



Cannabis-Infused Products Registration Application

Division of Environmental Health
Food, Dairies and Devices Section
525 W Jefferson St.
Springfield IL 62761
Phone 217-785-2439 TTY (hearing impaired) 800-547-0466
Email dph.mfgfood@illinois.gov

***Do NOT submit this application unless you are a licensed cultivation center, craft grower, and/or infuser already approved through the Illinois Department of Agriculture (IDOA). Please attach a copy of your IDOA license.**

Please check all that apply:

- This registration is for an IDOA licensed Cultivation Center
- This registration is for an IDOA licensed Craft Grower
- This registration is for an IDOA licensed Infuser

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|--|--|---------------------------------|
| Legal Name of Business* | | |
| Doing Business As (if applicable) | | |
| Physical Facility Address* (where product is made or stored if warehouse) | | County* |
| City* | State* | Zip code (+ 4 if known)* |
| Business Phone No. (include area code)* | Emergency/Cell Phone No. | |
| Facility Email Address (please print clearly)* | This kitchen will be ready for the pre-operational inspection on this date: | |

| | | |
|---|-----------------------------|---------------------------------|
| Owner or Operator First and Last Name* | | |
| Owner or Operator Address* | | |
| City* | State* | Zip code (+ 4 if known)* |
| Owner Phone No. (include area code)* | Owner Email Address* | |

Ownership Type (Check applicable box and complete information)

| | |
|--------------------------|--|
| <input type="checkbox"/> | Sole Proprietor/Individual List Name: |
| <input type="checkbox"/> | Partnership/Multiple Owners List Name of Each Owner: |
| <input type="checkbox"/> | Government |
| <input type="checkbox"/> | Non-Profit |
| <input type="checkbox"/> | Cooperative List exact full cooperate name: |
| <input type="checkbox"/> | Limited Liability Company (LLC)* List complete name of LLC and FEIN: |
| <input type="checkbox"/> | Corporation List Complete name of Corp and FEIN: |

*If either a LLC or Corporation, list the registered agent on file with the Secretary of State here:

Certification Statement

This application must be signed by the owner, if an individual; by one of the partners, if a partnership; or by an officer of the company or corporation.

I affirm that I am the owner, partner or officer of the firm name as shown on page one, that I am authorized on the part of said applicant to verify and file with the Illinois Department of Public Health this application, and that I have a full working knowledge of the matters set forth herein and that all of same are true in substance and fact. If a permit is issued, I agree to the inspection of this operation by an authorized/identified person of the Department at any reasonable hour, and understand that refusal for any part of an inspection or harassment to the authorized/identified person will result in suspension or revocation of this permit. I agree to conduct operations and maintain premises in accordance with the State of Illinois Food Safety laws, rules, and regulations.

Print Name: _____

Signature: _____ Date: _____

List all food or beverages to be infused (final products):

Sources and providers for all ingredients:

With this application, please include the following:

- Ensure this application is completed in its entirety
- Copy of license(s) issued by Illinois Department of Agriculture
- Copy of valid ANSI accredited Certified Food Protection Manager (CFPM) certification(s)
- Drawing or layout of commercial kitchen space being used for processing food or beverage products
- Copy of final product label(s) to ensure they are in accordance with DOA 8 ILCS 1300, Subpart J
- Copy of Certificate of Analysis or Food Grade Statement for all ingredients used

Send the requested information via email to: dph.mfgfood@illinois.gov or

Mail to:

IDPH Illinois Department of Public Health
Division of Environmental Health
Food, Dairies and Devices Section
525 W Jefferson St. – 3rd Floor
Springfield IL 62761