



Paper Application Instruction Booklet
Adult-Use Establishment Licensing

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IMPORTANT NOTICE REGARDING TIME SENSITIVITY:

Applying for an adult-use marijuana establishment license is a time-sensitive venture. The Michigan Regulation and Taxation of Marihuana Act (MRTMA) requires that a license determination be made—and the state license or notice of denial be issued—within 90 days after receiving a complete application.

In order to meet this statutory timeframe, the Marijuana Regulatory Agency (MRA) requires that any information or documentation requested by the agency be submitted to the agency within 5 calendar days.

Please do not submit an adult-use application unless you are able to meet this 5-day deadline. Failure to provide any of the requested items to MRA within 5 days may result in the denial of the application.

OVERVIEW – TWO-STEP APPLICATION PROCESS

Like the medical marijuana facilities licensing (MMFL) application process, the adult-use marijuana establishment licensing application process is divided into two steps.

Step 1 is the prequalification application. During prequalification, background checks are completed on the main applicant and all supplemental applicants. There is a \$6,000 application fee for the main applicant. The application fee is nonrefundable and does not apply to supplemental applicants.

Step 2 of the application process is the marijuana establishment license application. During Step 2, review of the proposed marijuana establishment is completed.

An application is considered complete when Step 1, the application fee, and Step 2 have been submitted. Because the MRTMA requires that a license determination be made within 90 days, it is not advised to submit a Step 2 application unless the establishment seeking a state license is fully built and ready to pass an inspection within 60 days after the Step 2 license application is submitted. If the establishment is unable to pass an inspection within 60 days of a complete application submission, the license application may be denied.

Prequalification status is valid for a period of 1 year after the agency issues a notice of prequalification. If the applicant does not submit a Step 2 application within that timeframe, the prequalification status will expire. If the applicant wishes to complete the adult-use marijuana establishment application process after that time, a new application and fee will be required.

If any questions arise while completing the application, please do not hesitate to contact MRA by telephone at:

517-284-8599

Or by e-mail at:

MRA-AdultUseLicensing@Michigan.gov

STEP 1 – PREQUALIFICATION

The **main applicant** and all **supplemental applicants** are required to submit prequalification applications.

Who is the Main Applicant?

The main applicant is whomever is seeking to hold the marijuana establishment license in their name. When the license prints, it will print in the name of the main applicant.

The main applicant can be either an **entity** (limited liability company, corporation, partnership, trust, etc.) or an **individual** (sole proprietor).

Who is a Supplemental Applicant?

Supplemental applicants will depend on the ownership structure of the main applicant. Supplemental applicants include the following:

- **All managerial employees** of the main applicant who control or direct the affairs of the marijuana establishment. (NOTE: An employee with the title of “manager” without the aforementioned responsibilities is not required to complete prequalification.)
- **All entities with greater than 10 percent ownership interest**, either directly or indirectly, in the main entity.
- **All individuals with greater than 10 percent ownership interest**, either directly or indirectly, in the main entity.
- **And the following for each type of main applicant:**
 - For an **individual** or **sole proprietorship**:
 - The proprietor
 - Spouse of the proprietor
 - For a **partnership** and **limited liability partnership**:
 - All partners
 - Spouses of all partners
 - For a **limited partnership** and **limited liability limited partnership**:
 - All general and limited partners holding a direct or indirect ownership interest of **greater than 10%**
 - Spouses of all general and limited partners holding a direct or indirect ownership interest of **greater than 10%**
 - For a **limited liability company**:
 - All members and managers holding a direct or indirect ownership interest of **greater than 10%**
 - Spouses of all members and managers holding a direct or indirect ownership interest of **greater than 10%**

- For a **corporation**:
 - All corporate officers or persons with equivalent titles
 - Spouses of all corporate officers or persons with equivalent titles
 - All directors
 - Spouses of all directors
 - All stockholders holding a direct or indirect ownership interest of **greater than 10%**
 - Spouses of all stockholders holding a direct or indirect ownership interest of **greater than 10%**

- For a **multilevel ownership enterprise**:
 - Any entity or person that receives or has the right to receive **greater than 10%** of the gross or net profit from the enterprise during any full or partial calendar or fiscal year

- For a **nonprofit corporation**:
 - All individuals and entities with membership or shareholder rights in accordance with the articles of incorporation or the bylaws
 - Spouse of all individuals and entities with membership or shareholder rights in accordance with the articles of incorporation or the bylaws

Please see the business structure examples on Page 7 of this instruction booklet for a visual representation of supplemental applicants.

Step 1 – Prequalification Application Types

- **Entity Prequalification:** This application is intended for main entities and supplemental entities. A separate application must be completed for the main entity and for each supplemental entity.

- **Sole Proprietor Prequalification:** This application must be completed for individuals who intend to hold a license in their name as a sole proprietor.

- **Supplemental Individual Prequalification:** This application must be completed for each individual meeting the above definition of a supplemental applicant.

Prequalification Application Fee

This section does not apply to those applying under the Social Equity program.

The prequalification application fee for the main applicant is \$6,000.00 and must be paid in full at the time of submitting the prequalification application materials. The application fee is non-refundable and does not apply to supplemental applicants. No review of the application will take place until the application fee is paid.

Upon payment of the application fee, review of the application will begin. Please do not submit the application fee until the main application and all supplemental applications are submitted.

The application fee can be paid in person at our office with cash, check, or money order, or paid via postal mail by sending a check or money order with the application materials.

Checks or money orders should be made payable to: **State of Michigan.**

Application Checklists

The first page of each application contains a checklist of all the items that are needed at the time of application submission. Use the checklists as a guide for gathering the application items.

Do not submit the prequalification application until you have gathered all applicable checklist items for the main applicant and each supplemental applicant. If you do not submit all the required application items, or there are corrections needed on your application, you will receive a Notice of Deficiency letter via e-mail.

Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of the application.

<div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;"> <small>Abah-Che Learning Michigan Regulatory Agency P.O. Box 10231 Lansing, MI 48909 Telephone: (517) 324-2576 MRA-Adult-Use-Paper-Application-Instructions</small> </div> <div style="text-align: center; background-color: #4CAF50; color: white; padding: 2px; font-weight: bold; font-size: 0.8em;"> ENTITY PREQUALIFICATION – STEP 1 </div> <div style="text-align: center; font-size: 0.7em; margin-bottom: 5px;"> New Marikahana Establishment Applicants (for entities that do not have a licensed medical marijuana facility) </div> <div style="font-size: 0.7em;"> <p>II \$5,000 Application Fee (Main applicant only)</p> <p>Entity Prequalification Application</p> <ul style="list-style-type: none"> <input type="checkbox"/> Page 1: Abah-Che License Types & Descriptions <input type="checkbox"/> Page 2: Demographic Information <input type="checkbox"/> Page 3: Acknowledgment 1.A – Acknowledgment, Agreement, & Consent <input type="checkbox"/> Page 4: Acknowledgment 1.B – Verification & Affidavit of Full Disclosure <input type="checkbox"/> Page 5: Acknowledgment 1.C – Acknowledgment to Release Information <input type="checkbox"/> Page 6: Acknowledgment 1.D – Acknowledgment of Federal Law & Release of Liability <input type="checkbox"/> Page 7: Acknowledgment 1.E – Acknowledgment of Inspection Requirement & Affidavits of Continuous, Uninterrupted Ownership <input type="checkbox"/> Page 8: Acknowledgment 1.F – Confirmation of Tax Compliance <input type="checkbox"/> Page 9: Acknowledgment of Allocations (signed and notarized) <input type="checkbox"/> Page 10: Disclosures E-1 – Entry Information <input type="checkbox"/> Page 11: Disclosures E-2 – Tax & Tax Compliance <input type="checkbox"/> Page 12: Disclosures E-3 – Tax & Tax Compliance <input type="checkbox"/> Page 13: Disclosures E-4 – Governmental Regulations <input type="checkbox"/> Page 14: Disclosures E-5 – Litigation History <p>Supporting Documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Early identification documents <input type="checkbox"/> Copy of governing document (e.g., operating agreement or charter) <input type="checkbox"/> Authorizing resolution <input type="checkbox"/> Certificate of Good Standing <input type="checkbox"/> Approval of Conflict Business Transactions in Michigan (signed by all LARA registered owners) <input type="checkbox"/> MSA 2011-015-00000: Copy of registration structure <input type="checkbox"/> MSA 2011-015-00000: Social equity plan <input type="checkbox"/> Copy of mortgage lien(s) (if applicable) <input type="checkbox"/> Summary of fact and circumstance concerning lease (lease, restriction, response, eviction, or nonresponse (if applicable)) <input type="checkbox"/> Affidavits of Continuous, Uninterrupted Ownership (if applicable) <input type="checkbox"/> Confirmation of Tax Compliance (if applicable) <input type="checkbox"/> W-9s (since 1996 for most recent year (if no W-9 or 1099 are provided, submit an explanation)) <input type="checkbox"/> Copy of notice of tax liability due (if applicable) <input type="checkbox"/> Additional information regarding history of tax compliance (if applicable) <input type="checkbox"/> Litigation documents (if applicable) <input type="checkbox"/> Copy of litigation documents (if applicable) <p>NO SUPPLEMENTAL APPLICATIONS REQUIRED</p> <p>Every managerial employee, every entity and individual with greater than 1% direct or indirect ownership interest in the main applicant, and every spouse of a supplemental individual must submit an application for prequalification.</p> </div>	<div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;"> <small>Abah-Che Learning Michigan Regulatory Agency P.O. Box 10231 Lansing, MI 48909 Telephone: (517) 324-2576 MRA-Adult-Use-Paper-Application-Instructions</small> </div> <div style="text-align: center; background-color: #4CAF50; color: white; padding: 2px; font-weight: bold; font-size: 0.8em;"> SOLE PROPRIETOR PREQUALIFICATION – STEP 1 </div> <div style="text-align: center; font-size: 0.7em; margin-bottom: 5px;"> New Marikahana Establishment Applicants (for sole proprietors who do not have a licensed medical marijuana facility) </div> <div style="font-size: 0.7em;"> <p>II \$5,000 Application Fee</p> <p>Sole Proprietor Prequalification Application</p> <ul style="list-style-type: none"> <input type="checkbox"/> Page 1: Abah-Che License Types & Descriptions <input type="checkbox"/> Page 2: Demographic Information <input type="checkbox"/> Page 3: Acknowledgment 1.A – Acknowledgment, Agreement, & Consent <input type="checkbox"/> Page 4: Acknowledgment 1.B – Verification & Affidavit of Full Disclosure <input type="checkbox"/> Page 5: Acknowledgment 1.C – Acknowledgment to Release Information <input type="checkbox"/> Page 6: Acknowledgment 1.D – Acknowledgment of Federal Law & Release of Liability <input type="checkbox"/> Page 7: Acknowledgment 1.E – Acknowledgment of Inspection Requirement & Affidavits of Continuous, Uninterrupted Ownership <input type="checkbox"/> Page 8: Acknowledgment 1.F – Confirmation of Tax Compliance <input type="checkbox"/> Page 9: Acknowledgment of Allocations (signed and notarized) <input type="checkbox"/> Page 10: Disclosures S-1 – Sole Proprietor Information <input type="checkbox"/> Page 11: Disclosures S-2 – Tax & Tax Compliance <input type="checkbox"/> Page 12: Disclosures S-3 – Governmental Regulations <input type="checkbox"/> Page 13: Disclosures S-4 – Civil & Criminal Litigation History <p>Supporting Documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Identity Documents <input type="checkbox"/> Copy of government issued ID <input type="checkbox"/> DRA documents (if applicable) <input type="checkbox"/> Social equity plan <input type="checkbox"/> W-9s (since 1996 for most recent year (if no W-9 or 1099 are provided, submit an explanation)) <input type="checkbox"/> Copy of notice of tax liability due (if applicable) <input type="checkbox"/> Additional information regarding history of tax compliance (if applicable) <input type="checkbox"/> Tax Financial Documents <input type="checkbox"/> Copy of mortgage lien(s) (if applicable) <input type="checkbox"/> Summary of fact and circumstance concerning lease (lease, restriction, response, eviction, or nonresponse (if applicable)) <input type="checkbox"/> Affidavits of Continuous, Uninterrupted Ownership (if applicable) <input type="checkbox"/> Confirmation of Tax Compliance (if applicable) <input type="checkbox"/> Civil & Criminal Litigation History <input type="checkbox"/> Copy of litigation documents (if applicable) <input type="checkbox"/> Copy of criminal history documents (if applicable) <p>NO SPOUSE APPLICATION REQUIRED</p> <p>Spouses of sole proprietors are required to submit a SUPPLEMENTAL INDIVIDUAL PREQUALIFICATION application.</p> </div>	<div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;"> <small>Abah-Che Learning Michigan Regulatory Agency P.O. Box 10231 Lansing, MI 48909 Telephone: (517) 324-2576 MRA-Adult-Use-Paper-Application-Instructions</small> </div> <div style="text-align: center; background-color: #4CAF50; color: white; padding: 2px; font-weight: bold; font-size: 0.8em;"> SUPPLEMENTAL INDIVIDUAL PREQUALIFICATION – STEP 1 </div> <div style="font-size: 0.7em;"> <p>Individual Prequalification Application</p> <ul style="list-style-type: none"> <input type="checkbox"/> Page 1: Demographic Information <input type="checkbox"/> Page 2: Acknowledgment 1.A – Acknowledgment, Agreement, & Consent <input type="checkbox"/> Page 3: Acknowledgment 1.B – Verification & Affidavit of Full Disclosure <input type="checkbox"/> Page 4: Acknowledgment 1.C – Acknowledgment to Release Information <input type="checkbox"/> Page 5: Acknowledgment 1.D – Acknowledgment of Federal Law & Release of Liability <input type="checkbox"/> Page 6: Acknowledgment 1.E – Acknowledgment of Inspection Requirement & Affidavits of Continuous, Uninterrupted Ownership <input type="checkbox"/> Page 7: Acknowledgment 1.F – Confirmation of Tax Compliance <input type="checkbox"/> Page 8: Acknowledgment of Allocations (signed and notarized) <input type="checkbox"/> Page 9: Disclosures S-1 – Individual Information <input type="checkbox"/> Page 10: Disclosures S-2 – Tax & Tax Compliance <input type="checkbox"/> Page 11: Disclosures S-3 – Governmental Regulations <input type="checkbox"/> Page 12: Disclosures S-4 – Civil & Criminal Litigation History <p>Identity Documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of government issued ID <p>Registration Documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of mortgage lien(s) (if applicable) <input type="checkbox"/> Summary of fact and circumstance concerning lease (lease, restriction, response, eviction, or nonresponse (if applicable)) <p>Tax Financial Documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> W-9s (since 1996 for most recent year (if no W-9 or 1099 are provided, submit an explanation)) <input type="checkbox"/> Copy of notice of tax liability due (if applicable) <input type="checkbox"/> Additional information regarding history of tax compliance (if applicable) <input type="checkbox"/> Criminal & Civil Litigation History <input type="checkbox"/> Copy of litigation documents (if applicable) <p>All applicable items on the checklist are required to be provided at the time of application submission. Failure to submit any of the items may result in the denial of your application.</p> </div>
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Prequalification Applications – Required Fields

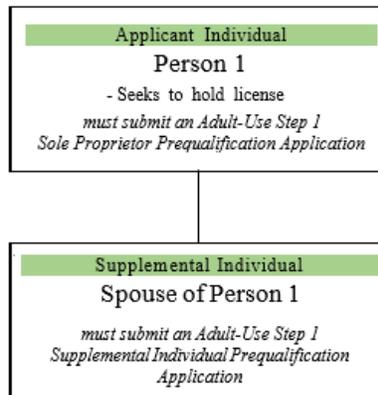
On the printable PDF file, you will notice red borders around certain fields. All fields on the applications are required to be completed unless the requested information is not applicable to the applicant. A field without a red border indicates that the field may not be applicable to every applicant. These red borders do not appear on the application when printing.

Entity Name (as appears on official entity documents)	Assumed Name (attach copy of filed assumed name certificate, if applicable)

E.g., Entity Name field – Any entity applying as a main applicant or a supplemental applicant would have an entity name and therefore would be required to provide the entity name.

E.g., Assumed Name field – Not all entities will have an assumed name, so the field does not have a red border. If the entity applying has an assumed name, they would be required to provide the assumed name. If the entity does not have an assumed name, the field should remain blank.

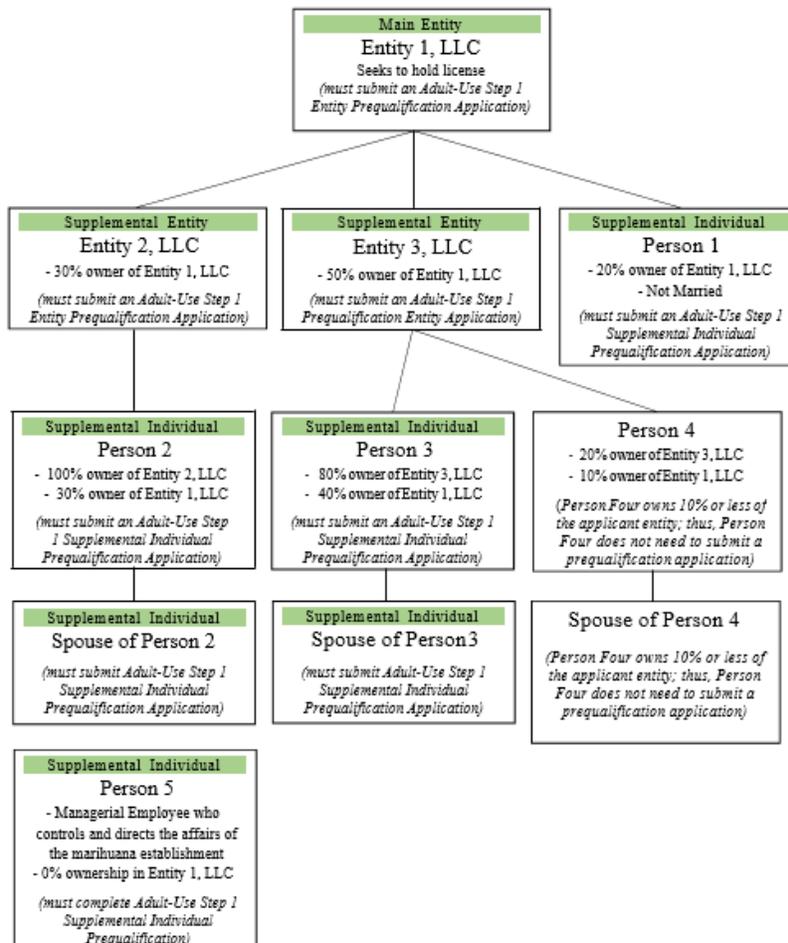
Business Structure Example – Sole Proprietor



In this business structure example, **Person 1 seeks to hold an adult-use marijuana establishment license**. The license would print under the name “Person 1.” This person would be considered the main applicant and must complete Sole Proprietor Prequalification – Step 1.

Person 1 is married. The spouse of a sole proprietor is considered a supplemental applicant, regardless of their involvement in the business, and must complete Supplemental Individual Prequalification – Step 1.

Business Structure Example – Main Entity



In this business structure example, **Entity 1 seeks to hold an adult-use marijuana establishment license.** The license would print under the name “Entity 1, LLC.” This entity is considered the main entity as they will hold the license. Entity 1 must complete Entity Prequalification – Step 1.

Entity 1 is owned by Entity 2, Entity 3, and Person 1.

Entity 2 owns 30% of Entity 1. Entity 2 is considered a supplemental applicant as they hold greater than 10% ownership interest in the main applicant. Entity 2 must complete Entity Prequalification – Step 1.

Entity 3 owns 50% of Entity 1. Entity 3 is considered a supplemental applicant as they hold greater than 10% ownership interest in the main applicant. Entity 3 must complete Entity Prequalification – Step 1.

Person 1 owns 20% of Entity 1. Person 1 is considered a supplemental applicant as they hold greater than 10% ownership interest in the main applicant. Person 1 must complete Supplemental Individual Prequalification – Step 1.

Entity 2 is owned by Person 2.

Person 2 owns 100% of Entity 2. Entity 2 owns 30% of Entity 1. Therefore, **Person 2 indirectly owns 30% of Entity 1.** Person 2 is considered a supplemental applicant as they hold greater than 10% ownership interest in the main applicant. Person 2 must complete Supplemental Individual Prequalification – Step 1.

Person 2 is married. Spouse of Person 2 is considered a supplemental applicant as their spouse holds greater than 10% ownership interest in the main applicant. Spouse of Person 2 must complete Supplemental Individual Prequalification – Step 1.

Entity 3 is owned by Person 3 and Person 4.

