

Notice of Appearance

Case No. (if available): ENF- _____
(use the ENF docket number if you are filing this Notice of Appearance with a Hearing Request Form based on an enforcement action)

or

CCC HO _____
(use the CCC HO docket number if the Hearing Officer has already assigned the case a number)

If a case number is not available, please attach a copy of the Notice or Order from the Cannabis Control Commission that is the subject of the hearing in which you are entering an appearance (e.g., Summary Suspension Order, Order to Show Cause, Notice of Nonrenewal of License).

- The Notice/Order received from the Cannabis Control Commission that is the subject of the hearing in which I am entering an appearance is attached.

Check one:

I am representing myself.

I am appearing on behalf of:

Name: _____

Address: _____



If you are appearing on behalf of someone else, check the boxes below that apply:

- I am a non-attorney appearing on behalf of an individual.
- I am a non-attorney appearing on behalf of an entity.

- I am an attorney appearing on behalf of an individual.
- I am an attorney appearing behalf of an entity (e.g., corporation, partnership, trust).

- I am an authorized officer or employee representing a corporation.
- I am an authorized member representing a partnership or joint venture.
- I am an authorized trustee representing a trust.

By signing this Notice of Appearance, you agree to the following:

- To receive all official communication from the Cannabis Control Commission (Commission) concerning the above-captioned adjudicatory hearing using the contact information below.

- That all proposed and final decisions of the Commission will be sent to you via email only at the email address provided below.

- To promptly notify the Commission if your contact information below changes in any respect. [*Attorneys: In the event that you withdraw as counsel, you agree to: 1) notify your client, forthwith, of their responsibility to attend any hearings already scheduled before the Commission; and 2) provide the Commission with your client's current contact information, including their email address.*]

Signature: _____ Date: _____

Printed Name: _____

If applicable, BBO#: _____

Email Address: _____

Mailing Address: _____



Telephone Number: _____

Fax Number: _____

