

**Cannabis Direct Forgivable Loan Program**

Applicant’s Consent for Disclosure Between Agencies

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| **Licensee Name:** | Click or tap here to enter text. |
| **License Number:** | Click or tap here to enter text. |
| **BLS Region**: | Click or tap here to enter text. |

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

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| **Name of Principal Officer**: | Click or tap here to enter text. |
| **Badge Number of Principal Officer (if applicable)**: | Click or tap here to enter text. |

I authorize:

[ ] Illinois Department of Agriculture (IDOA)

[ ] Illinois Department of Financial and Professional Regulation (IDFPR)

to verify information submitted in relation to the above license number’s application with the Department of Commerce & Economic Opportunity (DCEO).

I understand that Section 55-30 of the Cannabis Regulation and Tax Act (CRTA) provides that certain information, including the above license number’s application and its contents, are confidential, but that through this form, I am consenting to IDOA/IDFPR verifying the information provided in my application and its contents with DCEO for the limited purposes of DCEO’s administration of its forgivable loan program.

I understand that a copy of this consent form will be kept on file by both IDOA/IDFPR and DCEO.

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| Signature: |  | Date: |  |