Person 3 owns 80% of Entity 3. Entity 3 owns 50% of Entity 1. Therefore, **Person 3 indirectly owns 40% of Entity 1.** Person 3 is considered a supplemental applicant as they hold greater than 10% ownership interest in the main applicant. Person 3 must complete Supplemental Individual Prequalification – Step 1.

Person 3 is married. Spouse of Person 3 is considered a supplemental applicant as their spouse holds greater than 10% ownership interest in the main applicant. Spouse of Person 3 must complete Supplemental Individual Prequalification – Step 1.

Person 4 owns 20% of Entity 3. Entity 3 owns 50% of Entity 1. Therefore, **Person 4 indirectly owns 10% of Entity 1.** Person 4 is not considered a supplemental applicant as they do not hold greater than 10% ownership interest in the main applicant and do not participate in the management of the company. Person 4 is not required to submit an application for prequalification.

Person 4 is married. Spouse of Person 4 is not considered a supplemental applicant as their spouse does not hold greater than 10% ownership interest in the main applicant. Spouse of Person 4 is not required to submit a prequalification application.

Person 5 does not have ownership interest in Entity 1, but is a managerial employee who controls or directs the affairs of Entity 1. Person 5 is considered a supplemental applicant and must complete Supplemental Individual Prequalification – Step 1. (Spouses of managerial employees are not required to complete prequalification.)

ENTITY PREQUALIFICATION – STEP 1

Entities Holding a Michigan Medical Marijuana Facility License

If any changes have occurred within the entity (e.g., ownership changes, contact information, tax liabilities, litigation, etc.) those changes must be resolved with the Medical Marijuana Facilities Licensing section before an adult-use marijuana establishment application can be accepted.

The Medical Marijuana Facilities Licensing section can be contacted via telephone, e-mail, or postal mail at:

Marijuana Regulatory Agency
Medical Marijuana Facilities Licensing
P.O. Box 30205
Lansing, MI 48909
517-284-8599
MRA-MedicalMarijuana@michigan.gov

MMFLA Licensees with no ownership changes will need to download the Entity Prequalification – Step 1 application. The Entity Prequalification application can be found at the following link: [Entity Prequalification – Step 1](#).

Because entities licensed under the Medical Marijuana Facilities Licensing Act (MMFLA) have recently been vetted, less items are required to become prequalified for an adult-use establishment license than for entities that are not licensed under the MMFLA.

The MMFLA licensed main entity will need to complete the following application pages:

- [Page 1 – Adult-Use License Types & Descriptions](#)
- [Page 2 – Demographic Information](#)
- [Page 3 – Attestation 1-A – Acknowledgment, Agreement, & Consent](#)
- [Page 4 – Attestation 1-B – Verification & Affidavit of Full Disclosure](#)
- [Page 5 – Attestation 1-C – Authorization to Release Information](#)
- [Page 6 – Attestation 1-D – Acknowledgment of Federal Law & Release of Liability](#)
- [Page 7 – Attestation 1-E – Acknowledgment of Inspection Requirement & Affirmation of Continuous, Uninterrupted Ownership](#)
- [Page 8 – Attestation 1-F – Confirmation of Tax Compliance](#)
- [Page 9 – Acknowledgment of Attestations](#)

Supplemental applicants of the MMFLA licensee who have already been vetted under the MMFLA will not have to re-complete the prequalification process.

APPLICATION CHECKLIST

Ensure you have gathered all items in the **Existing Medical Marijuana Facility Licensees** section of the Entity Prequalification – Step 1 application checklist before submitting your application.

Failure to submit any of the required items may result in the denial of the prequalification application. More information about the supporting documents is provided within the application, this instruction booklet, and the rules.

ENTITY PREQUALIFICATION – STEP 1	
New Marihuana Establishment Applicants (for entities that do not have a licensed medical marihuana facility)	
\$6,000 Application Fee (Main applicants only)	
Entity Prequalification Application <ul style="list-style-type: none"> <input type="checkbox"/> Page 1: Adult-Use License Types & Descriptions <input type="checkbox"/> Page 2: Demographic Information <input type="checkbox"/> Page 3: Attestation 1-A – Acknowledgment, Agreement, & Consent <input type="checkbox"/> Page 4: Attestation 1-B – Verification & Affidavit of Full Disclosure <input type="checkbox"/> Page 5: Attestation 1-C – Authorization to Release Information <input type="checkbox"/> Page 6: Attestation 1-D – Acknowledgment of Federal Law & Release of Liability <input type="checkbox"/> Page 7: Attestation 1-E – Acknowledgment of Inspection Requirement & Affirmation of Continuous, Uninterrupted Ownership <input type="checkbox"/> Page 8: Attestation 1-F – Confirmation of Tax Compliance <input type="checkbox"/> Page 9: Acknowledgment of Attestations (signed and notarized) <input type="checkbox"/> Page 10: Disclosure E-1 – Entity Information <input type="checkbox"/> Page 12: Disclosure E-2 – Associated Parties <input type="checkbox"/> Page 13: Disclosure E-3 – Tax & Tax Compliance <input type="checkbox"/> Page 14-15: Disclosure E-4 – Government Regulation <input type="checkbox"/> Page 16: Disclosure E-5 – Litigation History 	Supporting Documents <ul style="list-style-type: none"> Entity Information Documents <ul style="list-style-type: none"> <input type="checkbox"/> Copy of governing documents (e.g., operating agreement, bylaws) <input type="checkbox"/> Authorizing resolution <input type="checkbox"/> Certificate of Good Standing <input type="checkbox"/> Approval to Conduct Business Transactions in Michigan (if applicable) <input type="checkbox"/> Certificate of Assumed Name (if applicable) (obtained from LARA Corporations Division) <input type="checkbox"/> Main applicants only: Copy of organizational structure <input type="checkbox"/> Main applicants only: Social equity plan Regulation Documents <ul style="list-style-type: none"> <input type="checkbox"/> Copy of marijuana licenses (if applicable) <input type="checkbox"/> Summary of facts and circumstances concerning license denial, restriction, revocation, suspension, or nonrenewal (if applicable) Tax Compliance Documents <ul style="list-style-type: none"> <input type="checkbox"/> W2s and/or 1099s for the past 12 months (if no W2s or 1099s exist, submit an explanation) <input type="checkbox"/> Copy of Notice of Tax Liability Due (if applicable) <input type="checkbox"/> Additional information regarding history of tax compliance (if applicable) Litigation Documents <ul style="list-style-type: none"> <input type="checkbox"/> Copy of litigation documentation (if applicable)
SUPPLEMENTAL APPLICATIONS	
Every managerial employee, every entity and individual with greater than 10% direct or indirect ownership interest in the main applicant, and every spouse of an individual with greater than 10% ownership interest in the main applicant must submit an application for prequalification.	

Existing Medical Marihuana Facility Licensee Applicants	
(for entities that have a licensed medical marihuana facility)	
\$6,000 Application Fee	
Entity Prequalification Application <ul style="list-style-type: none"> <input type="checkbox"/> Page 1: Adult-Use License Types & Descriptions <input type="checkbox"/> Page 2: Demographic Information <input type="checkbox"/> Page 3: Attestation 1-A – Acknowledgment, Agreement, & Consent <input type="checkbox"/> Page 4: Attestation 1-B – Verification & Affidavit of Full Disclosure <input type="checkbox"/> Page 5: Attestation 1-C – Authorization to Release Information <input type="checkbox"/> Page 6: Attestation 1-D – Acknowledgment of Federal Law & Release of Liability <input type="checkbox"/> Page 7: Attestation 1-E – Acknowledgment of Inspection Requirement & Affirmation of Continuous, Uninterrupted Ownership <input type="checkbox"/> Page 8: Attestation 1-F – Confirmation of Tax Compliance <input type="checkbox"/> Page 9: Acknowledgment of Attestations (signed and notarized) 	Supporting Documents <ul style="list-style-type: none"> <input type="checkbox"/> Social equity plan
NO SUPPLEMENTAL APPLICATIONS REQUIRED	
Those with ownership interest in the main applicant should already be prequalified and will not have to submit prequalification applications.	

PAGE 1 - ADULT-USE LICENSE TYPES & DESCRIPTIONS

Within the License Type table, indicate the license type(s) that the entity intends to apply for in step two.

License Type	Description of License
<input type="checkbox"/> Class A Marihuana Grower	Licensee is authorized to grow up to 100 marijuana plants. Michigan residency is required before applying.
<input type="checkbox"/> Class B Marihuana Grower	Licensee is authorized to grow up to 500 marijuana plants. A medical marihuana facility license is required before applying.
<input type="checkbox"/> Class C Marihuana Grower	Licensee is authorized to grow up to 2,000 marijuana plants. A medical marihuana facility license is required before applying.
<input type="checkbox"/> Designated Consumption Establishment	Licensee is authorized to allow onsite marijuana consumption at the location indicated on the license.
<input type="checkbox"/> Marihuana Event Organizer	Licensee is authorized apply for temporary marihuana event licenses.
<input type="checkbox"/> Marihuana Microbusiness	Licensee is authorized to sell marijuana to consumers aged 21 years or more, process marijuana, and grow up to 150 marijuana plants. Michigan residency is required before applying.
<input type="checkbox"/> Marihuana Processor	Licensee is authorized to purchase of marihuana from a grower and authorized to sell marijuana-infused products or marijuana to a retailer. A medical marihuana facility license is required before applying.
<input type="checkbox"/> Marihuana Retailer	Licensee is authorized to sell marihuana to consumers aged 21 years or more. A medical marihuana facility license is required before applying.
<input type="checkbox"/> Marihuana Safety Compliance Facility	Licensee is authorized to receive marijuana from, test marijuana for, and return marijuana to only a marijuana establishment.
<input type="checkbox"/> Marihuana Secure Transporter	Licensee is authorized to store and transport marihuana and associated money between marihuana establishments. A medical marihuana facility license is required before applying.
<input type="checkbox"/> Supplemental Applicant	Entity with greater than 10% ownership interest in the main entity applicant. Name of Main Applicant: _____ ACA Record Number of Main Applicant: _____

The following adult-use license types are available to entities licensed under the MMFLA:

Class A Marijuana Grower

- License authorizes licensee to grow up to 100 marijuana plants
- License authorizes licensee to sell marijuana plants to marijuana retailers and marijuana processors
- License authorizes licensee to sell seeds, seedlings, tissue cultures, and immature plants to another marijuana grower
- Applicant must be a Michigan resident
- Applicant cannot hold ownership interest in a marijuana safety compliance facility
- Applicant cannot hold ownership interest in a marijuana secure transporter
- Applicant cannot hold ownership interest in a marijuana microbusiness
- Applicant cannot hold ownership interest in more than 5 marijuana growers
- License cannot be stacked

Class B Marijuana Grower

- License authorizes licensee to grow up to 500 marijuana plants
- License authorizes licensee to sell marijuana plants to marijuana retailers and marijuana processors
- License authorizes licensee to sell seeds, seedlings, tissue cultures, and immature plants to another marijuana grower
- Applicant must have a state operating license under the MMFLA
- Applicant cannot hold ownership interest in a marijuana safety compliance facility
- Applicant cannot hold ownership interest in a marijuana secure transporter
- Applicant cannot hold ownership interest in a marijuana microbusiness
- Applicant cannot hold ownership interest in more than 5 marijuana growers
- License cannot be stacked

Class C Marijuana Grower

- License authorizes the licensee to grow up to 2,000 marijuana plants
- License authorizes licensee to sell marijuana plants to marijuana retailers and marijuana processors
- License authorizes licensee to sell seeds, seedlings, tissue cultures, and immature plants to another marijuana grower
- Applicant must have a state operating license under the MMFLA
- Applicant cannot hold ownership interest in a marijuana safety compliance facility
- Applicant cannot hold ownership interest in a marijuana secure transporter
- Applicant cannot hold ownership interest in a marijuana microbusiness
- Applicant cannot hold ownership interest in more than 5 marijuana growers
- Licensee can stack up to 5 class C marijuana grower licenses

Marijuana Processor

- License authorizes the licensee to obtain marijuana from a marijuana grower or a marijuana processor; process and package marijuana; and sell marijuana-infused products or marijuana to a marijuana retailer or another marijuana processor
- Applicant must have a state operating license under the MMFLA
- Applicant cannot hold ownership interest in a marijuana safety compliance facility
- Applicant cannot hold ownership interest in a marijuana secure transporter
- Applicant cannot hold ownership interest in a marijuana microbusiness

Marijuana Retailer

- License authorizes the licensee purchase or transfer of marijuana from a marijuana grower or marijuana processor, and sale of marijuana-infused products or marijuana to individuals who are 21 years of age or older
- Applicant must have a state operating license under the MMFLA
- Applicant cannot hold ownership interest in a marijuana safety compliance facility
- Applicant cannot hold ownership interest in a marijuana secure transporter
- Applicant cannot hold ownership interest in a marijuana microbusiness

Marijuana Safety Compliance Facility

- License authorizes the licensee to test marijuana, including certification for potency and the presence of contaminants
- Applicant cannot hold ownership interest in a marijuana grower
- Applicant cannot hold ownership interest in a marijuana processor
- Applicant cannot hold ownership interest in a marijuana retailer
- Applicant cannot hold ownership interest in a marijuana microbusiness
- Licensee must be accredited by an entity approved by the agency by 1 year after the date the marijuana safety compliance facility license is issued or have previously provided drug testing services to this state or this state's court system and be a vendor in good standing in regard to those services
- Licensee must retain and employ at least 1 laboratory manager with a relevant advanced degree in a medical or laboratory science

Marijuana Secure Transporter

- License authorizes the licensee to obtain marijuana from marijuana establishments in order to transport marijuana to marijuana establishments.
- Applicant must have a state operating license under the MMFLA
- Applicant cannot hold ownership interest in a marijuana grower
- Applicant cannot hold ownership interest in a marijuana processor
- Applicant cannot hold ownership interest in a marijuana retailer
- Applicant cannot hold ownership interest in a marijuana microbusiness

Marijuana Microbusiness

- License authorizes the licensee to grow up to 150 marijuana plants; process and package marijuana; and sell marijuana to individuals who are 21 years of age or older
- Applicant must be a Michigan resident
- Applicant cannot hold ownership interest in more than one marijuana microbusiness
- Applicant cannot hold ownership interest in a marijuana grower
- Applicant cannot hold ownership interest in a marijuana processor
- Applicant cannot hold ownership interest in a marijuana retailer
- Applicant cannot hold ownership interest in a marijuana safety compliance facility
- Applicant cannot hold ownership interest in a marijuana secure transporter

Designated Consumption Establishment

- License authorizes the licensee to permit adults 21 years of age and older to consume marijuana products at the location indicated on the state license

Marijuana Event Organizer

- License authorizes the licensee to apply for temporary marijuana event licenses
- Applicant must obtain a temporary marijuana event license before engaging in a temporary marijuana event

PAGE 2 – DEMOGRAPHIC INFORMATION

In the **MEDICAL MARIHUANA LICENSE INFORMATION** section, select Yes to indicate that the applicant currently holds an active license under the Medical Marihuana Facilities Licensing Act (MMFLA). Provide the state operating license number. For applicants that hold multiple state operating licenses, only one active license number is required.

MEDICAL MARIJUANA LICENSE INFORMATION
 Does the applicant currently hold an active medical marihuana facilities license?
 Yes – State Operating License Number: _____ (E.g., PC-001234; GR-C-000789)
 No – The applicant is not eligible to apply using the fast-tracked prequalification application. Please submit the entire Entity Prequalification Application and all required supplemental applications.

In the **DEMOGRAPHIC INFORMATION** section, provide the following information for the main entity applicant in the corresponding field on the application:

- **Entity name** as it appears on official business documents
- **Mailing address** of the entity
- **Physical address** of the proposed marijuana establishment, if obtained
- **Assumed name/fictitious name/DBA** of the entity, if operating under a name other than the business’ entity’s legal name
- **Federal Employer Identification Number (FEIN)** of the entity
- **Phone number** of the entity
- **E-mail address** of the entity
- **Website** of the entity, if applicable

DEMOGRAPHIC INFORMATION
 Please provide the following information regarding the entity applicant.

Entity Name (as appears on official entry documents)			Assumed Name (attach copy of filed assumed name certificate, if applicable)
Entity Mailing Address			FEIN
City	State	Zip Code	Entity Phone
Entity Physical Address (if obtained)			Entity Email Address
City	State	Zip Code	Entity Website (if available)

In the **PERSON COMPLETING APPLICATION** section, provide the following information in the corresponding field on the application:

- **Name** of the individual filling out the application
- **Mailing address** of the individual filling out the application
- **Attorney license number** of the personal filling out the application, if applicable
- **Affiliation with the entity** of the individual filling out the application
- **Date of birth** of the individual filling out the application
- **Company name** of the individual filling out the application, if applicable
- **Phone number** of the individual filling out the application
- **E-mail address** of the individual filling out the application
- **CPA license number** of the person filling out the application, if applicable

PAGE 6 - ATTESTATION 1-D – ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF LIABILITY

After reading the attestation, provide the name of the entity and the name and title of the individual authorized to sign on behalf of the entity in the spaces provided.

ATTESTATION 1-D
ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF LIABILITY
(To be signed and submitted by the applicant)

On behalf of I

hereby acknowledge and affirm the following:

Although the State of Michigan has recognized and authorized the use of marijuana pursuant to the Michigan Regulation and Taxation of Marijuana Act, 2018 IL 1, MCL 333.27951 to 333.27967, and has provided for a statewide monitoring system as authorized by Emergency Rules, this state authorized activity remains prohibited by federal law.

I understand that a state license does not insulate or shield me or my business from federal seizure and/or forfeiture as allowed by federal law and does not insulate me from federal criminal arrest and/or prosecution.

I understand that choosing to file an application for a state license and, if issued a license, choosing to establish and operate a marijuana establishment pursuant to that license, is done so at my own risk.

By my signature and attestation to this form, I hereby completely release and forever discharge the State of Michigan, the Michigan Department of Licensing and Regulatory Affairs, the Marijuana Regulatory Agency, and its respective employees, agents, facilities, insurers, indemnors, successors, heirs and/or assigns from any and all past, present or future claims, demands, obligations, actions, causes of action, wrongful death claims, rights, damages, costs, losses of services, expenses and compensation of any nature whatsoever, whether based on a tort, contract or other theory of recovery, which I may now have, or which may hereafter accrue or otherwise be acquired, on account of, or may in any way arise out of my application for a state license and, if issued a license, my operation of a marijuana establishment.

PAGE 7 – ATTESTATION 1-E – ACKNOWLEDGMENT OF INSPECTION REQUIREMENT & AFFIRMATION OF CONTINUOUS, UNINTERRUPTED OWNERSHIP

PART A – After reading this section of the attestation, provide the name of the entity and the name and title of the individual authorized to sign on behalf of the entity in the spaces provided.

PART B – This section is not applicable to applicants that do not hold a license under the MMFLA.

ATTESTATION 1-E
ACKNOWLEDGMENT OF INSPECTION REQUIREMENT & AFFIRMATION OF CONTINUOUS, UNINTERRUPTED OWNERSHIP
(To be signed and submitted by the applicant)

PART A:
On behalf of I

acknowledge that I shall have a physical structure ready for inspection so that I may receive a passing inspection by the 60th day after my complete application is submitted. In the event I do not have a passing inspection by the 60th day, I acknowledge that my application may be denied.

PART B (applicable to applicants currently licensed under the MMFLA):

On behalf of I

affirm that the licensee has had continuous, uninterrupted ownership since the application for a medical marijuana facility license was approved by the Agency. I understand that the ownership structure on this application and any adult-use state license that I would be issued must be that exact ownership structure and exact supplemental applicants as the entity's state operating license issued under the Medical Marijuana Facilities Licensing Act (MMFLA). I affirm that the ownership interests of the license issued under the MMFLA will be the ownership interests for this application and will remain so as required by Section 9 of the Michigan Regulation and Taxation of Marijuana Act (MRTMA).

Further, I understand that all information, documents, and records maintained by the Agency may be used or considered in furtherance of the MRTMA, and I consent to such use.

If there has been a change to what has been approved by the Agency for the medical marijuana facility license, I understand that I am required to update that information before I can proceed with this application. I acknowledge that my application may be denied if I fail to update my medical marijuana facility license.

PAGE 8 – ATTESTATION 1-F – CONFIRMATION OF TAX COMPLIANCE

PART A – The applicant must have this section of the attestation completed by an authorized designee of the Michigan Department of Treasury. The designee will confirm the required information and sign the form if applicable.

An authorized designee of the Michigan Department of Treasury can be contacted at:

Michigan Department of Treasury
517-636-6925
Hours: Monday – Friday, 8:00 a.m. to 4:00 p.m.

Failure to submit this attestation with the signature of an authorized Michigan Department of Treasury designee will result in a Notice of Deficiency. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of your application.

