



CITY OF CHICAGO



OFFICE OF THE CITY CLERK
ANNA M. VALENCIA

INSTRUCTIONS FOR COMPLETION AND SUBMISSION OF THE NOTICE OF INTENT FORM:

PLEASE NOTE: The Notice of Intent Form can be found on Page 4 of this packet or on www.chicityclerk.com/cannabis

1. **Submit a complete and accurate description of the precinct you wish to restrict.** The *Notice of Intent* must correctly: (i) identify the precinct number and Ward to be restricted, and (ii) describe the complete legal boundaries of the precinct as the precinct existed on the date of the last General Election.

If the Petitioner is **unsure of their Ward or precinct number** the Petitioner may obtain this information by:

- Referencing their Illinois Voter Registration Card; OR
- Contacting the Chicago Board of Elections at www.chicagoelections.com

If the Petitioner is **unsure of their precinct's legal boundaries**:

- The Office of the City Clerk may assist the Petitioner in identifying the precinct's boundaries; OR
- The Petitioner may obtain this information by contacting the Chicago Board of Elections at: <http://www.chicagoelections.com/en/ward-maps-and-aldermen.html>

2. **Select the scope of the restriction.** Check the box identifying the desired restriction. Only one restriction can be selected per *Petition* (see Page 2 for restriction type definitions).
3. **Submit the completed *Notice of Intent Form* IN PERSON to the City Hall Office of the City Clerk, located at 121 North LaSalle Street – Room 107, Chicago, IL 60602.**



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TYPES OF RESTRICTED CANNABIS ZONES EXPLAINED

Prior to circulating a **Petition** to create a **Restricted Cannabis Zone** in a precinct, the Petitioner must first identify the nature of the restriction being sought. The Illinois Compiled Statute, 410 ILCS 705/55-28, authorizes three options for establishing a **Restricted Cannabis Zone**, each of which is described below. The Petitioner must pick **only one** of the three options. Depending on the option chosen by the Petitioner, the City Clerk has prepared an appropriate **Petition** to reflect that option.

PETITION OPTIONS¹

Option #1: “Petition restricts *home cultivation* within the precinct.”

Option #2: “Petition restricts *one or more types of cannabis business establishments* within the precinct.” (*Petitioner must select one or more of the following establishments that will be included in the Petition*):

- ☐ *Cultivation Center*
- ☐ *Craft Grower*
- ☐ *Processing Organization*
- ☐ *Infuser Organization*
- ☐ *Dispensing Organization*
- ☐ *Transporting Organization*

Option #3: “Petition restricts *home cultivation AND one or more types of cannabis business establishments* within the precinct.” (*Petitioner must select one or more of the following establishments that will be included in the Petition*):

- ☐ *Cultivation Center*
- ☐ *Craft Grower*
- ☐ *Processing Organization*
- ☐ *Infuser Organization*
- ☐ *Dispensing Organization*
- ☐ *Transporting Organization*

¹ For more detailed descriptions of each restriction option see the FAQ page at www.chicityclerk.com/cannabis



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NOTICE OF INTENT FORM

1. Submit a complete and accurate description of the precinct you wish to restrict.

The description of the precinct boundaries of the ____ Precinct of the ____ Ward of the City of Chicago in the County of Cook and the State of Illinois, as such precinct existed as of the last General Election, is as follows:

2. Please select the scope of restriction sought for the ____ Precinct of the ____ Ward:

Restricting a Cannabis Zone

- ☐ Restrict *home cultivation*;
- ☐ Restrict *one or more types of cannabis business establishments*:
(Please check all that apply)
- ☐ *Cultivation Center*
 - ☐ *Craft Grower*
 - ☐ *Processing Organization*
 - ☐ *Infuser Organization*
 - ☐ *Dispensing Organization*
 - ☐ *Transporting Organization*
- ☐ Restrict *home cultivation AND one or more types of cannabis business establishments*:
(Please check all that apply)
- ☐ *Cultivation Center*
 - ☐ *Craft Grower*
 - ☐ *Processing Organization*
 - ☐ *Infuser Organization*
 - ☐ *Dispensing Organization*
 - ☐ *Transporting Organization*

Petitioner Name

Signature

Date