



**Illinois
Department of Commerce
& Economic Opportunity**

JB Pritzker, Governor

**Cannabis Direct Forgivable Loan Program
Authorized Designee Appointment Form**

Licensee Name: _____

Authorized Signatory Name: _____

Authorized Signatory Title: _____

Pursuant to the above referenced loan application, and any resulting agreement approved by the Illinois Department of Economic Opportunity (the Department), the Licensee's Authorized Signatory may assign Authorized Designees to submit materials to the Department by submitting written notice. In processing Licensee's above referenced loan application (including the review of supporting documentation), the Department will only accept materials signed by the Authorized Signatory or its Authorized Designee(s). Multiple appointments are permitted, however require separate submissions of this form.

By submitting this form, the Authorized Signatory of the Licensee is providing notice that the following person be named an Authorized Designee for the above referenced loan application or any resulting loan agreement. The Authorized Signatory must approve the Authorized Designee by signing as indicated below.

Authorized Designee Name: _____

Authorized Designee Title: _____

Authorized Designee Telephone #: _____

Authorized Designee E-Mail Address: _____

Authorized Designee Signature: _____ Date _____

*By signing above, I certify that any information and documentation submitted on behalf of the Licensee to the Department shall be complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties.

Authorized Signatory Approval: _____ Date _____

*By signing above, I hereby give permission to the above-named Authorized Designee to submit information or documentation on behalf of the applicant-licensee in connection with any pending loan application or loan agreement that may be ultimately awarded. I understand that any action or inaction of an Authorized Designee shall be deemed action or inaction of the Licensee. I understand that in the event I wish to terminate this appointment, I must promptly apprise the Department.