ATTESTATION 1-F
CONFIRMATION OF TAX COMPLIANCE

(To be signed by the designee of the Michigan Department of Treasury and submitted by the applicant)

PART A:

I, [redacted] (designee) of the Michigan Department of Treasury, hereby confirm to the Marijuana Regulatory Agency (Agency) that the applicant for a state license as named below in part B, has no delinquency in payments and has satisfied all obligations for any sales, excise, or any other taxes that were to be levied on the sale of marijuana in accordance with the treasury bulletin titled "Notice to the Taxpayers Regarding the Michigan Regulation and Taxation of Marijuana Act" which was issued January 29, 2019. This attestation is provided in accordance with the Michigan Regulation and Taxation of Marijuana Act, 2018 IL 1 (MRTMA), and the Emergency Rules.

I further confirm that:

1. The applicant is in good standing with the Michigan Department of Treasury for any taxes for which the applicant is responsible.
2. There are no outstanding obligations for any taxes levied for which the applicant is responsible.
3. Any tax delinquencies for which the applicant is responsible, have been satisfied, if applicable.

Signature of Treasury Designee

[redacted]
Date

PART B – After reading this section of the attestation, provide the name of the entity, the name and title of the individual authorized to sign on behalf of the entity, the signature of the individual authorized to sign, the entity FEIN, and the date in the spaces provided. Ensure a return mailing address is provided so the Department of Treasury is able to return the form.

PART B:

On behalf of [redacted], I, [redacted]

Name of Entity

Name & Title of Individual Authorized to Sign on Behalf of Entity

understand that I am submitting this Attestation in compliance with MRTMA and the Emergency Rules. I hereby attest that the statements confirmed in part A above are true to the best of my knowledge and belief. I further affirm that if I have been making sales, I am registered and remitting sales and excise taxes to the Michigan Department of Treasury, as required.

The Revenue Act, 1941 PA 122, MCL 205.28(1)(f), makes taxpayer information acquired in the administration of a tax confidential. I authorize the Michigan Department of Treasury to furnish tax returns and provide tax return information to the Marijuana Regulatory Agency for the limited purpose of determining my qualification and fitness for licensure under MRTMA. This limited authorization relates to all tax types administered under the Revenue Act. This limited authorization continues for one year from the date of my signature below or until the applicant is no longer licensed, whichever is later.

Signature of Individual Authorized to Sign on Behalf of Entity

[redacted]
Date

[redacted]
Entity FEIN

Return Address for Completed Form
(This section must be completed)

[redacted]
Name
[redacted]
Street Address
[redacted]
City, State, Zip Code

PAGE 9 - ACKNOWLEDGMENT OF ATTESTATIONS

Do not sign this form until in the presence of a notary. Indicate by checking the boxes that the applicant acknowledges and consents to each attestation.

The individual who is authorized to sign documents on behalf of the entity should sign this form in the presence of an active notary, providing the entity name, their name, signature, date in the spaces provided. The applicant signature date and notary signature date must match.

If the notary signature is invalid and/or the dates do not match, you will receive a Notice of Deficiency via e-mail. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of your application.

ACKNOWLEDGMENT OF ATTESTATIONS

(To be signed and submitted by the applicant)

Do not sign until notary is present

On behalf of [redacted], I, [redacted].
Name of Entity Name & Title of Individual Authorized to Sign on Behalf of Entity

I hereby swear, acknowledge, and consent to the following attestations (check all that apply to indicate the applicant's acknowledgment and consent):

- Attestation 1-A: Acknowledgment, Agreement & Consent
- Attestation 1-B: Verification & Affidavit of Full Disclosure (with contact designated, if applicable)
- Attestation 1-C: Authorization to Release Information
- Attestation 1-D: Acknowledgment of Federal Law & Release of Liability
- Attestation 1-E: Acknowledgment of Inspection Requirement & Affirmation of Continuous, Uninterrupted Ownership
- Attestation 1-F: Confirmation of Tax Compliance

Signature of Individual Authorized to Sign on Behalf of Entity

[redacted]
Date

Subscribed and sworn to by [redacted] before me on [redacted].
(Name of Individual Authorized) (Date)

(Notary Public Signature)

[redacted]
(Notary Public Printed Name)

State of [redacted] County of [redacted] Acting in the county of [redacted] [redacted]
(country) (state)

My commission expires: [redacted]

SUPPORTING DOCUMENTS – EXISTING MMFLA LICENSEES ENTITY APPLICANTS

MMFLA licensees applying for adult-use establishments have one supporting document they are required to submit with their application.

Each main applicant must submit a plan to promote and encourage participation in the marijuana industry by people from communities that have been disproportionately impacted by marijuana prohibition and enforcement and to positively impact those communities.

SUBMITTING THE APPLICATION – EXISTING MMFLA LICENSEES ENTITY APPLICANTS

REMINDER FOR MMFLA LICENSEES: If any changes have occurred within the entity (e.g., ownership changes, contact information, tax liabilities, etc.) those changes must be resolved with the medical marijuana facilities licensing section before an adult-use marijuana establishment application can be accepted.

When submitting your application, ensure all application pages and supporting documents are provided. Failure to submit all application pages and supporting documents will result in a Notice of Deficiency letter. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of your application.

Your application and fee can be submitted in person at: **2407 North Grand River Avenue, Lansing, MI 48906**, or submitted via postal mail to:

**Marijuana Regulatory Agency
Adult-Use Establishment Licensing
P.O. Box 30205
Lansing, MI 48909**

The adult-use application for the existing medical marijuana facility licensed entities should consist of the following application pages:

- Page 1 – Adult-Use License Types & Descriptions
- Page 2 – Demographic Information
- Page 3 – Attestation 1-A – Acknowledgment, Agreement & Consent
- Page 4 – Attestation 1-B – Verification & Affidavit of Full Disclosure
- Page 5 – Attestation 1-C – Authorization to Release Information
- Page 6 – Attestation 1-D – Acknowledgement of Federal Law & Release of Liability
- Page 7 – Attestation 1-E – Acknowledgment of Inspection Requirement & Affirmation of Continuous, Uninterrupted Ownership
- Page 8 – Attestation 1-F – Confirmation of Tax Compliance
- Page 9 – Acknowledgment of Attestations

The adult-use application for the existing medical marijuana facility licensee should contain the following supporting documents:

- Social equity plan

ENTITY PREQUALIFICATION – STEP 1

New Marijuana Establishment Applicants

The prequalification application for entity applicants who are not MMFLA licensees can be found at the following link: [Entity Prequalification – Step 1](#).

Download the Entity Prequalification – Step 1 application.

The main entity and each supplemental entity will need to complete a separate Entity Prequalification – Step 1 application in its entirety.

APPLICATION CHECKLIST

Ensure you have gathered all items in the New Marihuana Establishment Applicants section of the checklist before submitting your application. Failure to submit any of the required items may result in the denial of your prequalification application.

ENTITY PREQUALIFICATION – STEP 1	
New Marihuana Establishment Applicants (for entities that do not have a licensed medical marihuana facility)	
\$6,000 Application Fee (Main applicants only)	
Entity Prequalification Application <ul style="list-style-type: none"><input type="checkbox"/> Page 1: Adult-Use License Types & Descriptions<input type="checkbox"/> Page 2: Demographic Information<input type="checkbox"/> Page 3: Attestation 1-A – Acknowledgment, Agreement, & Consent<input type="checkbox"/> Page 4: Attestation 1-B – Verification & Affidavit of Full Disclosure<input type="checkbox"/> Page 5: Attestation 1-C – Authorization to Release Information<input type="checkbox"/> Page 6: Attestation 1-D – Acknowledgment of Federal Law & Release of Liability<input type="checkbox"/> Page 7: Attestation 1-E – Acknowledgment of Inspection Requirement & Affirmation of Continuous, Uninterrupted Ownership<input type="checkbox"/> Page 8: Attestation 1-F – Confirmation of Tax Compliance<input type="checkbox"/> Page 9: Acknowledgment of Attestations (signed and notarized)<input type="checkbox"/> Page 10: Disclosure E-1 – Entity Information<input type="checkbox"/> Page 12: Disclosure E-2 – Associated Parties<input type="checkbox"/> Page 13: Disclosure E-3 – Tax & Tax Compliance<input type="checkbox"/> Page 14-15: Disclosure E-4 – Government Regulation<input type="checkbox"/> Page 16: Disclosure E-5 – Litigation History	Supporting Documents Entity Information Documents <ul style="list-style-type: none"><input type="checkbox"/> Copy of governing documents (e.g., operating agreement, bylaws)<input type="checkbox"/> Authorizing resolution<input type="checkbox"/> Certificate of Good Standing<input type="checkbox"/> Approval to Conduct Business Transactions in Michigan (if applicable)<input type="checkbox"/> Certificate of Assumed Name (if applicable) (obtained from LARA Corporations Division)<input type="checkbox"/> Main applicants only: Copy of organizational structure<input type="checkbox"/> Main applicants only: Social equity plan Regulation Documents <ul style="list-style-type: none"><input type="checkbox"/> Copy of marijuana licenses (if applicable)<input type="checkbox"/> Summary of facts and circumstances concerning license denial, restriction, revocation, suspension, or nonrenewal (if applicable) Tax Compliance Documents <ul style="list-style-type: none"><input type="checkbox"/> W2s and/or 1099s for the past 12 months (if no W2s or 1099s exist, submit an explanation)<input type="checkbox"/> Copy of Notice of Tax Liability Due (if applicable)<input type="checkbox"/> Additional information regarding history of tax compliance (if applicable) Litigation Documents <ul style="list-style-type: none"><input type="checkbox"/> Copy of litigation documentation (if applicable)
SUPPLEMENTAL APPLICATIONS Every managerial employee, every entity and individual with greater than 10% direct or indirect ownership interest in the main applicant, and every spouse of an individual with greater than 10% ownership interest in the main applicant must submit an application for prequalification.	
Existing Medical Marihuana Facility Licensee Applicants (for entities that have a licensed medical marihuana facility)	
\$6,000 Application Fee	
Entity Prequalification Application <ul style="list-style-type: none"><input type="checkbox"/> Page 1: Adult-Use License Types & Descriptions<input type="checkbox"/> Page 2: Demographic Information<input type="checkbox"/> Page 3: Attestation 1-A – Acknowledgment, Agreement, & Consent<input type="checkbox"/> Page 4: Attestation 1-B – Verification & Affidavit of Full Disclosure<input type="checkbox"/> Page 5: Attestation 1-C – Authorization to Release Information<input type="checkbox"/> Page 6: Attestation 1-D – Acknowledgment of Federal Law & Release of Liability<input type="checkbox"/> Page 7: Attestation 1-E – Acknowledgment of Inspection Requirement & Affirmation of Continuous, Uninterrupted Ownership<input type="checkbox"/> Page 8: Attestation 1-F – Confirmation of Tax Compliance<input type="checkbox"/> Page 9: Acknowledgment of Attestations (signed and notarized)	Supporting Documents <ul style="list-style-type: none"><input type="checkbox"/> Social equity plan
NO SUPPLEMENTAL APPLICATIONS REQUIRED Those with ownership interest in the main applicant should already be prequalified and will not have to submit prequalification applications.	

PAGE 1 - ADULT-USE LICENSE TYPES & DESCRIPTIONS

Main entities: Within the License Type table, indicate which license type(s) the entity intends to apply for in Step 2.

Supplemental entities: Within the License Type table, indicate Supplemental Applicant and provide the name of the main entity. Provide the ACA record number of the main entity if known.

License Type	Description of License
<input type="checkbox"/> Class A Marihuana Grower	Licensee is authorized to grow up to 100 marijuana plants. Michigan residency is required before applying.
<input type="checkbox"/> Class B Marihuana Grower	Licensee is authorized to grow up to 500 marijuana plants. A medical marihuana facility license is required before applying.
<input type="checkbox"/> Class C Marihuana Grower	Licensee is authorized to grow up to 2,000 marijuana plants. A medical marihuana facility license is required before applying.
<input type="checkbox"/> Designated Consumption Establishment	Licensee is authorized to allow onsite marijuana consumption at the location indicated on the license.
<input type="checkbox"/> Marihuana Event Organizer	Licensee is authorized apply for temporary marihuana event licenses.
<input type="checkbox"/> Marihuana Microbusiness	Licensee is authorized to sell marijuana to consumers aged 21 years or more, process marijuana, and have 150 marijuana plants. Michigan residency is required before applying.
<input type="checkbox"/> Marihuana Processor	Licensee is authorized to purchase of marihuana from a grower and authorized to sell marijuana-infused products or marijuana to a retailer. A medical marihuana facility license is required before applying.
<input type="checkbox"/> Marihuana Retailer	Licensee is authorized to sell marihuana to consumers aged 21 years or more. A medical marihuana facility license is required before applying.
<input type="checkbox"/> Marihuana Safety Compliance Facility	Licensee is authorized to receive marijuana from, test marijuana for, and return marijuana to only a marijuana establishment.
<input type="checkbox"/> Marihuana Secure Transporter	Licensee is authorized to store and transport marihuana and associated money between marihuana establishments. A medical marihuana facility license is required before applying.
<input type="checkbox"/> Supplemental Applicant	Entity with greater than 10% ownership interest in the main entity applicant. Name of Main Entity: _____ ACA Record Number of Main Entity: _____

The following license types are available to new applicants who do not have a licensed medical marijuana facility:

Class A Marijuana Grower

- License authorizes licensee to grow up to 100 marijuana plants
- License authorizes licensee to sell marijuana plants to marijuana retailers and marijuana processors
- Applicant must be a Michigan resident
- Applicant cannot hold ownership interest in a marijuana safety compliance facility
- Applicant cannot hold ownership interest in a marijuana secure transporter
- Applicant cannot hold ownership interest in a marijuana microbusiness
- Applicant cannot hold ownership interest in more than 5 marijuana growers
- License cannot be stacked

Marijuana Microbusiness

- License authorizes the licensee to grow up to 150 marijuana plants; process and package marijuana; and sell marijuana to individuals who are 21 years of age or older
- Applicant must be a Michigan resident
- Applicant cannot hold ownership interest in more than one marijuana microbusiness
- Applicant cannot hold ownership interest in a marijuana grower
- Applicant cannot hold ownership interest in a marijuana processor
- Applicant cannot hold ownership interest in a marijuana retailer
- Applicant cannot hold ownership interest in a marijuana safety compliance facility
- Applicant cannot hold ownership interest in a marijuana secure transporter

Marijuana Safety Compliance Facility

- License authorizes the licensee to test marijuana, including certification for potency and the presence of contaminants

- Applicant cannot hold ownership interest in a marijuana grower
- Applicant cannot hold ownership interest in a marijuana processor
- Applicant cannot hold ownership interest in a marijuana retailer
- Applicant cannot hold ownership interest in a marijuana microbusiness
- Licensee must be accredited by an entity approved by the agency by 1 year after the date the marijuana safety compliance facility license is issued or have previously provided drug testing services to this state or this state's court system and be a vendor in good standing in regard to those services
- Licensee must retain and employ at least 1 laboratory manager with a relevant advanced degree in a medical or laboratory science

Designated Consumption Establishment

- License authorizes the licensee to permit adults 21 years of age and older to consume marijuana products at the location indicated on the state license

Marijuana Event Organizer

- License authorizes the licensee to apply for temporary marijuana event licenses
- Applicant must obtain a temporary marijuana event license before engaging in a temporary marijuana event

PAGE 2 – DEMOGRAPHIC INFORMATION

In the **MEDICAL MARIHUANA LICENSE INFORMATION** section, select No to indicate that the applicant does not currently hold an active license under the Medical Marihuana Facilities Licensing Act (MMFLA).

MEDICAL MARIJUANA LICENSE INFORMATION
 Does the applicant currently hold an active medical marihuana facilities license?
 Yes – State Operating License Number: _____ (E.g., PC-001234; GR-C-000789)
 No – The applicant is not eligible to apply using the fast-tracked prequalification application. Please submit the entire Entity Prequalification Application and all required supplemental applications.

In the **DEMOGRAPHIC INFORMATION** section, provide the following information for the main entity applicant in the corresponding field on the application:

- **Entity name** as it appears on official business documents
- **Mailing address** of the entity
- **Physical address** of the proposed marijuana establishment, if obtained
- **Assumed name/fictitious name/DBA** of the entity, if operating under a name other than the business’ entity’s legal name
- **Federal Employer Identification Number (FEIN)** of the entity
- **Phone number** of the entity
- **E-mail address** of the entity
- **Website** of the entity, if applicable

DEMOGRAPHIC INFORMATION
 Please provide the following information regarding the entity applicant.

Entity Name (as appears on official entity documents)			Assumed Name (attach copy of filed assumed name certificate, if applicable)
Entity Mailing Address			FEIN
City	State	Zip Code	Entity Phone
Entity Physical Address (if obtained)			Entity Email Address
City	State	Zip Code	Entity Website (if available)

In the **PERSON COMPLETING APPLICATION** section, provide the following information in the corresponding field on the application:

- **Name** of the individual filling out the application
- **Mailing address** of the individual filling out the application
- **Attorney license number** of the personal filling out the application, if applicable
- **Affiliation with the entity** of the individual filling out the application
- **Date of birth** of the individual filling out the application
- **Company name** of the individual filling out the application, if applicable
- **Phone number** of the individual filling out the application
- **E-mail address** of the individual filling out the application
- **CPA license number** of the person filling out the application, if applicable

PERSON COMPLETING APPLICATION
Please provide the following information regarding the person completing this application.

Name (First, Middle, Last)		Affiliation with Entity		Date of Birth (mm dd yyyy)	
Mailing Address			Company Name (if applicable)		
City		State	Zip Code	Phone	
Attorney License No. (if applicable)			CPA License No. (if applicable)		
				Email Address	

Ensure all contact information is accurate and that current e-mail addresses have been provided, as most correspondence from MRA will be sent via e-mail.

In the **SOCIAL EQUITY INFORMATION** section, select Yes or No to indicate if the entity is applying under the social equity program. If Yes, provide the name(s) and applicant number(s) of the social equity participant(s) in the table provided.

SOCIAL EQUITY INFORMATION
Please provide the following information regarding social equity. Attach additional pages of this form if necessary.

Is the entity applying under the social equity program? Yes No If you answered **yes**, provide the information requested below.

Social Equity Participant Name (First, Middle, Last)	Social Equity Applicant Number (E.g., AU-SEA-000001)

PAGES 3-9 – ATTESTATIONS

Read all the attestations carefully as the applicant will be acknowledging and agreeing to the information and stipulations contained in these attestations.

If you are unsure of what an item within an attestation means, please consult an attorney. MRA cannot provide legal interpretation of the statute or rules.

PAGE 3 - ATTESTATION 1-A – ACKNOWLEDGMENT, AGREEMENT, AND CONSENT

After reading the attestation, provide the name of the entity and the name and title of the individual authorized to sign on behalf of the entity in the spaces provided.

ATTESTATION 1-A
ACKNOWLEDGMENT, AGREEMENT & CONSENT
(To be signed and submitted by the applicant)

On behalf of I,
Name of Entity Name & Title of Individual Authorized to Sign on Behalf of Entity

hereby acknowledge that the Marijuana Regulatory Agency (Agency) may require supplemental materials in order to carry out its statutory duties. The applicant hereby agrees to submit such supplemental materials as requested by the Agency in a timely manner. I acknowledge that failure to correct any notice of deficiency within 5 days of its receipt may result in the denial of an application.

I, as the applicant submitting this application, hereby certify that I do not have an interest in any other state license that is prohibited by the Michigan Regulation and Taxation of Marihuana Act, 2018 IL 1 (MRTMA).

I hereby acknowledge that I am under a continuing duty to promptly disclose to the Agency any changes in the information provided in the application and supporting documents submitted to the Agency. To comply with this requirement, I hereby acknowledge that I must submit a letter to the Agency stating any changes with reference to the specific information within the application to which the changes pertain.

I hereby consent to inspections, searches, and seizures as provided in MRTMA Section 7 and the MRTMA Emergency Rules, and to disclose to the Agency and its agents of otherwise confidential records, including tax records held by any federal, state, or local agency, or credit agency or financial institution, while applying for or holding a state license. This consent is authorization to review and inspect tax records administered under the Michigan Revenue Act, 1941 PA 122.

I affirm, under the penalties of perjury, that the information set forth in this document is true and complete, to the best of my knowledge.

I hereby consent to receive all service of process via electronic service as opposed to certified mail. This consent is valid unless otherwise revoked in writing.

PAGE 4 - ATTESTATION 1-B – VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE

After reading the attestation, provide the name of the entity and the name and title of the individual authorized to sign on behalf of the entity in the spaces provided.

In Section 2, provide the name of the contact person who is authorized to speak with the Agency about your application, their e-mail address, and their phone number in the spaces provided on the form.

