



Dispensary Name: \_\_\_\_\_ District #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Reason(s) For Transfer/Sale of Registration

Will registrant be unable to transact business if transfer/sale is not completed? Reason

Reason transfer/sale of the registration is "in the best interest of Illinois qualifying patients"

I, the undersigned, certify the information provided on this form is true and accurate to the best of my knowledge. I understand that the Illinois Department of Public Health will review the information to determine whether the sale/transfer meets the provisions of IAC 100.2060(e)(1)(c) and thus exempt from transaction surcharge.

Name of Seller: \_\_\_\_\_

Signature of Seller: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail completed form to:**  
Illinois Department of Public Health  
Division of Medical Cannabis  
535 W. Jefferson St.  
Springfield, IL 62761-0001

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**Office Use Only**

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

Approved  Denied