



County of Union, Illinois  
Office of the Chief Information Officer  
309 W. Market—Room 115  
Jonesboro, IL 62952

Rollie Hawk, CIO  
(618) 925-2470  
cio@unioncountyl.gov  
@unioncountycio

December 7, 2016

[sent via email]

Mick Dumke, Staff Reporter  
Chicago Sun Times  
350 N. Orleans  
10<sup>th</sup> Floor  
Chicago, IL 60654

Mr. Dumke:

Please consider this our response to your attached Freedom of Information Act request, received via email on November 30, 2016 and summarized below:

*Copies of all application materials for zoning, special use, or any other licenses or permits for the following medical cannabis cultivation center: Wellness Group Pharms.*

Please find attached the following records responsive to your request:

- 2015 Building Permit – Wellness Group Pharms

We consider this request completed. If I may be of further assistance, please let me know.

Sincerely,

Rollie Hawk, Chief Information Officer

Enclosure

Cc: Tyler Edmonds, State's Attorney  
Kelly Carter, County Administrator  
Angela Coke, County Administrator  
Tammy Robinson, Supervisor of Assessments  
Darren Bailey, Treasurer  
Terry Bartruff, County Clerk

## Re: FOIA request

**From:** Mick Dumke <mdumke@suntimes.com>  
**To:** Rollie J. Hawk <rhawk@unioncountyil.gov>  
**Subject:** Re: FOIA request  
**Date:** Wednesday, November 30, 2016 11:21 AM  
**Size:** 28 KB

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Great. Thanks a ton.

Mick

On Wed, Nov 30, 2016 at 10:52 AM, Rollie J. Hawk <rhawk@unioncountyil.gov> wrote:

Thank you for your request. I'll see what we have that's responsive and get back to you.

All the best,  
Rollie

On Wed, Nov 30, 2016, at 10:43 AM, Mick Dumke wrote:

November 30, 2016

Rollie Hawk  
Chief Information Officer  
County of Union, Illinois  
via email

Greetings:

This is an official request under the Illinois Freedom of Information Act. Please provide the following:

1--Copies of all application materials for zoning, special use, or any other licenses or permits for the following medical cannabis cultivation center: Wellness Group Pharms.

I would appreciate a response to this request within five working days, as required by the Illinois FOIA. I also ask that you waive all fees associated with reproducing these records, as this is for a reporting and research project in the public interest.

Please contact me directly if there are problems with the availability of the records.

Thanks again for your time and help.

Sincerely,  
Mick Dumke

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photo

**Mick Dumke**  
Staff Reporter  
p: [312-321-2213](tel:312-321-2213) | m: [773-343-8954](tel:773-343-8954)  
e: [mdumke@suntimes.com](mailto:mdumke@suntimes.com)  
w: [chicago.suntimes.com](http://chicago.suntimes.com)  
a: 350 N. Orleans 10th Fl Chicago, IL 60654

Rollie Hawk

[rhawk@unioncountyil.gov](mailto:rhawk@unioncountyil.gov)

Union County Chief Information Officer  
309 West Market Street, Room 115  
Jonesboro, Illinois 62952

Tel: [\(618\) 925-2470](tel:(618)925-2470)

Fax: [\(618\) 833-5496](tel:(618)833-5496)

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photo

**Mick Dumke**

Staff Reporter

p: 312-321-2213 | m: 773-343-8954

e: [mdumke@suntimes.com](mailto:mdumke@suntimes.com)

w: [chicago.suntimes.com](http://chicago.suntimes.com)

a: 350 N. Orleans 10th Fl Chicago, IL 60654

UNION COUNTY Prop. No.  
BUILDING PERMIT APPLICATION *part of 05-16-03-245-5*

**IMPORTANT - Complete ALL items. Mark boxes where applicable. SEE BACK SIDE**

**I. LOCATION OF BUILDING**

Number and street: Lick Creek Rd  
 Subdivision or Addition: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Census tract: \_\_\_\_\_  
 Legal Description: sect 16 Twp 1 Range 1 W N S  
Pt E 1/2 SE E W from Intersection of \_\_\_\_\_ and \_\_\_\_\_ Streets  
 Applicable Zoning District: part of 36.76 Ac

**II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D**

**A. TYPE OF IMPROVEMENT**

1  New Building  
 2  Addition (if Residential, enter number of new housing units added, if any, in Part D, 13)  
 3  Alteration (See 2 above)  
 4  Repair, replacement  
 5  Working (if multifamily residential, enter number of units in building in part D, 13)  
 6  Moving (relocation)  
 7  Foundation only  
 8  Mobile Home