If you wish to designate more than one contact person, please add additional pages of this form to your application with each contact person on a separate Attestation 1-B form.

NOTE: If an individual contacts MRA about your application and that individual is not a supplemental applicant, not the person completing the application, or not an authorized contact person listed on Attestation 1-B, the Agency will not provide information to that individual.

You may designate as many contact persons as needed.

ATTESTATION 1-B
VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE
(To be signed and submitted by the applicant)

Add additional pages of this form if authorizing more than one contact person.

On behalf of I,
Name of Entity Name & Title of Individual Authorized to Sign on Behalf of Entity

confirm the following:

1. I am the individual responsible for submitting this application and have full authority to execute this affidavit of full disclosure.
2. I authorize to be the contact person to the Marijuana Regulatory Agency (Agency) for the purposes of this application for a state license (please provide the information below for the contact person).
E-mail Address: Phone Number:
3. I affirm that the information contained in this application is true, complete, and accurate to the best of my knowledge and belief.
4. Except as reported in this application, I have no agreements or understandings with any person or entity and no present intent to hold as agent, nominee or otherwise any interest in the application.
5. Except as reported in this application, I have no agreements or understanding with any person or entity and no present intent to pay any sums of money or give anything of value as, including but without limitation, a finder's fee or commission to any person or entity related to the interest in this application.
6. I understand that the entity has an ongoing obligation to notify the Agency should the entity enter into any such agreement contemplated by this attestation.

PAGE 5 - ATTESTATION 1-C – AUTHORIZATION TO RELEASE INFORMATION

After reading the attestation, provide the name of the entity and the name and title of the individual authorized to sign on behalf of the entity in the spaces provided.

ATTESTATION 1-C
AUTHORIZATION TO RELEASE INFORMATION
(To be signed and submitted by the applicant)

To all courts, probation departments, selective service boards, employers, educational institutions, banks, financial and other such institutions, and all governmental agencies federal, state and local, without exception, both foreign and domestic:

On behalf of I,

authorize the Marijuana Regulatory Agency (Agency) and its agents to conduct a full investigation into the background and activities of the applicant for purposes of determining the applicant's eligibility for a marijuana establishment prequalification and state license.

I understand that by signing this authorization, a financial background check will be performed. I authorize any financial institution to surrender to the Agency a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal financial records in whatever form and wherever located. I authorize my employers to release any employment information required to validate my financial history. I understand that the financial background check will include a credit history examination and that my credit report, credit history, and credit capacity information will be obtained.

I understand that by signing this authorization, a financial background check of my tax filing and tax obligation status will be performed. I authorize my respective state taxing agency to surrender to the Agency a complete and accurate record of any and all tax information or records relating to me for the purposes of this application. I authorize the Agency to obtain, receive, review, copy, discuss, and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

I understand that by signing this authorization, a criminal history background check will be performed. I authorize the Agency to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located for purposes of completing this application. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and the sentence was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

Therefore, you are hereby authorized to release any and all information pertaining to this applicant, documentary or otherwise, as requested by any employee or agent of the Agency, provided that he or she certifies to you that said applicant has an application pending before the Agency or that said applicant is a licensee or other person required to be qualified under the provisions of the Michigan Regulation and Taxation of Marijuana Act (MRTMA).

This authorization shall supersede any prior request or authorization to the contrary and shall be in effect during the pendency of this application. A photocopy of this authorization will be considered as effective and valid as the original.

PAGE 6 – ATTESTATION 1-D – ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF LIABILITY

After reading the attestation, provide the name of the entity and the name and title of the individual authorized to sign on behalf of the entity in the spaces provided.

ATTESTATION 1-D
ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF LIABILITY
(To be signed and submitted by the applicant)

On behalf of I,

hereby acknowledge and affirm the following:

Although the State of Michigan has recognized and authorized the use of marijuana pursuant to the Michigan Regulation and Taxation of Marijuana Act, 2018 IL 1, MCL 333.27951 to 333.27967, and has provided for a statewide monitoring system as authorized by Emergency Rules, this state authorized activity remains prohibited by federal law.

I understand that a state license does not insulate or shield me or my business from federal seizure and/or forfeiture as allowed by federal law and does not insulate me from federal criminal arrest and/or prosecution.

I understand that choosing to file an application for a state license and, if issued a license, choosing to establish and operate a marijuana establishment pursuant to that license, is done so at my own risk.

By my signature and attestation to this form, I hereby completely release and forever discharge the State of Michigan, the Michigan Department of Licensing and Regulatory Affairs, the Marijuana Regulatory Agency, and its respective employees, agents, facilities, insurers, indemnors, successors, heirs and/or assigns from any and all past, present or future claims, demands, obligations, actions, causes of action, wrongful death claims, rights, damages, costs, losses of services, expenses and compensation of any nature whatsoever, whether based on a tort, contract or other theory of recovery, which I may now have, or which may hereafter accrue or otherwise be acquired, on account of, or may in any way arise out of my application for a state license and, if issued a license, my operation of a marijuana establishment.

PAGE 7 – ATTESTATION 1-E – ACKNOWLEDGMENT OF INSPECTION REQUIREMENT & AFFIRMATION OF CONTINUOUS, UNINTERRUPTED OWNERSHIP

PART A – After reading this section of the attestation, provide the name of the entity and the name and title of the individual authorized to sign on behalf of the entity in the spaces provided.

PART B – This section is not applicable to applicants that do not hold a license under the MMFLA.

ATTESTATION 1-E
ACKNOWLEDGMENT OF INSPECTION REQUIREMENT & AFFIRMATION OF
CONTINUOUS, UNINTERRUPTED OWNERSHIP
(To be signed and submitted by the applicant)

PART A:

On behalf of _____, I, _____

acknowledge that I shall have a physical structure ready for inspection so that I may receive a passing inspection by the 60th day after my complete application is submitted. In the event I do not have a passing inspection by the 60th day, I acknowledge that my application may be denied.

PART B (applicable to applicants currently licensed under the MMFLA):

On behalf of _____, I, _____

affirm that the licensee has had continuous, uninterrupted ownership since the application for a medical marijuana facility license was approved by the Agency. I understand that the ownership structure on this application and any adult-use state license that I would be issued must be that exact ownership structure and exact supplemental applicants as the entity's state operating license issued under the Medical Marijuana Facilities Licensing Act (MMFLA). I affirm that the ownership interests of the license issued under the MMFLA will be the ownership interests for this application and will remain so as required by Section 9 of the Michigan Regulation and Taxation of Marijuana Act (MRTMA).

Further, I understand that all information, documents, and records maintained by the Agency may be used or considered in furtherance of the MRTMA, and I consent to such use.

If there has been a change to what has been approved by the Agency for the medical marijuana facility license, I understand that I am required to update that information before I can proceed with this application. I acknowledge that my application may be denied if I fail to update my medical marijuana facility license.

PAGE 8 – ATTESTATION 1-F – CONFIRMATION OF TAX COMPLIANCE

PART A – The applicant must have this section of the attestation completed by an authorized designee of the Michigan Department of Treasury. The designee will confirm the required information and sign the form if applicable.

An authorized designee of the Michigan Department of Treasury can be contacted at:

Michigan Department of Treasury
517-636-6925
Hours: Monday – Friday, 8:00 a.m. to 4:00 p.m.

Failure to submit this attestation with the signature of an authorized Michigan Department of Treasury designee will result in a Notice of Deficiency. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of your application.

ATTESTATION 1-F
CONFIRMATION OF TAX COMPLIANCE
(To be signed by the designee of the Michigan Department of Treasury and submitted by the applicant)

PART A:

I, _____ (designee) of the Michigan Department of Treasury, hereby confirm to the Marijuana Regulatory Agency (Agency) that the applicant for a state license as named below in part B, has no delinquency in payments and has satisfied all obligations for any sales, excise, or any other taxes that were to be levied on the sale of marijuana in accordance with the treasury bulletin titled "Notice to the Taxpayers Regarding the Michigan Regulation and Taxation of Marijuana Act" which was issued January 29, 2019. This attestation is provided in accordance with the Michigan Regulation and Taxation of Marijuana Act, 2018 IL 1 (MRTMA), and the Emergency Rules.

I further confirm that:

1. The applicant is in good standing with the Michigan Department of Treasury for any taxes for which the applicant is responsible.
2. There are no outstanding obligations for any taxes levied for which the applicant is responsible.
3. Any tax delinquencies for which the applicant is responsible, have been satisfied, if applicable.

Signature of Treasury Designee

Date

PART B – After reading this section of the attestation, provide the name of the entity, the name and title of the individual authorized to sign on behalf of the entity, the signature of the individual authorized to sign, the entity FEIN, and the date in the spaces provided. Ensure a return mailing address is provided so the Department of Treasury is able to return the form.

PART B:

On behalf of _____ I, _____

understand that I am submitting this Attestation in compliance with MRTMA and the Emergency Rules. I hereby attest that the statements confirmed in part A above are true to the best of my knowledge and belief. I further affirm that if I have been making sales, I am registered and remitting sales and excise taxes to the Michigan Department of Treasury, as required.

The Revenue Act, 1941 PA 122, MCL 205.28(1)(f), makes taxpayer information acquired in the administration of a tax confidential. I authorize the Michigan Department of Treasury to furnish tax returns and provide tax return information to the Marijuana Regulatory Agency for the limited purpose of determining my qualification and fitness for licensure under MRTMA. This limited authorization relates to all tax types administered under the Revenue Act. This limited authorization continues for one year from the date of my signature below or until the applicant is no longer licensed, whichever is later.

Signature of Individual Authorized to Sign on Behalf of Entry _____ Date _____
Entry FEIN _____
Return Address for Completed Form (This section must be completed)
Name _____
Street Address _____
City, State, Zip Code _____

PAGE 9 - ACKNOWLEDGMENT OF ATTESTATIONS

Do not sign this form until in the presence of a notary. Indicate by checking the boxes that the applicant acknowledges and consents to each attestation.

The individual who is authorized to sign documents on behalf of the entity should sign this form in the presence of an active notary, providing the entity name, their name, signature, date in the spaces provided. The applicant signature date and notary signature date must match.

If the notary signature is invalid and/or the dates do not match, you will receive a Notice of Deficiency via e-mail. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of your application.

ACKNOWLEDGMENT OF ATTESTATIONS

(To be signed and submitted by the applicant)
Do not sign until notary is present

On behalf of _____ I, _____

I hereby swear, acknowledge, and consent to the following attestations (check all that apply to indicate the applicant's acknowledgment and consent):

- Attestation 1-A: Acknowledgment, Agreement & Consent
- Attestation 1-B: Verification & Affidavit of Full Disclosure (with contact designated, if applicable)
- Attestation 1-C: Authorization to Release Information
- Attestation 1-D: Acknowledgment of Federal Law & Release of Liability
- Attestation 1-E: Acknowledgment of Inspection Requirement & Affirmation of Continuous, Uninterrupted Ownership
- Attestation 1-F: Confirmation of Tax Compliance

Signature of Individual Authorized to Sign on Behalf of Entry _____ Date _____

Subscribed and sworn to by _____ before me on _____
(Name of Individual Authorized) (Date)

(Notary Public Signature) _____ (Notary Public Printed Name) _____

State of _____ County of _____ Acting in the county of _____ (county) (state)

My commission expires: _____

PAGE 10 - DISCLOSURE E-1 – ENTITY INFORMATION

The entity's name and phone number should auto-populate onto these fields based on the information provided for the entity in the **DEMOGRAPHIC INFORMATION** section of Page 2 of the application. If the name and phone number do not auto-populate, provide this information in the spaces provided at the top of this disclosure form.

DISCLOSURE E-1—ENTITY INFORMATION

Entity Name _____ Phone No. _____

Section (1) **ENTITY STRUCTURE** – Select the box that best describes the business structure of the entity. Only one entity type can be selected at one time. If you select “Other,” indicate the entity structure in the space provided.

(1) **ENTITY STRUCTURE**

<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Partnership
<input type="checkbox"/> C Corporation	<input type="checkbox"/> Trust
<input type="checkbox"/> S Corporation	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Joint Venture	

Section (2) **ENTITY PRIOR NAMES** – Provide any prior names used by the entity during the past three years. Add additional pages of this disclosure form if necessary. If the entity has not had any previous names, this section can be left blank.

(2) **ENTITY PRIOR NAMES**
Provide any prior name used by the entity during the past 3 years, if applicable. Add additional pages if necessary to this form.

Entity Prior Name	Date Use Began	Date Use Ceased
Entity Prior Name	Date Use Began	Date Use Ceased
Entity Prior Name	Date Use Began	Date Use Ceased

Section (3) **ENTITY PRIOR ADDRESSES** – Provide any prior addresses used by the entity during the past three years. Add additional pages of this disclosure form if necessary. If the entity has not had any previous addresses, this section can be left blank.

(3) **ENTITY PRIOR ADDRESSES**
Provide any prior address used by the entity during the past 3 years, if applicable. Add additional pages if necessary to this form.

Entity Prior Street Address	City, State, Zip	Date Use Began	Date Use Ceased
Entity Prior Street Address	City, State, Zip	Date Use Began	Date Use Ceased
Entity Prior Street Address	City, State, Zip	Date Use Began	Date Use Ceased

Disclosure E-1 – Required Supporting Documents

The following items are required for each entity in relation to the Entity Information disclosure:

- A copy of the entity’s **governing documents** (e.g., bylaws, operating agreement).
- A copy of the entity’s **Certificate of Good Standing** from each state in which they operate a marijuana business. In Michigan this document is obtained from LARA Corporations Division.
- If the entity is from outside of Michigan, a copy of the entity’s **Certificate of Authority to Transact Business in Michigan**. This document can be obtained from LARA Corporations Division.
- If the entity is using an assumed name/fictitious name/DBA, a copy of the **Certificate of Assumed Name**. This document can be obtained from LARA Corporations Division.
- A copy of the entity’s **authorizing resolution** detailing who can sign documents on behalf of the entity.
- **Main entities only:** A copy of the entity’s **organizational structure** which includes ownership percentages, managerial employees, and spouses. An example of an entity organizational structure is provided on the next page in the application.
- **Main entities only:** A copy of the entity’s **social equity plan** which details how the entity plans to positively impact communities that have been disproportionately impacted by marijuana prohibition.

PAGE 11 – MAIN ENTITY ORGANIZATIONAL STRUCTURE REQUIREMENTS & EXAMPLE

Each main entity is required to submit an organizational structure with their application as one of the supporting documents. This page of the application outlines the requirements of the organizational chart and gives an example of how to format this document. When creating the organizational structure document for the main entity, be sure to include the ownership interest percentage for any entity or individual involved in the business. In addition to those with ownership interest, ensure all individuals meeting the definition of managerial employee and all spouses are disclosed.

All entities and individuals listed on the main entity’s organizational structure, including managerial employees and spouses, should be listed on the main entity’s DISCLOSURE E-2 – INTERESTED PARTIES (page 12 of the application).

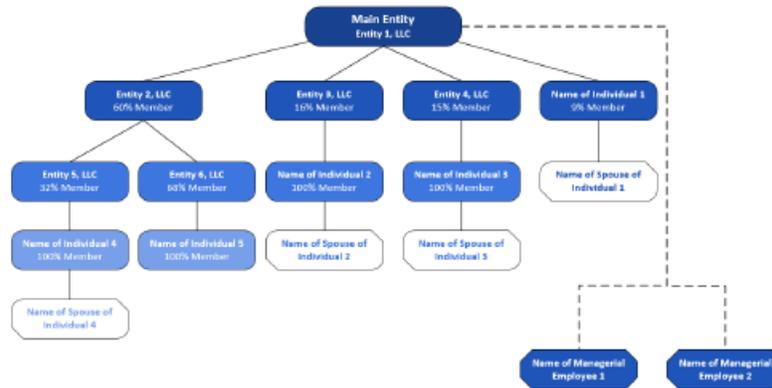
MAIN ENTITY ORGANIZATIONAL STRUCTURE REQUIREMENTS & EXAMPLE

Every main entity applicant must include on the organizational structure document the following:

- All managerial employees, if applicable.
 - An employee is considered a managerial employee if they have the ability to control and direct the affairs of the marijuana establishment and/or have the ability to make policy concerning the marijuana establishment.
- For the following main entity types, also include:
 - Limited liability company: All members and managers holding any direct or indirect ownership interest and their spouses
 - Corporation: All corporate officers or persons with equivalent titles and their spouses, all directors and their spouses, all stockholders holding a direct or indirect ownership interest of greater than 5% and their spouses
 - Trust: All beneficiaries and their spouses
 - Partnership or a limited liability partnership: All partners holding any direct or indirect ownership interest and their spouses
 - Limited partnership or a limited liability limited partnership: All general and limited partners holding any direct or indirect ownership interest and their spouses

Ownership interest percentages and all parties listed above must be included on the organizational structure.

Example:



PAGES 12 - DISCLOSURE E-2 – ASSOCIATED PARTIES

PAGE 12 - The entity’s name and phone number should be populated onto the top of this form. If the information did not auto-populate, write the entity’s name and phone number on the top of the form in the space provided.

DISCLOSURE E-2—ASSOCIATED PARTIES

Entity Name	Phone No.
-------------	-----------

In the table provided on the disclosure, list the following:

If the entity is a:	Disclose:
Main applicant	All managerial employees and the following for the entity types below:
Limited Liability Company	All members, managers, and their spouses
Corporation	All corporate officers, directors, stockholders holding an interest of greater than 5%, and their spouses
Trust	All beneficiaries and their spouses
Partnership	All partners and their spouses
Limited Liability Partnership	All partners and their spouses
Limited Partnership or Liability Limited Partnership	All general and limited partners and their spouses

NOTE: Managerial employees are individuals who have the ability to control and direct the affairs of the marijuana establishment and/or have the ability to make policy concerning the marijuana establishment.

E.g., If the application is being filled out for Entity 1 (from the main entity example in the application), Entity 2, Entity 3, Entity 4, and Individual 1 would be listed on this disclosure as they have direct ownership interest in Entity 1.

Entity 5, Entity 6, Individual 2, Individual 3, Individual 4, and Individual 5 would be listed on this disclosure as they have indirect ownership interest in Entity 1.

Additionally, Managerial Employee 1, Managerial Employee 2, Spouse of Individual 1, Spouse of Individual 2, Spouse of Individual 3, and Spouse of Individual 4 would also be listed on this disclosure as they are managerial employees or spouses of those involved in the business.

Provide the following information for each entity or individual with direct or indirect ownership interest in the entity for which the application is being completed in the corresponding field on the table:

- Full name as it appears on legal documents
- FEIN or SSN
- E-mail address
- If an individual, date of birth
- If the entity or individual is from out of the country, select “Yes” in the “Out of Country Applicant?” column
 - NOTE: If the out-of-country applicant has greater than 10 percent direct or indirect ownership interest in the main entity, their supplemental application **must** be submitted via paper documents. The online system cannot account for out-of-country addresses.

Add additional pages of this disclosure form if necessary.

DISCLOSURE E-2 – ASSOCIATED PARTIES EXAMPLE:

DISCLOSURE E-2—ASSOCIATED PARTIES

Entity 1, LLC <small>Entity Name</small>	(517) 555-5555 <small>Phone No.</small>
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List all entities and individuals with any direct or indirect ownership interest in the entity for which this application is being completed. List entities and individuals who exercise control over or participate in the management of the entity for which this application is being completed. Add additional pages of this disclosure if necessary.

- For main entity applicants: Disclose all managerial employees and the following for the entity types below:
- For a limited liability company (LLC): Disclose all members, managers, and their spouses
- For a corporation: Disclose all corporate officers, directors, stockholders holding an interest of greater than 5%, and their spouses
- For a trust: Disclose all beneficiaries and their spouses
- For a partnership: Disclose all partners and their spouses
- For a limited liability partnership: Also disclose all partners and their spouses
- For a limited partnership and limited liability limited partnership: Also disclose all general and limited partners and their spouses

Entity or Individual Name	FEIN or SSN	E-mail Address	Date of Birth (if applicable)	Out of Country Applicant?
Entity 2, LLC	23-4567890	entity2llc@test.com		<input type="checkbox"/> Yes
Entity 3, LLC	34-5678901	entity3llc@test.com		<input type="checkbox"/> Yes
Entity 4, LLC	45-6789012	entity4llc@test.com		<input type="checkbox"/> Yes
Individual 1	123-45-6789	individualone@test.com	01/01/1961	<input type="checkbox"/> Yes
Spouse of Individual 1	234-56-7890	spouseindividualone@test.com	02/02/1962	<input type="checkbox"/> Yes
Entity 5, LLC	56-7890123	entity5llc@test.com		<input type="checkbox"/> Yes
Entity 6, LLC	67-8901234	entity6llc@test.com		<input type="checkbox"/> Yes
Individual 2	345-67-8901	individualtwo@test.com	03/03/1963	<input type="checkbox"/> Yes
Spouse of Individual 2	456-78-9012	spouseindividualtwo@test.com	04/04/1964	<input type="checkbox"/> Yes
Individual 3	567-89-0123	individualthree@test.com	05/05/1965	<input type="checkbox"/> Yes
Spouse of Individual 3	678-90-1234	spouseindividualthree@test.com	06/06/1966	<input checked="" type="checkbox"/> Yes
Individual 4	789-01-2345	individualfour@test.com	07/07/1967	<input type="checkbox"/> Yes
Spouse of Individual 4	890-12-3456	spouseindividual4@test.com	08/08/1968	<input type="checkbox"/> Yes
Individual 5	901-23-4567	individualfive@test.com	09/09/1969	<input type="checkbox"/> Yes
Managerial Employee 1	012-34-5678	managerialemp1@test.com	10/10/1970	<input type="checkbox"/> Yes
Managerial Employee 2	876-54-3210	managerialemp2@test.com	11/11/1971	<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes

Every managerial employee, every entity and individual with greater than 10% direct or indirect ownership interest in the main applicant, and every spouse of an individual with greater than 10% ownership interest in the main applicant must submit an application for prequalification.

