

**APPLICATION FOR CANNABIS BUSINESS ESTABLISHMENT SPECIAL USE PERMIT**

*City of Chillicothe*

908 North Second Street 1 PO Box 145  
Chillicothe, Illinois 61523  
(309) 274-2020

<u>For Office Use Only</u>
Date Received by City Clerk: _____
Fee Received: \$ _____ Date of Hearing: _____
Renewal <input type="checkbox"/> Yes
Plan Commission Recommendation: Approve/ Deny
Date of Council Action: _____
Council Action: Approve / Deny

**APPLICANT INFORMATION**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_

**PROPERTY OWNER INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Date Property Acquired: \_\_\_\_\_  
(If Less Than One Year Ago)

**PROPERTY INFORMATION**

Street Address: \_\_\_\_\_

Circle Current Zoning: R-1 R-2 R-3 R-4 C-1 C-2 C-3 1-1 1-2 Special Use

**REQUIRED ATTACHMENTS**

[ ] Legal Description

**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 has not changed. Also, the adult-use cannabis dispensing organization will be operated in accordance with all applicable laws, ordinances and regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_