



# IDFPR

## Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

[idfpr.illinois.gov](http://idfpr.illinois.gov)

**JB PRITZKER**  
Governor

**MARIO TRETO, JR.**  
Secretary

**CAMILE LINDSAY**  
Acting Director

### Consent for Disclosure Between DFPR and Other Illinois State Agencies

**Licensee Name:** \_\_\_\_\_

**License Number:** \_\_\_\_\_

**BLS Region:** \_\_\_\_\_

This consent form must be completed by a current Principal Officer of the licensee, or a proposed Principal Officer if a conditional licensee.

**Name of Principal Officer:** \_\_\_\_\_

**Badge Number of Principal Officer (if applicable):** \_\_\_\_\_

I authorize the Illinois Department of Financial and Professional Regulation ("IDFPR") to verify information submitted in or related to the above licensee's application for a conditional adult use dispensing organization license or an adult use dispensing organization license with another Illinois State Agency.

I understand that Section 55-30 of the Cannabis Regulation and Tax Act ("CRTA") provides that certain information, including the above licensee's application and its contents, are confidential, but that through this form, I consent to IDFPR verifying the information provided in the licensee's application and its contents with other Illinois State Agencies.

I understand that a copy of this consent form will be kept on file by both DFPR and the other Illinois State Agency.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_