PAGE 13 - DISCLOSURE E-3 – TAX & TAX COMPLIANCE QUESTIONS

PAGE 13 - The entity’s name and phone number should be auto-populated onto the top of this form. If the information did not auto-populate, write the entity’s name and phone number on the top of the form in the space provided.

DISCLOSURE E-3—TAX & TAX COMPLIANCE

<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>
Entity Name	Phone No.

Indicate if the entity was subject to taxation during the past 12 months by selecting “Yes” or “No” to the question at the top of the page. If Yes, complete questions (1) and (2). If No, you are done with this disclosure.

Has the entity been subject to taxation during the past 12 months? Yes No **If you answered yes, provide the information requested below.**

In Section (1), list all federal, state, local, and foreign taxing agencies in which the applicant was subject to taxation for the past 12 months.

(1) List all federal, state, local, and foreign jurisdictions in which the entity was subject to taxation during the last year. Add additional pages if necessary.

Taxing Agency	Type of Tax
Taxing Agency	Type of Tax
Taxing Agency	Type of Tax
Taxing Agency	Type of Tax

E.g., “Taxing Agency” = *IRS*, “Type of Tax” = *Federal Income Tax*;
 E.g., “Taxing Agency” = *Michigan Department of Treasury*, Type of Tax = *State Income Tax, Sales Tax*

In Section (2), indicate if the applicant has had a tax complaint filed against them or been served with a notice regarding a tax delinquency by selecting “Yes” or “No” to this question.

If you indicate Yes, provide the taxing agency, type of tax, tax period, and amount of the delinquent tax payment in the space(s) provided in this section.

(2) Has the entity ever been served with, or had filed against it, a complaint or other notice regarding the delinquent payment of any tax required under federal, state, local, or foreign jurisdictions?
 Yes No **If you answered yes, provide the requested information for each delinquent tax payment and provide all applicable required supporting documents stated below.**

Taxing Agency	Type of Tax	Tax Year	Amount
Taxing Agency	Type of Tax	Tax Year	Amount
Taxing Agency	Type of Tax	Tax Year	Amount
Taxing Agency	Type of Tax	Tax Year	Amount

Disclosure E-3 – Required Supporting Documents

The following items are required for each entity in relation to the Tax and Tax Compliance disclosure:

- A copy of the entity’s **W2s or/and 1099s** for the past 12 months.
- If W2s or 1099s do not exist for the entity, provide an **explanation as to why the entity does not have W2s or 1099s**. (E.g., A letter stating, “Entity 1, LLC is a newly formed entity created in November of this year and has not yet been subject to taxation.”)
- If the entity has been served with or had filed against them a tax complaint or other notice regarding a delinquent tax payment, a copy of any **notice of tax liability due in any jurisdiction**.
- If the entity has been served with or had filed against them a tax complaint or other notice regarding a delinquent tax payment, an **explanation or additional information regarding their history of tax compliance that will assist in the processing of the application**.

PAGES 14-15 - DISCLOSURE E-4 – GOVERNMENT REGULATION

PAGE 14 - The entity’s name and phone number should be auto-populated onto the top of this form. If the information did not auto-populate, write the entity’s name and phone number on the top of the form in the space provided.

DISCLOSURE E-4—GOVERNMENT REGULATION

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Entity Name	Phone No.

Select “Yes” or “No” to the three questions in the top section of the page.

Question 1 - If the entity is subject to regulation by a public agency (holds any license, certificate, permit, etc. which is regulated by a department of a local, state, federal, or foreign government (*e.g. liquor license, building permit, sales tax license, other marijuana licenses, etc.*)), answer “Yes” to the first question.

If Yes, disclose any marijuana businesses in Section (1) **MARIJUANA BUSINESS INTERESTS** and any other regulation type in Section (2) **COMMERCIAL LICENSES OR CERTIFICATES**.

Is the entity subject to regulation by a public agency in any other jurisdiction?

Yes No

Question 2 - If the entity holds any commercial licenses (*e.g. food establishment license, retail gas outlet license, marijuana license, liquor license, commercial driver’s license, etc.*) answer “Yes” to the second question. If Yes, disclose any marijuana businesses in Section (1) **MARIJUANA BUSINESS INTERESTS** and any other regulation type in Section (2) **COMMERCIAL LICENSES OR CERTIFICATES**.

Does the entity hold any commercial licenses? (Not including the license they are currently applying for)

Yes No

Question 3 - If the entity has ever applied for a license or certificate that was denied, or if the entity has ever been granted a license or certificate that has been restricted, suspended, revoked, or not renewed—answer “Yes” to the third question. If Yes, disclose these licenses in Section (3) **COMMERCIAL LICENSES OR CERTIFICATES DENIED, RESTRICTED, SUSPENDED, REVOKED, OR NOT RENEWED** on the second page of this disclosure.

Has the entity ever applied for or been granted any commercial license or certificate issued by a licensing authority in Michigan, or any other jurisdiction, that has been denied, restricted, suspended, revoked, or not renewed?

Yes No

If the answer to all three of these questions is No, you are finished with this disclosure.

In Section (1) **MARIJUANA BUSINESS INTERESTS**, list any marijuana business in which the entity has any direct or indirect equity interest. For each marijuana business, provide the business entity’s name, license number, and the state of license issuance. If the entity does not own other marijuana businesses, this section can be left blank.

(1) MARIJUANA BUSINESS INTERESTS

Provide the requested information for any interest that the entity has in any other corporation, partnership or other business entity that is *directly or indirectly* involved in the *growing, processing, testing, transporting, or sale of marijuana*. Add additional pages if necessary.

Marijuana Business Entity Name	License Number	State of Issuance	Country of Issuance

In Section (2) **COMMERCIAL LICENSES OR CERTIFICATES**, list any (non-marijuana) commercial licenses or certificates held by the applicant.

(2) COMMERCIAL LICENSES OR CERTIFICATES

Provide the requested information for all commercial licenses or certificates held by the entity. Add additional pages if necessary.

License or Certificate Type	License No. or Other Identifying No.	Issuing Agency
License or Certificate Type	License No. or Other Identifying No.	Issuing Agency
License or Certificate Type	License No. or Other Identifying No.	Issuing Agency

E.g., "License or Certificate Type" = *Liquor license*, "License No. or Other Identifying No." = *RQ-1810-12345*, "Issuing Agency" = *Michigan Liquor Control Commission*

E.g., "License or Certificate Type" = *Sales tax license*, "License No. or Other Identifying No." = *89-6745231*, "Issuing Agency" = *Michigan Department of Treasury*

PAGE 15 – DISCLOSURE E-4, CONTINUED – The entity’s name and phone number should be populated onto the top of this form. If the information did not auto-populate, write the entity’s name and phone number on the top of the form in the space provided.

In Section (3) **COMMERCIAL LICENSES OR CERTIFICATES DENIED, RESTRICTED, SUSPENDED, REVOKED, OR NOT RENEWED**, list any license or certificate that was applied for and denied, and list any license or certificate that has been restricted, suspended, revoked, or not renewed.

DISCLOSURE E-4—GOVERNMENT REGULATION, CONTINUED

Entity Name	Phone No.
-------------	-----------

(3) COMMERCIAL LICENSES OR CERTIFICATES DENIED, RESTRICTED, SUSPENDED, REVOKED, OR NOT RENEWED

Provide the requested information for all commercial licenses or certificates with which the entity has had an application or license denied, restricted, suspended, revoked, or not renewed. Add additional pages if necessary.

License or Certificate Type	License No. or Other Identifying No.	Issuing Agency
Action Taken	Reason for the Action	Date Action Taken
License or Certificate Type	License No. or Other Identifying No.	Issuing Agency
Action Taken	Reason for the Action	Date Action Taken
License or Certificate Type	License No. or Other Identifying No.	Issuing Agency
Action Taken	Reason for the Action	Date Action Taken

"Action Taken" = *denied, restricted, suspended, revoked, or not renewed*

Disclosure E-4 – Required Supporting Documents

The following items are required for each entity in relation to the Government Regulation disclosure:

- Copy of any **marijuana license** held, if applicable
- A summary of **facts and circumstances concerning any licenses or certificate that has been denied, restricted, suspended, revoked, or not renewed**

PAGE 16 - DISCLOSURE E-5 – LITIGATION HISTORY

PAGE 16 - The entity’s name and phone number should be auto-populated onto the top of this form. If the information did not auto-populate, write the entity’s name and phone number on the top of the form in the space provided.

DISCLOSURE E-5—LITIGATION HISTORY

Entity Name	Phone No.
-------------	-----------

Select "Yes" or "No" to indicate if the applicant has been a party to any litigation during the past five years. If Yes, complete the table in Section (1). For any cases that are currently pending, provide an explanation in Section (2).

If No, you are done with this disclosure.

Has the entity been a party to any litigation during the past five years?

Yes No

If you answered **YES** to the above question, you are required to complete the below information.

In Section (1) – for each pending or concluded litigation related to the entity’s business practices (e.g., fraud, environmental, food safety, labor, employment, worker’s compensation, discrimination, tax laws, regulations, etc.), provide the case caption, docket or case number, name and location of court, and the cause of action for the litigation. Add additional pages if necessary.

(1) Provide the requested information for all litigation related to the entity’s business practices (e.g., fraud, environmental, food safety, labor, employment, worker’s compensation, discrimination, and tax laws and regulations) pending or concluded, for the past 5 years (add additional pages as necessary).

Case Caption	Docket/Case No.	Name & Location of Court	Cause of Action

In Section (2) – for any cases that are currently pending, provide a brief explanation in the area provided at the bottom of this form.

(2) For any cases that are currently pending, provide below a brief explanation regarding the allegations of the case (add additional pages if necessary):

Disclosure E-5 – Required Supporting Documents

The following items are required for each entity related to the Litigation History disclosure:

- Copy of **litigation documents** for any cases involving the entity’s business practices, pending or concluded, in the past 5 years, if applicable

SUPPLEMENTAL APPLICATIONS FOR MAIN ENTITIES

Supplemental applications are required to be submitted along with the main entity application. Supplemental applications are required to be submitted by the following:

- Every entity with greater than 10 percent ownership interest, directly or indirectly, in the main applicant
- Every individual with greater than 10 percent ownership interest, directly or indirectly, in the main applicant
- Spouses of individuals with greater than 10 percent ownership interest, directly or indirectly, in the main applicant
- Managerial employees who have the ability to control and direct the affairs of the marijuana establishment and/or have the ability to make policy concerning the marijuana establishment.

(NOTE: An employee with the title of “manager” is not required to complete prequalification unless they meet the above definition of “managerial employee”)

SUBMITTING THE APPLICATION – NEW ENTITIES

When submitting your application, ensure the main application, all supplemental applications, and all supporting documents are provided. Failure to submit all applications and supporting documents will result in a Notice of Deficiency letter. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of your application.

Your application and fee can be submitted in person at: **2407 North Grand River Avenue, Lansing, MI 48906**, or submitted via postal mail to:

**Marijuana Regulatory Agency
Adult-Use Establishment Licensing
P.O. Box 30205
Lansing, MI 48909**

If any questions arise while completing the application, please do not hesitate to contact MRA by telephone at:
517-284-8599

The adult-use entity prequalification application should consist of the following application pages:

- Page 1 – Adult-Use License Types & Descriptions
- Page 2 – Demographic Information
- Page 3 – Attestation 1-A – Acknowledgment, Agreement & Consent
- Page 4 – Attestation 1-B – Verification & Affidavit of Full Disclosure
- Page 5 – Attestation 1-C – Authorization to Release Information
- Page 6 – Attestation 1-D – Acknowledgement of Federal Law & Release of Liability
- Page 7 – Attestation 1-E – Acknowledgment of Inspection Requirement & Affirmation of Continuous, Uninterrupted Ownership
- Page 8 – Attestation 1-F – Confirmation of Tax Compliance
- Page 9 – Acknowledgment of Attestations
- Page 10 – Disclosure E-1 – Entity Information
- Page 12 – Disclosure E-2 – Ownership Interests
- Page 13 – Disclosure E-3 – Tax & Tax Compliance
- Page 14-15 – Disclosure E-4 – Government Regulation
- Page 16 – Disclosure E-5 – Litigation History

The adult-use application should contain the following supporting documents:

- Main entities only: Social equity plan
- Main entities only: Copy of organizational structure including ownership percentages, spouses, and managerial employees
- Copy of governing documents (e.g., operating agreement of bylaws)
- Certificate of Good Standing
- Authorizing resolution
- W2s and/or 1099s for the most past 12 months
- If W2s/1099s for the past 12 months do not exist, an explanation is required
- Approval to Conduct Business Transactions in Michigan, if applicable
- Certificate of assumed name, if applicable
- Copy of any marijuana licenses, if applicable
- Summary of facts and circumstances concerning a license denial, restriction, revocation, suspension, or nonrenewal, if applicable
- Copy of notice of any tax liability due, if applicable
- Additional information regarding tax history compliance, if applicable
- Copy of litigation documents, if applicable

INDIVIDUAL PREQUALIFICATION – STEP 1

Sole Proprietors Holding a Michigan Medical Marijuana Facility License

If any changes have occurred within the business (e.g., contact information, tax liabilities, litigation, etc.) those changes must be resolved with the Medical Marijuana Facilities Licensing section before an adult-use marijuana establishment application can be accepted.

The Medical Marijuana Facilities Licensing Section can be contacted via telephone, e-mail, or postal mail.

Marijuana Regulatory Agency
Medical Marijuana Facilities Licensing
P.O. Box 30205
Lansing, MI 48909
517-284-8599
MRA-MedicalMarijuana@michigan.gov

MMFLA Licensees with no ownership changes will need to download the Sole Proprietor – Step 1 application. The Sole Proprietor Prequalification application can be found at the following link: [Sole Proprietor Prequalification – Step 1](#).

Because individuals licensed under the Medical Marijuana Facilities Licensing Act (MMFLA) have recently been vetted, less items are required to become prequalified for an Adult-Use Establishment license than for individuals that are not licensed under the MMFLA.

The MMFLA licensed individual will need to complete the following application pages:

- Page 1 – Adult-Use License Types & Descriptions
- Page 2 – Demographic Information
- Page 3 – Attestation 1-A – Acknowledgment, Agreement, & Consent
- Page 4 – Attestation 1-B – Verification & Affidavit of Full Disclosure
- Page 5 – Attestation 1-C – Authorization to Release Information
- Page 6 – Attestation 1-D – Acknowledgment of Federal Law & Release of Liability
- Page 7 – Attestation 1-E – Acknowledgment of Inspection Requirement & Affirmation of Continuous, Uninterrupted Ownership
- Page 8 – Attestation 1-F – Confirmation of Tax Compliance
- Page 9 – Acknowledgment of Attestations

Spouses of MMFLA licensees who have already been vetted under the MMFLA will not have to re-complete the prequalification process.

APPLICATION CHECKLIST

Ensure you have gathered all items in the **Existing Medical Marijuana Facility Licensees** section of the checklist before submitting your application. Failure to submit any of the required items may result in the denial of your prequalification application.

SOLE PROPRIETOR PREQUALIFICATION – STEP 1	
New Marihuana Establishment Applicants (for sole proprietors who do not have a licensed medical marihuana facility)	
<input type="checkbox"/> \$6,000 Application Fee	
Sole Proprietor Prequalification Application <ul style="list-style-type: none"> <input type="checkbox"/> Page 1: Adult-Use License Types & Descriptions <input type="checkbox"/> Page 2: Demographic Information <input type="checkbox"/> Page 3: Attestation 1-A – Acknowledgment, Agreement, & Consent <input type="checkbox"/> Page 4: Attestation 1-B – Verification & Affidavit of Full Disclosure <input type="checkbox"/> Page 5: Attestation 1-C – Authorization to Release Information <input type="checkbox"/> Page 6: Attestation 1-D – Acknowledgment of Federal Law & Release of Liability <input type="checkbox"/> Page 7: Attestation 1-E – Acknowledgment of Inspection Requirement & Affirmation of Continuous, Uninterrupted Ownership <input type="checkbox"/> Page 8: Attestation 1-F – Confirmation of Tax Compliance <input type="checkbox"/> Page 9: Acknowledgment of Attestations (signed and notarized) <input type="checkbox"/> Page 10: Disclosure S-1 – Sole Proprietor Information <input type="checkbox"/> Page 11: Disclosure S-2 – Tax & Tax Compliance <input type="checkbox"/> Pages 12-13: Disclosure S-3 – Government Regulation <input type="checkbox"/> Pages 14-15: Disclosure S-4 – Civil & Criminal Litigation History 	Supporting Documents <p>Identity Documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of government issued ID <input type="checkbox"/> DBA documentation (if applicable) (obtained at county-level) <input type="checkbox"/> Social equity plan <p>Tax/Financial Documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> W2s and/or 1099s for the past 12 months (if no W2s or 1099s exist, submit an explanation) <input type="checkbox"/> Copy of notice of tax liability due (if applicable) <input type="checkbox"/> Additional information regarding history of tax compliance (if applicable) <p>Regulation Documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of marijuana licenses (if applicable) <input type="checkbox"/> Summary of facts and circumstances concerning license denial, restriction, suspension, revocation, or nonrenewal (if applicable) <p>Civil & Criminal Litigation History</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of litigation documents (if applicable) <input type="checkbox"/> Copy of criminal history documents (if applicable)
<input type="checkbox"/> SUPPLEMENTAL APPLICATIONS (if applicable) Managerial employees and spouses of sole proprietors are required to submit SUPPLEMENTAL INDIVIDUAL PREQUALIFICATION applications.	
Existing Medical Marihuana Facility Licensees (for sole proprietors who have a licensed medical marihuana facility)	
<input type="checkbox"/> \$6,000 Application Fee	
Sole Proprietor Prequalification Application <ul style="list-style-type: none"> <input type="checkbox"/> Page 1: Adult-Use License Types & Descriptions <input type="checkbox"/> Page 2: Demographic Information <input type="checkbox"/> Page 3: Attestation 1-A – Acknowledgment, Agreement, & Consent <input type="checkbox"/> Page 4: Attestation 1-B – Verification & Affidavit of Full Disclosure <input type="checkbox"/> Page 5: Attestation 1-C – Authorization to Release Information <input type="checkbox"/> Page 6: Attestation 1-D – Acknowledgment of Federal Law & Release of Liability <input type="checkbox"/> Page 7: Attestation 1-E – Acknowledgment of Inspection Requirement & Affirmation of Continuous, Uninterrupted Ownership <input type="checkbox"/> Page 8: Attestation 1-F – Confirmation of Tax Compliance <input type="checkbox"/> Page 9: Acknowledgment of Attestations (signed and notarized) 	
Supporting Documents <ul style="list-style-type: none"> <input type="checkbox"/> Social equity plan 	
NO SUPPLEMENTAL APPLICATIONS REQUIRED Managerial employees and spouses should already be prequalified and will not have to submit prequalification applications.	

