ Date: _____

Renewal Affidavit:

I affirm that the information in the original application and statements contained in the original application have not changed. Also, the adult-use cannabis dispensing organization has been operated in accordance with all applicable laws, ordinances and regulations.

Signature: _____ Date: _____