**B. OWNERSHIP**

8a  Private (individual, corporation, nonprofit institution, etc.)  
 9  Public (Federal, State, or local government)

**D. PROPOSED USE - For "Wrecking" most recent use**

**Residential**

12  One family  
 13  Two or more families - Enter number of units .....  
 14  Transient hotel, motel, or dormitory - Enter number of units .....  
 15  Garage  
 16  Carport  
 17  Other - Specify \_\_\_\_\_

**Nonresidential**

18  Amusement, recreational  
 19  Church, other religious  
 20  Industrial  
 21  Parking garage  
 22  Service station, repair garage  
 23  Hospital, institutional  
 24  Office, bank, professional  
 25  Public utility  
 26  School, library, other educational  
 27  Stores, mercantile  
 28  Tanks, towers  
 29  Other - Specify \_\_\_\_\_

Beginning construction date \_\_\_\_\_  
 Completion construction date \_\_\_\_\_

**C. COST (Estimated)**

10. Cost of Improvement ..... \$ 600000

To be installed but not included in the above cost

a. Electrical ..... 150000  
 b. Plumbing ..... 35000  
 c. Heating, air conditioning ..... 80000  
 d. Other (elevator, etc.) .....

11. TOTAL COST OF IMPROVEMENT ..... \$ 865000

**MOBILE HOME INFO:**

Date MH was set-up: \_\_\_\_\_  
 Make: \_\_\_\_\_  
 Previous MH Owner: \_\_\_\_\_  
 Previous MH Location: \_\_\_\_\_  
 Current MH Owner: \_\_\_\_\_  
 Current MH Location: \_\_\_\_\_  
 Current Land Owner: \_\_\_\_\_

*Metal Building*  
*No Flood plain*  
*No subdivision*  
*Rec. for approval*

**III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.**

**E. PRINCIPAL TYPE OF FRAME**

30  Masonry (wall bearing)  
 31  Wood frame  
 32  Structural steel  
 33  Reinforced concrete  
 34  Other - Specify METAL BUILDING

**G. TYPE OF SEWAGE DISPOSAL**

40  Public  
 41  Individual (septic tank, etc.)

**H. TYPE OF WATER SUPPLY**

42  Public  
 43  Individual (well, cistern)

**I. TYPE OF MECHANICAL**

Will there be central air conditioning?  
 44  Yes 45  No

Will there be an elevator?  
 46  Yes 47  No

**J. DIMENSIONS**

48. Number of stories ..... 1  
 49. Total square feet of floor area, all floors, based on exterior dimensions ..... 27000  
 50. Total land area, sq. ft. ....

**K. NUMBER OF OFF-STREET PARKING SPACES**

51. Enclosed .....  
 52. Outdoors .....

**L. RESIDENTIAL BUILDINGS ONLY**

53. Number of bedrooms .....  
 54. Number of bathrooms { Full .....  
 Partial .....

**IV. IDENTIFICATION - To be completed by all applicants**

| Name   | Mailing address - Number, street, city and state     | ZIP code     | Tel. No.            |
|--|--|--------------|---------------------|
| 1. Owner<br><u>WELLS &amp; GROUP</u>                 | <u>1411 W PETERSON ST SUITE 202, PEEK BRIDGE, IL</u> | <u>60068</u> | <u>630 309-8833</u> |
| 2. Contractor or Builder<br><u>ICON CONSTRUCTION</u> | <u>1411 W PETERSON ST SUITE 202, PEEK BRIDGE, IL</u> | <u>60068</u> | <u>630 689-1909</u> |
| 3. Architect   |  |              |                     |

The owner of this building and the undersigned agree to conform to all applicable laws of Union County.

I do hereby verify that the above-described building or mobile home will be constructed in a non-flood prone area.

Signature of applicant: \_\_\_\_\_ Address: 2040 Valley Ln Glenview, IL Application date: 2/26/15

**DO NOT WRITE IN THIS SPACE - FOR OFFICE USE**

|             |                    |                    |               |
|-------------|--------------------|--------------------|---------------|
| Approved by | Permit fee         | Date permit issued | Permit number |
|             | \$ <u>1,740.00</u> | <u>2-26-15</u>     | <u>15-05</u>  |

Payment of \$1,740.00 received by Union County Treasurer  
 Date 3-16-15