PAGE 1 – ADULT-USE LICENSE TYPES & DESCRIPTIONS

The following Adult-Use license types are available to sole proprietors licensed under the MMFLA:

Equivalent License Types:

Class A Marijuana Grower

- License authorizes licensee to grow up to 100 marijuana plants
- License authorizes licensee to sell marijuana plants to marijuana retailers and marijuana processors
- Applicant must be a Michigan resident
- Applicant cannot hold ownership interest in a marijuana safety compliance facility
- Applicant cannot hold ownership interest in a marijuana secure transporter
- Applicant cannot hold ownership interest in a marijuana microbusiness
- Applicant cannot hold ownership interest in more than 5 marijuana growers
- License cannot be stacked

Class B Marijuana Grower

- License authorizes licensee to grow up to 500 marijuana plants

- License authorizes licensee to sell marijuana plants to marijuana retailers and marijuana processors
- Applicant must have a state operating license under the MMFLA
- Applicant cannot hold ownership interest in a marijuana safety compliance facility
- Applicant cannot hold ownership interest in a marijuana secure transporter
- Applicant cannot hold ownership interest in a marijuana microbusiness
- Applicant cannot hold ownership interest in more than 5 marijuana growers
- License cannot be stacked

Class C Marijuana Grower

- License authorizes the licensee to grow up to 2,000 marijuana plants
- License authorizes licensee to sell marijuana plants to marijuana retailers and marijuana processors
- Applicant must have a state operating license under the MMFLA
- Applicant cannot hold ownership interest in a marijuana safety compliance facility
- Applicant cannot hold ownership interest in a marijuana secure transporter
- Applicant cannot hold ownership interest in a marijuana microbusiness
- Applicant cannot hold ownership interest in more than 5 marijuana growers
- Licensee can stack up to five class C marijuana grower licenses

Marijuana Processor

- License authorizes the licensee to obtain marijuana from a marijuana grower or a marijuana processor; process and package marijuana; and sell marijuana-infused products or marijuana to a marijuana retailer or another marijuana processor
- Applicant must have a state operating license under the MMFLA
- Applicant cannot hold ownership interest in a marijuana safety compliance facility
- Applicant cannot hold ownership interest in a marijuana secure transporter
- Applicant cannot hold ownership interest in a marijuana microbusiness

Marijuana Retailer

- License authorizes the licensee purchase or transfer of marijuana from a marijuana grower or marijuana processor, and sale of marijuana-infused products or marijuana to individuals who are 21 years of age or older
- Applicant must have a state operating license under the MMFLA
- Applicant cannot hold ownership interest in a marijuana safety compliance facility
- Applicant cannot hold ownership interest in a marijuana secure transporter
- Applicant cannot hold ownership interest in a marijuana microbusiness

Marijuana Safety Compliance Facility

- License authorizes the licensee to test marijuana, including certification for potency and the presence of contaminants
- Applicant cannot hold ownership interest in a marijuana grower
- Applicant cannot hold ownership interest in a marijuana processor
- Applicant cannot hold ownership interest in a marijuana retailer
- Applicant cannot hold ownership interest in a marijuana microbusiness
- Licensee must be accredited by an entity approved by the agency by 1 year after the date the marijuana safety compliance facility license is issued or have previously provided drug testing services to this state or this state's court system and be a vendor in good standing in regard to those services

- Licensee must retain and employ at least 1 laboratory manager with a relevant advanced degree in a medical or laboratory science

Marijuana Secure Transporter

- License authorizes the licensee to obtain marijuana from marijuana establishments in order to transport marijuana to marijuana establishments.
- Applicant must have a state operating license under the MMFLA
- Applicant cannot hold ownership interest in a marijuana grower
- Applicant cannot hold ownership interest in a marijuana processor
- Applicant cannot hold ownership interest in a marijuana retailer
- Applicant cannot hold ownership interest in a marijuana microbusiness

New License Types:

Designated Consumption Establishment

- License authorizes the licensee to permit adults 21 years of age and older to consume marijuana products at the location indicated on the state license

Marijuana Event Organizer

- License authorizes the licensee to apply for temporary marijuana event licenses
- Applicant must obtain a temporary marijuana event license before engaging in a temporary marijuana event

Marijuana Microbusiness

- License authorizes the licensee to grow up to 150 marijuana plants; process and package marijuana; and sell marijuana to individuals who are 21 years of age or older
- Applicant must be a Michigan resident
- Applicant cannot hold ownership interest in more than one marijuana microbusiness
- Applicant cannot hold ownership interest in a marijuana grower
- Applicant cannot hold ownership interest in a marijuana processor
- Applicant cannot hold ownership interest in a marijuana retailer
- Applicant cannot hold ownership interest in a marijuana safety compliance facility
- Applicant cannot hold ownership interest in a marijuana secure transporter

Within the **License Type** table, indicate the license type(s) that the individual intends to apply for in step two.

	License Type	Description of License
<input type="checkbox"/>	Class A Marijuana Grower	Licensee is authorized to grow up to 100 marijuana plants. Michigan residency is required before applying.
<input type="checkbox"/>	Class B Marijuana Grower	Licensee is authorized to grow up to 500 marijuana plants. A medical marijuana facility license is required before applying.
<input type="checkbox"/>	Class C Marijuana Grower	Licensee is authorized to grow up to 2,000 marijuana plants. A medical marijuana facility license is required before applying.
<input type="checkbox"/>	Designated Consumption Establishment	Licensee is authorized to allow onsite marijuana consumption at the location indicated on the license.
<input type="checkbox"/>	Marijuana Event Organizer	Licensee is authorized apply for temporary marijuana event licenses.
<input type="checkbox"/>	Marijuana Microbusiness	Licensee is authorized to sell marijuana to consumers aged 21 years or more, process marijuana, and grow up to 150 marijuana plants. Michigan residency is required before applying.
<input type="checkbox"/>	Marijuana Processor	Licensee is authorized to purchase of marijuana from a grower and authorized to sell marijuana-infused products or marijuana to a retailer. A medical marijuana facility license is required before applying.
<input type="checkbox"/>	Marijuana Retailer	Licensee is authorized to sell marijuana to consumers aged 21 years or more. A medical marijuana facility license is required before applying.
<input type="checkbox"/>	Marijuana Safety Compliance Facility	Licensee is authorized to receive marijuana from, test marijuana for, and return marijuana to only a marijuana establishment.
<input type="checkbox"/>	Marijuana Secure Transporter	Licensee is authorized to store and transport marijuana and associated money between marijuana establishments. A medical marijuana facility license is required before applying.

PAGE 2 – DEMOGRAPHIC INFORMATION

In the **MEDICAL MARIJUANA LICENSE INFORMATION** section, select Yes to indicate that the applicant currently holds an active license under the Medical Marijuana Facilities Licensing Act (MMFLA). Provide the state operating license number. For applicants that hold multiple state operating licenses, only one active license number is required.

MEDICAL MARIJUANA LICENSE INFORMATION
 Does the applicant currently hold an active medical marijuana facilities license?
 Yes – State Operating License Number: _____ (E.g., PC-001234; GR-C-000789)
 No – The applicant is not eligible to apply using the fast-tracked application. Please submit the entire Sole Proprietor Prequalification Application and all required supplemental applications.

In the **DEMOGRAPHIC INFORMATION** section, provide the following information for the sole proprietor:

- **Name** of the sole proprietor as it appears on official government documents
- **Mailing address** of the sole proprietor
- **Physical address** of the proposed marijuana establishment, if obtained
- **Doing Business As (DBA)** name of the sole proprietor, if applicable
- **Social Security Number** of the sole proprietor
- **Date of birth** of the sole proprietor
- **Phone number** of the sole proprietor
- **E-mail address** of the sole proprietor
- **Website** of the sole proprietor, if applicable.

DEMOGRAPHIC INFORMATION
 Please provide the following information regarding the sole proprietor seeking a state license.

Sole Proprietor Name (as appears on government issued ID)			Doing Business As (attach copy of filed assumed name certificate, if applicable)		
Mailing Address			Social Security Number		Date of Birth (mm/dd/yyyy)
City			State		Zip Code
Physical Address (of proposed establishment, if available)			Phone		
City			State		Zip Code
Email Address			Website (if available)		

In the **PERSON COMPLETING APPLICATION** section, provide the following information in the corresponding field on the application:

- **Name** of the individual completing the application
- **Mailing address** of the individual completing the application
- **Attorney license number** of the personal completing the application, if applicable
- **Affiliation with the sole proprietor** of the person completing the application
- **Date of birth** of the individual completing the application
- **Company name** of the individual completing the application, if applicable
- **Phone number** of the individual completing the application
- **E-mail address** of the individual completing the application
- **CPA license number** of the person completing the application, if applicable

PERSON COMPLETING APPLICATION
 Please provide the following information regarding the person completing this application.

Name (First, Middle, Last)			Affiliation with Sole Proprietor		Date of Birth (mm/dd/yyyy)
Mailing Address			Company Name (if applicable)		
City			State		Zip Code
Attorney License No. (if applicable)			CPA License No. (if applicable)		

In the ASSOCIATED INDIVIDUALS section, provide the name, social security number, e-mail address, date of birth, and association to the applicant for all managerial employees of the sole proprietor, if applicable, and for the spouse of the sole proprietor, if applicable.

ASSOCIATED INDIVIDUALS
 Please list the spouse of the sole proprietor and all managerial employees. If the sole proprietor does not hold a license under the MMFLA, these individuals will each need to submit a Supplemental Individual Frequalification application. Add additional pages if necessary.

Individual Name	SSN	E-mail Address	Date of Birth	Association to Sole Proprietor (E.g., Spouse or Managerial Employee)

In the SOCIAL EQUITY INFORMATION section, select “Yes” or “No” to indicate if the sole proprietor is applying under the social equity program. If Yes, provide the name(s) and applicant number of the social equity participant(s) in the table provided.

SOCIAL EQUITY INFORMATION
 Is the entity applying under the social equity program? Yes No If you answered yes, provide the information requested below.

Social Equity Participant Name (First, Middle, Last)	Social Equity Applicant Number (E.g., AU-SEA-000001)

PAGE 3 - ATTESTATION 1-A – ACKNOWLEDGMENT, AGREEMENT, AND CONSENT

After reading the attestation, provide the name of the sole proprietor in the applicant blank.

ATTESTATION 1-A
ACKNOWLEDGMENT, AGREEMENT & CONSENT
 (To be signed and submitted by the applicant)

I, _____ (applicant) hereby acknowledge that the Marijuana Regulatory Agency (Agency) may require supplemental materials in order to carry out its statutory duties. The applicant hereby agrees to submit such supplemental materials as requested by the Agency in a timely manner. I acknowledge that failure to correct any notice of deficiency within 5 days of its receipt may result in the denial of an application.

I, as the applicant submitting this application, hereby certify that I do not have an interest in any other state license that is prohibited by the Michigan Regulation and Taxation of Marijuana Act, 2018 IL 1 (MRTMA).

I hereby acknowledge that I am under a continuing duty to promptly disclose to the Agency any changes in the information provided in the application and supporting documents submitted to the Agency. To comply with this requirement, I hereby acknowledge that I must submit a letter to the Agency stating any changes with reference to the specific information within the application to which the changes pertain.

I hereby consent to inspections, searches, and seizures as provided in MRTMA Section 7 and the MRTMA Emergency Rules, and to disclose to the Agency and its agents of otherwise confidential records, including tax records held by any federal, state, or local agency, or credit agency or financial institution, while applying for or holding a state license. This consent is authorization to review and inspect tax records administered under the Michigan Revenue Act, 1941 PA 122.

I affirm, under the penalties of perjury, that the information set forth in this document is true and complete, to the best of my knowledge.

I hereby consent to receive all service of process via electronic service as opposed to certified mail. This consent is valid unless otherwise revoked in writing.

PAGE 4 - ATTESTATION 1-B – VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE

After reading the attestation, provide the name of the sole proprietor in the applicant blank.

In Section 2, provide the name of the contact person who is authorized to speak with the Agency about your application, their e-mail address, and their phone number in the spaces provided on the form.

If you wish to designate more than one contact person, please add additional pages of this form to your application with each contact person on a separate Attestation 1-B form.

NOTE: If an individual contacts MRA about your application and that individual is not a supplemental applicant, not the person completing the application, or not an authorized contact person listed on Attestation 1-B, the Agency will not provide information to that individual.

You may designate as many contact persons as needed.

ATTESTATION 1-B
VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE
(To be signed and submitted by the applicant)

Add additional pages of this form if authorizing more than one contact person.

I, _____ (applicant), confirm the following:

1. I am the individual responsible for submitting this application and have full authority to execute this affidavit of full disclosure.
2. I authorize _____ to be the contact person to the Marijuana Regulatory Agency (Agency) for the purposes of this application for a state license (please provide the information below for the contact person).
E-mail Address: _____ Phone Number: _____
3. I affirm that the information contained in this application is true, complete, and accurate to the best of my knowledge and belief.
4. Except as reported in this application, I have no agreements or understandings with any person or entity and no present intent to hold as agent, nominee or otherwise any interest in the application.
5. Except as reported in this application, I have no agreements or understanding with any person or entity and no present intent to pay any sums of money or give anything of value as, including but without limitation, a finder's fee or commission to any person or entity related to the interest in this application.
6. I understand that the sole proprietor has an ongoing obligation to notify the Agency should the sole proprietor enter into any such agreement contemplated by this attestation.

PAGE 5 - ATTESTATION 1-C – AUTHORIZATION TO RELEASE INFORMATION

After reading the attestation, provide the name of the sole proprietor in the applicant blank.

ATTESTATION 1-C
AUTHORIZATION TO RELEASE INFORMATION
(To be signed and submitted by the applicant)

To all courts, probation departments, selective service boards, employers, educational institutions, banks, financial and other such institutions, and all governmental agencies federal, state and local, without exception, both foreign and domestic:

I, _____ (applicant), authorize the Marijuana Regulatory Agency (Agency) and its agents to conduct a full investigation into the background and activities of the applicant for purposes of determining the applicant's eligibility for a marijuana establishment prequalification and state license.

I understand that by signing this authorization, a financial background check will be performed. I authorize any financial institution to surrender to the Agency a complete and accurate record of such transactions that may have occurred with that institution, including but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal financial records in whatever form and wherever located. I authorize my employers to release any employment information required to validate my financial history. I understand that the financial background check will include a credit history examination and that my credit report, credit history, and credit capacity information will be obtained.

I understand that by signing this authorization, a financial background check of my tax filing and tax obligation status will be performed. I authorize my respective state taxing agency to surrender to the Agency a complete and accurate record of any and all tax information or records relating to me for the purposes of this application. I authorize the Agency to obtain, receive, review, copy, discuss, and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

I understand that by signing this authorization, a criminal history background check will be performed. I authorize the Agency to obtain and use from any source, any information concerning me contained in any type of criminal history record file, wherever located for purposes of completing this application. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and the sentence was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

Therefore, you are hereby authorized to release any and all information pertaining to this applicant, documentary or otherwise, as requested by any employee or agent of the Agency, provided that he or she certifies to you that said applicant has an application pending before the Agency or that said applicant is a licensee or other person required to be qualified under the provisions of the Michigan Regulation and Taxation of Marijuana Act (MRTMA).

This authorization shall supersede any prior request or authorization to the contrary and shall be in effect during the pendency of this application. A photocopy of this authorization will be considered as effective and valid as the original.

PAGE 6 - ATTESTATION 1-D – ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF LIABILITY

After reading the attestation, provide the name of the sole proprietor in the applicant blank.

ATTESTATION 1-D
ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF LIABILITY
(To be signed and submitted by the applicant)

I, _____ (applicant) hereby acknowledge and affirm the following:

Although the State of Michigan has recognized and authorized the use of marijuana pursuant to the Michigan Regulation and Taxation of Marijuana Act, 2018 IL 1, MCL 333.27951 to 333.27967, and has provided for a statewide monitoring system as authorized by Emergency Rules, this state authorized activity remains prohibited by federal law.

I understand that a state license does not insulate or shield me or my business from federal seizure and/or forfeiture as allowed by federal law and does not insulate me from federal criminal arrest and/or prosecution.

I understand that choosing to file an application for a state license and, if issued a license, choosing to establish and operate a marijuana establishment pursuant to that license, is done so at my own risk.

By my signature and attestation to this form, I hereby completely release and forever discharge the State of Michigan, the Michigan Department of Licensing and Regulatory Affairs, the Marijuana Regulatory Agency, and its respective employees, agents, facilities, insurers, indemneors, successors, heirs and/or assigns from any and all past, present or future claims, demands, obligations, actions, causes of action, wrongful death claims, rights, damages, costs, losses of services, expenses and compensation of any nature whatsoever, whether based on a tort, contract or other theory of recovery, which I may now have, or which may hereafter accrue or otherwise be acquired, on account of, or may in any way arise out of my application for a state license and, if issued a license, any operation of a marijuana establishment.

PAGE 7 – ATTESTATION 1-E – ACKNOWLEDGMENT OF INSPECTION REQUIREMENT & AFFIRMATION OF CONTINUOUS, UNINTERRUPTED OWNERSHIP

PART A – After reading the attestation, provide the name of the sole proprietor in the **applicant** blank.

PART B – This section is required for sole proprietors holding a license under the MMLFA. After reading the attestation, provide the name of the sole proprietor in the **applicant** blank.

**ATTESTATION 1-E
ACKNOWLEDGMENT OF INSPECTION REQUIREMENT &
AFFIRMATION OF CONTINUOUS, UNINTERRUPTED OWNERSHIP**
(To be signed and submitted by the applicant)

PART A:

I, _____ (applicant),
acknowledge that I shall have a physical structure ready for inspection so that I may receive a passing inspection by the 60th day
after my complete application is submitted. In the event I do not have a passing inspection by the 60th day, I acknowledge that
my application may be denied.

PART B (applicable to applicants currently licensed under the MMLFA):

I, _____ (applicant),
affirm that the licensee has had continuous, uninterrupted ownership since the application for a medical marijuana facility
license was approved by the Agency. I understand that the ownership structure on this application and any adult-use state license
that I would be issued must be that exact ownership structure and exact supplemental applicants as the entry's state operating
license issued under the Medical Marijuana Facilities Licensing Act (MMFLA). I affirm that the ownership interests of the
license issued under the MMFLA will be the ownership interests for this application and will remain so as required by Section
9 of the Michigan Regulation and Taxation of Marijuana Act (MRTMA).

Further, I understand that all information, documents, and records maintained by the Agency may be used or considered in
furtherance of the MRTMA, and I consent to such use.

If there has been a change to what has been approved by the Agency for the medical marijuana facility license, I understand
that I am required to update that information before I can proceed with this application. I acknowledge that my application may
be denied if I fail to update my medical marijuana facility license.

PAGE 8 – ATTESTATION 1-F – CONFIRMATION OF TAX COMPLIANCE

PART A – The applicant must have this section of the attestation completed by an authorized designee of the Michigan Department of Treasury. The designee will confirm the required information and sign the form if applicable.

**Michigan Department of Treasury
517-636-6925**

Hours: Monday – Friday, 8:00 a.m. to 4:00 p.m.

Failure to submit this attestation with the signature of an authorized Treasury designee will result in a Notice of Deficiency letter. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of your application.

**ATTESTATION 1-F
CONFIRMATION OF TAX COMPLIANCE**

(To be signed by the designee of the Michigan Department of Treasury and submitted by the applicant)

PART A:

I, _____ (designee) of the Michigan Department of Treasury,
hereby confirm to the Marijuana Regulatory Agency (Agency) that the applicant for a state license as named below in part B,
has no delinquency in payments and has satisfied all obligations for any sales, excise, or any other taxes that were to be levied
on the sale of marijuana in accordance with the treasury bulletin titled "Notice to Taxpayers Regarding the Michigan
Regulation and Taxation of Marijuana Act" which was issued January 29, 2019. This attestation is provided in accordance
with the Michigan Regulation and Taxation of Marijuana Act, 2018 IL 1 (MRTMA), and the Emergency Rules.

I further confirm that:

1. The applicant is in good standing with the Michigan Department of Treasury.
2. There are no outstanding obligations for any taxes levied.
3. Any tax delinquencies have been satisfied, if applicable.

Designee Signature

Date

PART B – After reading the attestation, provide the name of the sole proprietor in the **applicant** blank. Provide the sole proprietor's signature, printed name, Social Security Number, and the date in the spaces provided in this section. Ensure a return mailing address is provided so the Department of Treasury is able to return the form.

PART B:

I, _____ (applicant), understand that I am submitting this Attestation in compliance with MRTMA and the Emergency Rules. I hereby attest that the statements confirmed in part A above are true to the best of my knowledge and belief. I further affirm that if I have been making sales, I am registered and remitting sales and excise taxes to the Michigan Department of Treasury, as required.

The Revenue Act, 1941 PA 122, MCL 205.28(1)(f), makes taxpayer information acquired in the administration of a tax confidential. I authorize the Michigan Department of Treasury to furnish tax returns and provide tax return information to the Marijuana Regulatory Agency for the limited purpose of determining my qualification and fitness for licensure under MRTMA. This limited authorization relates to all tax types administered under the Revenue Act. This limited authorization continues for one year from the date of my signature below or until the applicant is no longer licensed, whichever is later.

