**Residential Cannabis Grow Compliance Checklist – IL**

*Use this checklist to verify your setup complies with state regulations and best practices.*

**Eligibility & Plant Limits**

\_\_\_\_\_ I am 21 or older and a registered medical cannabis patient with a valid Illinois Medical Cannabis Registry Card.

\_\_\_\_\_ I understand that only medical patients are allowed to grow cannabis at home under Illinois law.

\_\_\_\_\_ I cultivate no more than 5 cannabis plants total, regardless of growth stage, and only at my primary residence.

\_\_\_\_\_ I understand that exceeding the 5-plant limit or growing without a valid registry card may result in legal penalties.

**Location & Visibility**

\_\_\_\_\_ My plants are grown inside my private residence or in an enclosed, locked space on my property.

\_\_\_\_\_ I ensure that no cannabis plants are visible to the public, including from sidewalks, streets, or neighboring properties.

\_\_\_\_\_ I do not cultivate cannabis in public spaces, multi-unit common areas, or other unauthorized locations.

\_\_\_\_\_ If I rent, I have received written permission from my landlord to cultivate cannabis on the premises.

**Security & Access**

\_\_\_\_\_ My grow area is secure, locked, and not accessible to unauthorized individuals or minors.

\_\_\_\_\_ I do not allow anyone under 21 to access the grow area, even if they live in the home.

\_\_\_\_\_ Only myself or a designated caregiver with legal authorization has access to the cultivation space.

**Identification & Safety**

\_\_\_\_\_ I label my plants clearly with my name and note that they are for medical use only.

\_\_\_\_\_ I use appropriate grow equipment and follow Illinois safety standards—no overloaded circuits or fire hazards.

\_\_\_\_\_ I manage humidity, airflow, and odor to avoid mold and reduce strong cannabis smells.

\_\_\_\_\_ I keep a smoke detector or fire extinguisher near my grow area for added safety.

**Legal Compliance**

\_\_\_\_\_ I grow cannabis solely for my own personal, medical use and do not sell or share it with others.

\_\_\_\_\_ I do not give or transfer cannabis to anyone who is not registered under the Illinois program.

\_\_\_\_\_ I comply with Illinois possession limits for medical patients: up to 2.5 ounces of usable cannabis every 14 days.

\_\_\_\_\_ I understand that transporting cannabis across state lines remains illegal under federal law.

***🖊️ Acknowledgment***

I have reviewed this checklist and understand the legal requirements for personal cannabis cultivation in the state of Illinois. I acknowledge that staying within these guidelines is my responsibility.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_