Signature of Sole Proprietor _____ Date _____
Social Security Number of Sole Proprietor _____
Return Address for Completed Form (This section must be completed)
Name _____
Street Address _____
City, State, Zip Code _____

PAGE 9 - ACKNOWLEDGMENT OF ATTESTATIONS

Do not sign this form until in the presence of a notary. Indicate by checking the boxes that the applicant acknowledges and consents to each attestation.

The sole proprietor should sign this form in the presence of an active notary. In the notary block at the bottom, the applicant signature date and notary signature date must match.

If the notary signature is invalid and/or the dates do not match, you will receive a Notice of Deficiency via e-mail. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of your application.

ACKNOWLEDGMENT OF ATTESTATIONS

(To be signed and submitted by the applicant)
Do not sign until notary is present

I, _____ (applicant), hereby swear, acknowledge, and consent to the following attestations (check all that apply to indicate the applicant's acknowledgment and consent):

- Attestation 1-A: Acknowledgment, Agreement & Consent
- Attestation 1-B: Verification & Affidavit of Full Disclosure (with contact designated, if applicable)
- Attestation 1-C: Authorization to Release Information
- Attestation 1-D: Acknowledgment of Federal Law & Release of Liability
- Attestation 1-E: Acknowledgment of Inspection Requirement & Affirmation of Continuous, Uninterrupted Ownership
- Attestation 1-F: Confirmation of Tax Compliance

Signature of Sole Proprietor _____ Date _____

Subscribed and sworn to by _____ before me on _____
(Name of Sole Proprietor) (Date)
(Notary Public Signature) _____ (Notary Public Printed Name) _____
State of _____ County of _____ Acting in the county of _____ (county) (state)
My commission expires _____

SUPPORTING DOCUMENTS – MMFLA LICENSED SOLE PROPRIETORS

A **social equity plan** is required to be submitted with your application.

This plan must promote and encourage participation in the marijuana industry by people from communities that have been disproportionately impacted by marijuana prohibition and enforcement and to positively impact those communities.

SUBMITTING THE APPLICATION – MMFLA LICENSED SOLE PROPRIETORS

When submitting your application, ensure all application pages and supporting documents are provided. Failure to submit all application pages and supporting documents will result in a Notice of Deficiency letter. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of your application.

Your application and fee can be submitted in person at: **2407 North Grand River Avenue, Lansing, MI 48906**, or submitted via postal mail to:

**Marijuana Regulatory Agency
Adult-Use Establishment Licensing
P.O. Box 30205
Lansing, MI 48909**

If any questions arise while completing the application, please do not hesitate to contact MRA by telephone at:

517-284-8599

Your existing medical marijuana facility licensee adult-use prequalification application should consist of the following application pages:

- Page 1 – Adult-Use License Types & Descriptions
- Page 2 – Demographic Information
- Page 3 – Attestation 1-A – Acknowledgment, Agreement, & Consent
- Page 4 – Attestation 1-B – Verification & Affidavit of Full Disclosure
- Page 5 – Attestation 1-C – Authorization to Release Information
- Page 6 – Attestation 1-D – Acknowledgment of Federal Law & Release of Liability
- Page 7 – Attestation 1-E – Acknowledgment of Inspection Requirement & Affirmation of Continuous, Uninterrupted Ownership
- Page 8 – Attestation 1-F – Confirmation of Tax Compliance
- Page 9 – Acknowledgment of Attestations

Your existing medical marijuana facility licensee adult-use prequalification application should contain the following supporting documents:

- Social equity plan

INDIVIDUAL PREQUALIFICATION – STEP 1

New Marijuana Establishment Applicants

The prequalification application for individuals who are not MMFLA licensees can be found at the following link: [Sole Proprietor Prequalification – Step 1](#).

Download the Sole Proprietor Prequalification – Step 1 application.

APPLICATION CHECKLIST

Ensure you have gathered all items in the New Marijuana Establishment Applicants section of the checklist before submitting your application. Failure to submit any of the required items may result in the denial of your prequalification application.

SOLE PROPRIETOR PREQUALIFICATION – STEP 1	
New Marijuana Establishment Applicants (for sole proprietors who do not have a licensed medical marijuana facility)	
<input type="checkbox"/> \$6,000 Application Fee	
Sole Proprietor Prequalification Application	Supporting Documents
<input type="checkbox"/> Page 1: Adult-Use License Types & Descriptions	Identity Documents
<input type="checkbox"/> Page 2: Demographic Information	<input type="checkbox"/> Copy of government issued ID
<input type="checkbox"/> Page 3: Attestation 1-A – Acknowledgment, Agreement, & Consent	<input type="checkbox"/> DBA documentation (if applicable) (obtained at county-level)
<input type="checkbox"/> Page 4: Attestation 1-B – Verification & Affidavit of Full Disclosure	<input type="checkbox"/> Social equity plan
<input type="checkbox"/> Page 5: Attestation 1-C – Authorization to Release Information	Tax/Financial Documents
<input type="checkbox"/> Page 6: Attestation 1-D – Acknowledgment of Federal Law & Release of Liability	<input type="checkbox"/> W2s and/or 1099s for the past 12 months (if no W2s or 1099s exist, submit an explanation)
<input type="checkbox"/> Page 7: Attestation 1-E – Acknowledgment of Inspection Requirement & Affirmation of Continuous, Uninterrupted Ownership	<input type="checkbox"/> Copy of notice of tax liability due (if applicable)
<input type="checkbox"/> Page 8: Attestation 1-F – Confirmation of Tax Compliance	<input type="checkbox"/> Additional information regarding history of tax compliance (if applicable)
<input type="checkbox"/> Page 9: Acknowledgment of Attestations (signed and notarized)	Regulation Documents
<input type="checkbox"/> Page 10: Disclosure S-1 – Sole Proprietor Information	<input type="checkbox"/> Copy of marijuana licenses (if applicable)
<input type="checkbox"/> Page 11: Disclosure S-2 – Tax & Tax Compliance	<input type="checkbox"/> Summary of facts and circumstances concerning license denial, restriction, suspension, revocation, or nonrenewal (if applicable)
<input type="checkbox"/> Pages 12-13: Disclosure S-3 – Government Regulation	Civil & Criminal Litigation History
<input type="checkbox"/> Pages 14-15: Disclosure S-4 – Civil & Criminal Litigation History	<input type="checkbox"/> Copy of litigation documents (if applicable)
	<input type="checkbox"/> Copy of criminal history documents (if applicable)
<input type="checkbox"/> SUPPLEMENTAL APPLICATIONS (if applicable)	
Managerial employees and spouses of sole proprietors are required to submit SUPPLEMENTAL INDIVIDUAL PREQUALIFICATION applications.	
Existing Medical Marijuana Facility Licensees (for sole proprietors who have a licensed medical marijuana facility)	
<input type="checkbox"/> \$6,000 Application Fee	
Sole Proprietor Prequalification Application	
<input type="checkbox"/> Page 1: Adult-Use License Types & Descriptions	
<input type="checkbox"/> Page 2: Demographic Information	
<input type="checkbox"/> Page 3: Attestation 1-A – Acknowledgment, Agreement, & Consent	
<input type="checkbox"/> Page 4: Attestation 1-B – Verification & Affidavit of Full Disclosure	
<input type="checkbox"/> Page 5: Attestation 1-C – Authorization to Release Information	
<input type="checkbox"/> Page 6: Attestation 1-D – Acknowledgment of Federal Law & Release of Liability	
<input type="checkbox"/> Page 7: Attestation 1-E – Acknowledgment of Inspection Requirement & Affirmation of Continuous, Uninterrupted Ownership	
<input type="checkbox"/> Page 8: Attestation 1-F – Confirmation of Tax Compliance	
<input type="checkbox"/> Page 9: Acknowledgment of Attestations (signed and notarized)	
Supporting Documents	
<input type="checkbox"/> Social equity plan	
NO SUPPLEMENTAL APPLICATIONS REQUIRED	
Managerial employees and spouses should already be prequalified and will not have to submit prequalification applications.	

PAGE 1 - ADULT-USE LICENSE TYPES & DESCRIPTIONS

Within the License Type table, indicate the license type(s) that the individual intends to apply for in step two.

License Type	Description of License
<input type="checkbox"/> Class A Marijuana Grower	Licensee is authorized to grow up to 100 marijuana plants. Michigan residency is required before applying.
<input type="checkbox"/> Class B Marijuana Grower	Licensee is authorized to grow up to 500 marijuana plants. A medical marijuana facility license is required before applying.
<input type="checkbox"/> Class C Marijuana Grower	Licensee is authorized to grow up to 2,000 marijuana plants. A medical marijuana facility license is required before applying.
<input type="checkbox"/> Designated Consumption Establishment	Licensee is authorized to allow onsite marijuana consumption at the location indicated on the license.
<input type="checkbox"/> Marijuana Event Organizer	Licensee is authorized apply for temporary marijuana event licenses.
<input type="checkbox"/> Marijuana Microbusiness	Licensee is authorized to sell marijuana to consumers aged 21 years or more, process marijuana, and grow up to 150 marijuana plants. Michigan residency is required before applying.
<input type="checkbox"/> Marijuana Processor	Licensee is authorized to purchase of marijuana from a grower and authorized to sell marijuana-infused products or marijuana to a retailer. A medical marijuana facility license is required before applying.
<input type="checkbox"/> Marijuana Retailer	Licensee is authorized to sell marijuana to consumers aged 21 years or more. A medical marijuana facility license is required before applying.
<input type="checkbox"/> Marijuana Safety Compliance Facility	Licensee is authorized to receive marijuana from, test marijuana for, and return marijuana to only a marijuana establishment.
<input type="checkbox"/> Marijuana Secure Transporter	Licensee is authorized to store and transport marijuana and associated money between marijuana establishments. A medical marijuana facility license is required before applying.

The following license types are available to new applicants who do not have a licensed medical marijuana facility:

Class A Marijuana Grower

- License authorizes licensee to grow up to 100 marijuana plants
- License authorizes licensee to sell marijuana plants to marijuana retailers and marijuana processors
- Applicant must be a Michigan resident
- Applicant cannot hold ownership interest in a marijuana safety compliance facility
- Applicant cannot hold ownership interest in a marijuana secure transporter
- Applicant cannot hold ownership interest in a marijuana microbusiness
- License cannot be stacked

Designated Consumption Establishment

- License authorizes the licensee to permit adults 21 years of age and older to consume marijuana products at the location indicated on the state license

Marijuana Event Organizer

- License authorizes the licensee to apply for temporary marijuana event licenses
- Applicant must obtain a temporary marijuana event license before engaging in a temporary marijuana event

Marijuana Microbusiness

- License authorizes the licensee to grow up to 150 marijuana plants; process and package marijuana; and sell marijuana to individuals who are 21 years of age or older
- Applicant must be a Michigan resident
- Applicant cannot hold ownership interest in more than one marijuana microbusiness
- Applicant cannot hold ownership interest in a marijuana grower
- Applicant cannot hold ownership interest in a marijuana processor
- Applicant cannot hold ownership interest in a marijuana retailer
- Applicant cannot hold ownership interest in a marijuana safety compliance facility
- Applicant cannot hold ownership interest in a marijuana secure transporter

Marijuana Safety Compliance Facility

- License authorizes the licensee to test marijuana, including certification for potency and the presence of contaminants
- Applicant cannot hold ownership interest in a marijuana grower
- Applicant cannot hold ownership interest in a marijuana processor
- Applicant cannot hold ownership interest in a marijuana retailer
- Applicant cannot hold ownership interest in a marijuana microbusiness
- Licensee must be accredited by an entity approved by the agency by 1 year after the date the marijuana safety compliance facility license is issued or have previously provided drug testing services to this state or this state's court system and be a vendor in good standing in regard to those services
- Licensee must retain and employ at least 1 laboratory manager with a relevant advanced degree in a medical or laboratory science

PAGE 2 – DEMOGRAPHIC INFORMATION

In the **MEDICAL MARIHUANA LICENSE INFORMATION** section, select No to indicate that the does not applicant currently hold an active license under the Medical Marihuana Facilities Licensing Act (MMFLA).

MEDICAL MARIJUANA LICENSE INFORMATION
 Does the applicant currently hold an active medical marihuana facilities license?
 Yes – State Operating License Number: _____ (E.g., PC-001234; GR-C-000789)
 No – The applicant is not eligible to apply using the fast-tracked application. Please submit the entire Sole Proprietor Prequalification Application and all required supplemental applications.

In the **DEMOGRAPHIC INFORMATION** section, provide the following information for the sole proprietor:

- **Name** of the sole proprietor as it appears on official government documents
- **Mailing address** of the sole proprietor
- **Physical address** of the proposed marijuana establishment, if obtained
- **Doing Business As (DBA)** name of the sole proprietor, if applicable
- **Social Security Number** of the sole proprietor
- **Date of birth** of the sole proprietor
- **Phone number** of the sole proprietor
- **E-mail address** of the sole proprietor
- **Website** of the sole proprietor, if applicable.

DEMOGRAPHIC INFORMATION
 Please provide the following information regarding the sole proprietor seeking a state license.

Sole Proprietor Name (as appears on government issued ID)			Doing Business As (attach copy of filed assumed name certificate, if applicable)		
Mailing Address			Social Security Number		Date of Birth (mm dd/yyyy)
City	State	Zip Code	Phone		
Physical Address (of proposed establishment, if available)			Email Address		
City	State	Zip Code	Website (if available)		

In the **PERSON COMPLETING APPLICATION** section, provide the following information in the corresponding field on the application:

- **Name** of the individual completing the application
- **Mailing address** of the individual completing the application
- **Attorney license number** of the personal completing the application, if applicable
- **Affiliation with the sole proprietor** of the person completing the application
- **Date of birth** of the individual completing the application

- **Company name** of the individual completing the application, if applicable
- **Phone number** of the individual completing the application
- **E-mail address** of the individual completing the application
- **CPA license number** of the person completing the application, if applicable

PERSON COMPLETING APPLICATION

Please provide the following information regarding the person completing this application.

Name (First, Middle, Last)			Affiliation with Sole Proprietor		Date of Birth (mm/dd/yyyy)
Mailing Address			Company Name (if applicable)		
City	State	Zip Code	Phone	Email Address	
Attorney License No. (if applicable)			CPA License No. (if applicable)		

In the **ASSOCIATED INDIVIDUALS** section, provide the name, social security number, e-mail address, date of birth, and association to the applicant for all managerial employees of the sole proprietor, if applicable, and for the spouse of the sole proprietor, if applicable.

ASSOCIATED INDIVIDUALS

Please list the spouse of the sole proprietor and all managerial employees. If the sole proprietor does not hold a license under the MMFLA, these individuals will each need to submit a Supplemental Individual Prequalification application. Add additional pages if necessary.

Individual Name	SSN	E-mail Address	Date of Birth	Association to Sole Proprietor (E.g., Spouse or Managerial Employee)

In the **SOCIAL EQUITY INFORMATION** section, select “Yes” or “No” to indicate if the sole proprietor is applying under the social equity program. If Yes, provide the name(s) and applicant number of the social equity participant(s) in the table provided.

SOCIAL EQUITY INFORMATION

Is the entity applying under the social equity program? Yes No If you answered **yes**, provide the information requested below.

Social Equity Participant Name (First, Middle, Last)	Social Equity Applicant Number (E.g., AU-SEA-000001)

PAGE 3 - ATTESTATION 1-A – ACKNOWLEDGMENT, AGREEMENT, AND CONSENT

After reading the attestation, provide the name of the sole proprietor in the **applicant** blank.

ATTESTATION 1-A
ACKNOWLEDGMENT, AGREEMENT & CONSENT
(To be signed and submitted by the applicant)

I, (applicant) hereby acknowledge that the Marijuana Regulatory Agency (Agency) may require supplemental materials in order to carry out its statutory duties. The applicant hereby agrees to submit such supplemental materials as requested by the Agency in a timely manner. I acknowledge that failure to correct any notice of deficiency within 5 days of its receipt may result in the **denial** of an application.

I, as the applicant submitting this application, hereby certify that I do not have an interest in any other state license that is prohibited by the Michigan Regulation and Taxation of Marijuana Act, 2018 IL 1 (MRTMA).

I hereby acknowledge that I am under a continuing duty to promptly disclose to the Agency any changes in the information provided in the application and supporting documents submitted to the Agency. To comply with this requirement, I hereby acknowledge that I must submit a letter to the Agency stating any changes with reference to the specific information within the application to which the changes pertain.

I hereby consent to inspections, searches, and seizures as provided in MRTMA Section 7 and the MRTMA Emergency Rules, and to disclose to the Agency and its agents of otherwise confidential records, including tax records held by any federal, state, or local agency, or credit agency or financial institution, while applying for or holding a state license. This consent is authorization to review and inspect tax records administered under the Michigan Revenue Act, 1941 PA 122.

I affirm, under the penalties of perjury, that the information set forth in this document is true and complete, to the best of my knowledge.

I hereby consent to receive all service of process via electronic service as opposed to certified mail. This consent is valid unless otherwise revoked in writing.

PAGE 4 - ATTESTATION 1-B – VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE

After reading the attestation, provide the name of the sole proprietor in the **applicant** blank.

In Section 2, provide the name of the contact person who is authorized to speak with the Agency about your application, their e-mail address, and their phone number in the spaces provided on the form.

If you wish to designate more than one contact person, please add additional pages of this form to your application with each contact person on a separate Attestation 1-B form.

NOTE: If an individual contacts MRA about your application and that individual is not a supplemental applicant, not the person completing the application, or not an authorized contact person listed on Attestation 1-B, the Agency will not provide information to that individual.

You may designate as many contact persons as needed.

ATTESTATION 1-B
VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE
(To be signed and submitted by the applicant)

Add additional pages of this form if authorizing more than one contact person.

I, _____ (applicant),
confirm the following:

1. I am the individual responsible for submitting this application and have full authority to execute this affidavit of full disclosure.
2. I authorize _____ to be the contact person to the Marijuana Regulatory Agency (Agency) for the purposes of this application for a state license (please provide the information below for the contact person).
E-mail Address: _____ Phone Number: _____
3. I affirm that the information contained in this application is true, complete, and accurate to the best of my knowledge and belief.
4. Except as reported in this application, I have no agreements or understandings with any person or entity and no present intent to hold as agent, nominee or otherwise any interest in the application.
5. Except as reported in this application, I have no agreements or understanding with any person or entity and no present intent to pay any sums of money or give anything of value as, including but without limitation, a finder's fee or commission to any person or entity related to the interest in this application.
6. I understand that the sole proprietor has an ongoing obligation to notify the Agency should the sole proprietor enter into any such agreement contemplated by this attestation.

PAGE 5 - ATTESTATION 1-C – AUTHORIZATION TO RELEASE INFORMATION

After reading the attestation, provide the name of the sole proprietor in the **applicant** blank.

ATTESTATION 1-C
AUTHORIZATION TO RELEASE INFORMATION
(To be signed and submitted by the applicant)

To all courts, probation departments, selective service boards, employers, educational institutions, banks, financial and other such institutions, and all governmental agencies federal, state and local, without exception, both foreign and domestic:

I, _____ (applicant),
authorize the Marijuana Regulatory Agency (Agency) and its agents to conduct a full investigation into the background and activities of the applicant for purposes of determining the applicant's eligibility for a marijuana establishment prequalification and state license.

I understand that by signing this authorization, a financial background check will be performed. I authorize any financial institution to surrender to the Agency a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal financial records in whatever form and wherever located. I authorize my employers to release any employment information required to validate my financial history. I understand that the financial background check will include a credit history examination and that my credit report, credit history, and credit capacity information will be obtained.

I understand that by signing this authorization, a financial background check of my tax filing and tax obligation status will be performed. I authorize my respective state taxing agency to surrender to the Agency a complete and accurate record of any and all tax information or records relating to me for the purposes of this application. I authorize the Agency to obtain, receive, review, copy, discuss, and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

I understand that by signing this authorization, a criminal history background check will be performed. I authorize the Agency to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located for purposes of completing this application. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and the sentence was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

Therefore, you are hereby authorized to release any and all information pertaining to this applicant, documentary or otherwise, as requested by any employee or agent of the Agency, provided that he or she certifies to you that said applicant has an application pending before the Agency or that said applicant is a licensee or other person required to be qualified under the provisions of the Michigan Regulation and Taxation of Marijuana Act (MRTMA).

This authorization shall supersede any prior request or authorization to the contrary and shall be in effect during the pendency of this application. A photocopy of this authorization will be considered as effective and valid as the original.

PAGE 6 - ATTESTATION 1-D – ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF LIABILITY

After reading the attestation, provide the name of the sole proprietor in the applicant blank.

ATTESTATION 1-D
ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF LIABILITY
(To be signed and submitted by the applicant)

I, _____ (applicant)
hereby acknowledge and affirm the following:

Although the State of Michigan has recognized and authorized the use of marijuana pursuant to the Michigan Regulation and Taxation of Marijuana Act, 2018 IL 1, MCL 333.27951 to 333.27967, and has provided for a statewide monitoring system as authorized by Emergency Rules, this state authorized activity remains prohibited by federal law.

I understand that a state license does not insulate or shield me or my business from federal seizure and/or forfeiture as allowed by federal law and does not insulate me from federal criminal arrest and/or prosecution.

I understand that choosing to file an application for a state license and, if issued a license, choosing to establish and operate a marijuana establishment pursuant to that license, is done so at my own risk.

By my signature and attestation to this form, I hereby completely release and forever discharge the State of Michigan, the Michigan Department of Licensing and Regulatory Affairs, the Marijuana Regulatory Agency, and its respective employees, agents, facilities, insurers, indemnors, successors, heirs and/or assigns from any and all past, present or future claims, demands, obligations, actions, causes of action, wrongful death claims, rights, damages, costs, losses of services, expenses and compensation of any nature whatsoever, whether based on a tort, contract or other theory of recovery, which I may now have, or which may hereafter accrue or otherwise be acquired, on account of, or may in any way arise out of my application for a state license and, if issued a license, my operation of a marijuana establishment.

PAGE 7 – ATTESTATION 1-E – ACKNOWLEDGMENT OF INSPECTION REQUIREMENT & AFFIRMATION OF CONTINUOUS, UNINTERRUPTED OWNERSHIP

PART A – After reading the attestation, provide the name of the sole proprietor in the applicant blank.

PART B – This section is not applicable for applicant that do not hold a medical marijuana facilities license.

ATTESTATION 1-E
ACKNOWLEDGMENT OF INSPECTION REQUIREMENT & AFFIRMATION OF CONTINUOUS, UNINTERRUPTED OWNERSHIP
(To be signed and submitted by the applicant)

PART A:
I, _____ (applicant),
acknowledge that I shall have a physical structure ready for inspection so that I may receive a passing inspection by the 60th day after my complete application is submitted. In the event I do not have a passing inspection by the 60th day, I acknowledge that my application may be denied.

PART B (applicable to applicants currently licensed under the MMFLA):
I, _____ (applicant),
affirm that the licensee has had continuous, uninterrupted ownership since the application for a medical marijuana facility license was approved by the Agency. I understand that the ownership structure on this application and any adult-use state license that I would be issued must be that exact ownership structure and exact supplemental applicants as the entity's state operating license issued under the Medical Marijuana Facilities Licensing Act (MMFLA). I affirm that the ownership interests of the license issued under the MMFLA will be the ownership interests for this application and will remain so as required by Section 9 of the Michigan Regulation and Taxation of Marijuana Act (MRTMA).

Further, I understand that all information, documents, and records maintained by the Agency may be used or considered in furtherance of the MRTMA, and I consent to such use.

If there has been a change to what has been approved by the Agency for the medical marijuana facility license, I understand that I am required to update that information before I can proceed with this application. I acknowledge that my application may be denied if I fail to update my medical marijuana facility license.

PAGE 8 – ATTESTATION 1-F – CONFIRMATION OF TAX COMPLIANCE

PART A – The applicant must have this section of the attestation completed by an authorized designee of the Michigan Department of Treasury. The designee will confirm the required information and sign the form if applicable.

Michigan Department of Treasury
517-636-6925
Hours: Monday – Friday, 8:00 a.m. to 4:00 p.m.

Failure to submit this attestation with the signature of an authorized Treasury designee will result in a Notice of Deficiency letter. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of your application.

**ATTESTATION 1-F
CONFIRMATION OF TAX COMPLIANCE**

(To be signed by the designee of the Michigan Department of Treasury and submitted by the applicant)

PART A:

I, [redacted] (designee) of the Michigan Department of Treasury, hereby confirm to the Marijuana Regulatory Agency (Agency) that the applicant for a state license as named below in part B, has no delinquency in payments and has satisfied all obligations for any sales, excise, or any other taxes that were to be levied on the sale of marijuana in accordance with the treasury bulletin titled "Notice to the Taxpayers Regarding the Michigan Regulation and Taxation of Marijuana Act" which was issued January 29, 2019. This attestation is provided in accordance with the Michigan Regulation and Taxation of Marijuana Act, 2018 IL 1 (MRTMA), and the Emergency Rules.

I further confirm that:

1. The applicant is in good standing with the Michigan Department of Treasury.
2. There are no outstanding obligations for any taxes levied.
3. Any tax delinquencies have been satisfied, if applicable.

[redacted]
Designee Signature

[redacted]
Date

PART B – After reading the attestation, provide the name of the sole proprietor in the **applicant** blank. Provide the sole proprietor’s signature, printed name, Social Security Number, and the date in the spaces provided in this section. Ensure a return mailing address is provided so the Department of Treasury is able to return the form.

PART B:

I, [redacted] (applicant), understand that I am submitting this Attestation in compliance with MRTMA and the Emergency Rules. I hereby attest that the statements confirmed in part A above are true to the best of my knowledge and belief. I further affirm that if I have been making sales, I am registered and remitting sales and excise taxes to the Michigan Department of Treasury, as required.

The Revenue Act, 1941 PA 122, MCL 205.28(1)(f), makes taxpayer information acquired in the administration of a tax confidential. I authorize the Michigan Department of Treasury to furnish tax returns and provide tax return information to the Marijuana Regulatory Agency for the limited purpose of determining my qualification and fitness for licensure under MRTMA. This limited authorization relates to all tax types administered under the Revenue Act. This limited authorization continues for one year from the date of my signature below or until the applicant is no longer licensed, whichever is later.

Signature of Sole Proprietor

[redacted]
Date

[redacted]
Social Security Number of Sole Proprietor

Return Address for Completed Form
(This section must be completed)

[redacted]
Name
[redacted]
Street Address
[redacted]
City, State, Zip Code

PAGE 9 - ACKNOWLEDGMENT OF ATTESTATIONS

Do not sign this form until in the presence of a notary. Indicate by checking the boxes that the applicant acknowledges and consents to each attestation.

The sole proprietor should sign this form in the presence of an active notary. In the notary block at the bottom, the applicant signature date and notary signature date must match.

If the notary signature is invalid and/or the dates do not match, you will receive a Notice of Deficiency via e-mail. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of your application.

ACKNOWLEDGMENT OF ATTESTATIONS

(To be signed and submitted by the applicant)
Do not sign until notary is present

I, [redacted] (applicant), hereby swear, acknowledge, and consent to the following attestations (check all that apply to indicate the applicant’s acknowledgment and consent):

- Attestation 1-A: Acknowledgment, Agreement & Consent
- Attestation 1-B: Verification & Affidavit of Full Disclosure (with contact designated, if applicable)
- Attestation 1-C: Authorization to Release Information
- Attestation 1-D: Acknowledgment of Federal Law & Release of Liability
- Attestation 1-E: Acknowledgment of Inspection Requirement & Affirmation of Continuous, Uninterrupted Ownership
- Attestation 1-F: Confirmation of Tax Compliance

Signature of Sole Proprietor

[redacted]
Date

Subscribed and sworn to by [redacted] before me on [redacted]
(Name of Sole Proprietor) (Date)

(Notary Public Signature) [redacted]
(Notary Public Printed Name)

State of [redacted] County of [redacted] Acting in the county of [redacted] [redacted]
(county) (state)

My commission expires [redacted]

PAGE 10 - DISCLOSURE S-1 – SOLE PROPRIETOR INFORMATION

The sole proprietor’s name and phone number should auto-populate onto the top of this disclosure based on the information provided in the Demographic Information section of the application. If the information did not auto-populate, write the sole proprietor’s name and phone number on the top of the form in the space provided.

DISCLOSURE S-1—SOLE PROPRIETOR INFORMATION

Sole Proprietor Name	Phone No.
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Section (1) **MICHIGAN RESIDENCY** – Check “Yes” or “No” to indicate if the sole proprietor is a resident of Michigan.

(1) MICHIGAN RESIDENCY
Is the sole proprietor a resident of Michigan?
 Yes
 No

Section (2) **SOLE PROPRIETOR PRIOR NAMES** – Provide any prior names used by the sole proprietor during the past three years. Add additional pages of this disclosure form if necessary. If the sole proprietor has not had any previous names, this section can be left blank.

(2) SOLE PROPRIETOR PRIOR NAMES
Provide any prior name used by the sole proprietor during the past 3 years, if applicable. Add additional pages if necessary to this form.

Prior Name	Date Use Began	Date Use Ceased
Prior Name	Date Use Began	Date Use Ceased
Prior Name	Date Use Began	Date Use Ceased

Section (3) **SOLE PROPRIETOR PRIOR ADDRESSES** – Provide any prior addresses used by the sole proprietor during the past three years. Add additional pages of this disclosure form if necessary. If the sole proprietor has not had any previous addresses, this section can be left blank.

(3) SOLE PROPRIETOR PRIOR ADDRESSES
Provide any prior address used by the sole proprietor during the past 3 years, if applicable. Add additional pages if necessary to this form.

Prior Street Address	City, State, Zip	Date Use Began	Date Use Ceased
Prior Street Address	City, State, Zip	Date Use Began	Date Use Ceased
Prior Street Address	City, State, Zip	Date Use Began	Date Use Ceased

Disclosure S-1 – Required Supporting Documents

The following items are required for each sole proprietor in relation to the Sole Proprietor Information disclosure:

- A copy of the sole proprietor’s **government issued ID** (e.g., driver’s license)
- If the sole proprietor is using an assumed name/fictitious name/DBA, a copy of the **DBA documentation**, if applicable. This document is obtained at the county-level.
- A copy of the sole proprietor’s **social equity plan** which details how the sole proprietor plans promote and encourage participation in the marijuana industry by people from communities that have been disproportionately impacted by marijuana prohibition and enforcement and to positively impact those communities.

PAGE 11 - DISCLOSURE S-2 – TAX & TAX COMPLIANCE QUESTIONS

PAGE 11 - The sole proprietor’s name and phone number should be auto-populated onto the top of this form. If the information did not auto-populate, write the sole proprietor’s name and phone number on the top of the form in the spaces provided.

DISCLOSURE S-2—TAX & TAX COMPLIANCE

Sole Proprietor Name	Phone No.

In Section (1), list all federal, state, local, and foreign taxing agencies in which the applicant was subject to taxation for the past 12 months.

(1) List all federal, state, local, and foreign jurisdictions in which the sole proprietor was subject to taxation during the last year. Add additional pages if necessary.

Taxing Agency	Type of Tax
Taxing Agency	Type of Tax
Taxing Agency	Type of Tax
Taxing Agency	Type of Tax

E.g., “Taxing Agency” = *IRS*, “Type of Tax” = *Federal Income Tax*;

E.g., “Taxing Agency” = *Michigan Department of Treasury*, Type of Tax = *State Income Tax, Sales Tax*

In Section (2), indicate if the applicant has had a tax complaint filed against them or been served with a notice regarding a tax delinquency by selecting “Yes” or “No” to this question.

If you indicate Yes, provide the taxing agency, type of tax, tax period, and amount of the delinquent tax payment in the space(s) provided in this section.

(2) Has the sole proprietor ever been served with, or had filed against them, a complaint or other notice regarding the delinquent payment of any tax required under federal, state, local, or foreign jurisdictions?

Yes No

If you answered **yes**, provide the requested information for each delinquent tax payment and provide all applicable required supporting documents stated below.

Taxing Agency	Type of Tax	Tax Year	Amount
Taxing Agency	Type of Tax	Tax Year	Amount
Taxing Agency	Type of Tax	Tax Year	Amount
Taxing Agency	Type of Tax	Tax Year	Amount

Disclosure S-2 – Required Supporting Documents

The following items are required for each sole proprietor in relation to the Tax & Tax Compliance disclosure:

- A copy of the sole proprietor’s **W2s or/and 1099s** for the past 12 months.
- If W2s or 1099s do not exist, submit an **explanation as to why W2s or 1099s do not exist**. (E.g., A letter stating, “Person 1 is retired and therefore did not receive W2s or 1099s during the past 12 months”)
- If the sole proprietor has been served with or had filed against them a tax complaint or other notice regarding a delinquent tax payment, a copy of any **notice of tax liability due in any jurisdiction**.
- If the sole proprietor has been served with or had filed against them a tax complaint or other notice regarding a delinquent tax payment, an **explanation or additional information regarding their history of tax compliance that will assist in the processing of the application**.

PAGES 12-13 - DISCLOSURE S-3 – GOVERNMENT REGULATION

PAGE 12 - The sole proprietor’s name and phone number should be auto-populated onto the top of this form. If the information did not auto-populate, write the sole proprietor’s name and phone number on the top of the form in the spaces provided.

DISCLOSURE S-3—GOVERNMENT REGULATION

<input style="width: 95%; height: 15px;" type="text"/> <small>Sole Proprietor Name</small>	<input style="width: 95%; height: 15px;" type="text"/> <small>Phone No.</small>
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Select “Yes” or “No” in response to the three questions in the top section of the page.

If the sole proprietor is subject to regulation by a public agency (holds any license, certificate, permit, etc. which is regulated by a department of a local, state, federal, or foreign government (e.g. *liquor license, building permit, sales tax license, other marijuana licenses, concealed carry permits, chauffer’s licenses, etc.*)), answer “Yes” to the first question.

If Yes, disclose any marijuana businesses in Section (1) **MARIJUANA BUSINESS INTERESTS** and any other regulation type in Section (2) **COMMERCIAL LICENSES OR CERTIFICATES**.

Is the sole proprietor subject to government regulation in any jurisdiction?

Yes No

If the sole proprietor holds any commercial licenses (e.g. *food establishment license, retail gas outlet license, marijuana license, liquor license, commercial driver’s license, etc.*) answer “Yes” to the second question. If Yes, disclose any marijuana businesses in Section (1) **MARIJUANA BUSINESS INTERESTS** and any other regulation type in Section (2) **COMMERCIAL LICENSES OR CERTIFICATES**.

Does the sole proprietor hold any commercial licenses? (Not including the license they are currently applying for)

Yes No

If the sole proprietor has ever applied for a license or certificate that was denied, or if the sole proprietor has ever been granted a license or certificate that has been restricted, suspended, revoked, or not renewed—answer “Yes” to the third question. If Yes, disclose these licenses in Section (3) **COMMERCIAL LICENSES OR CERTIFICATES DENIED, RESTRICTED, SUSPENDED, REVOKED, OR NOT RENEWED** on the second page of this disclosure.

Has the sole proprietor ever applied for or been granted any commercial license or certificate issued by a licensing authority in any jurisdiction that has been denied, restricted, suspended, revoked, or not renewed?

Yes No

If the answer to all three of these questions is No, you are finished with this disclosure.

In Section (1) **MARIJUANA BUSINESS INTERESTS**, list any marijuana business in which the sole proprietor has any direct or indirect equity interest. For each marijuana business, provide the business entity’s name, license number, and the state of license issuance. If the sole proprietor does not own other marijuana businesses, this section can be left blank.

(1) MARIJUANA BUSINESS INTERESTS

Provide the requested information any interest that the sole proprietor has in any other corporation, partnership, sole proprietorship, or other business entity that is directly or indirectly involved in the *growing, processing, testing, transporting, or sale of marijuana*. Add additional pages if necessary.

<small>Marijuana Business Entity Name</small>	<small>License Number</small>	<small>State of Issuance</small>	<small>Country of Issuance</small>
<small>Marijuana Business Entity Name</small>	<small>License Number</small>	<small>State of Issuance</small>	<small>Country of Issuance</small>
<small>Marijuana Business Entity Name</small>	<small>License Number</small>	<small>State of Issuance</small>	<small>Country of Issuance</small>

In Section (2) **COMMERCIAL LICENSES OR CERTIFICATES**, list any (non-marijuana) commercial licenses or certificates held by the applicant.

(2) **COMMERCIAL LICENSES OR CERTIFICATES**
Provide the requested information for all commercial licenses or certificates held by the sole proprietor. Add additional pages if necessary.

License or Certificate Type	License No. or Other Identifying No.	Issuing Agency
License or Certificate Type	License No. or Other Identifying No.	Issuing Agency
License or Certificate Type	License No. or Other Identifying No.	Issuing Agency

Ex. "License or Certificate Type" = *Liquor license*, "License No. or Other Identifying No." = *RQ-1810-12345*, "Issuing Agency" = *Michigan Liquor Control Commission*

Ex. "License or Certificate Type" = *Sales tax license*, "License No. or Other Identifying No." = *89-6745231*, "Issuing Agency" = *Michigan Department of Treasury*

PAGE 13 – The sole proprietor’s name and phone number should be auto-populated onto the top of this form. If the information did not auto-populate, write the sole proprietor’s name and phone number on the top of the form in the spaces provided.

DISCLOSURE S-3 – GOVERNMENT REGULATION, CONTINUED

Sole Proprietor Name	Phone No.
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In Section (3) **COMMERCIAL LICENSES OR CERTIFICATES DENIED, RESTRICTED, SUSPENDED, REVOKED, OR NOT RENEWED**, list any license or certificate that was applied for and denied, and list any license or certificate that has been restricted, suspended, revoked, or not renewed.

(3) **COMMERCIAL LICENSES OR CERTIFICATES DENIED, RESTRICTED, SUSPENDED, REVOKED, OR NOT RENEWED**

Provide the requested information for all commercial licenses or certificates with which the sole proprietor has had an application or license denied, restricted, suspended, revoked, or not renewed. Add additional pages if necessary.

License or Certificate Type	License No. or Other Identifying No.	Issuing Agency
Action Taken	Reason for the Action	Date Action Taken
License or Certificate Type	License No. or Other Identifying No.	Issuing Agency
Action Taken	Reason for the Action	Date Action Taken
License or Certificate Type	License No. or Other Identifying No.	Issuing Agency
Action Taken	Reason for the Action	Date Action Taken

"Action Taken" = *denied, restricted, suspended, revoked, or not renewed*

In Section (4) **GOVERNMENT EMPLOYMENT**, select "Yes" or "No" in response to the three questions in this section related to government employment. If the answer to all three questions is No, you are done with this disclosure. If the answer to any of the questions is Yes, write an explanation in the space provided. (E.g., "I am a state employee within the Licensing and Regulatory Affairs division.")

(4) **GOVERNMENT EMPLOYMENT**

Do any of the following apply to the sole proprietor?

- Yes No Employee, advisor, or consultant of the Marijuana Regulatory Agency
- Yes No Holds an elective office of a governmental unit of this state, another state, or the federal government
- Yes No Member of or employed by a regulatory body of a governmental unit of this or any state or the federal government

If yes, provide an explanation below:

Disclosure S-3 –Required Supporting Documents

The following items are required for each sole proprietor in relation to the Government Regulation disclosure:

- A copy of any **marijuana license** held, if applicable.
- A summary of **facts and circumstances concerning any licenses or certificate that has been denied, restricted, suspended, revoked, or not renewed.**

PAGES 14 – 15 - DISCLOSURE S-4 – CRIMINAL & CIVIL LITIGATION HISTORY

Page 14 relates to civil litigation history. The sole proprietor’s name and phone number should be auto-populated onto the top of this form. If the information did not auto-populate, write the sole proprietor’s name and phone number on the top of the form in the spaces provided.

DISCLOSURE S-4—CRIMINAL & CIVIL LITIGATION HISTORY

Sole Proprietor Name	Phone No.

Select “Yes” or “No” to indicate if the applicant has been a party to any litigation during the past five years. If Yes, complete the table in Section (1). For any cases that are currently pending, provide an explanation in Section (2).

If No, you are done with this page of Disclosure S-4.

Has the sole proprietor been a party to any litigation during the past five years?

- Yes No

If you answered **YES** to the above question, you are required to complete the below information.

In Section (1), for each pending or concluded litigation related to the sole proprietor’s business practices (e.g., fraud, environmental, food safety, labor, employment, worker’s compensation, discrimination, tax laws, regulations, etc.), provide the case caption, docket or case number, name and location of court, and the cause of action for the litigation. Add additional pages if necessary.

(1) Provide the requested information for all litigation related to the sole proprietor’s business practices (e.g., fraud, environmental, food safety, labor, employment, worker’s compensation, discrimination, and tax laws and regulations), pending or concluded, for the past 5 years (add additional pages as necessary).

Case Caption	Docket/Case No.	Name & Location of Court	Cause of Action

In Section (2), for any cases that are currently pending, provide a brief explanation in the area provided at the bottom of this form.

(2) For any cases that are currently pending, provide below a brief explanation regarding the allegations of the case (add additional pages if necessary):

Page 15 relates to criminal litigation history. The sole proprietor’s name and phone number should be auto-populated onto the top of this form. If the information did not auto-populate, write the sole proprietor’s name and phone number on the top of the form in the spaces provided.

DISCLOSURE S-4—CRIMINAL & CIVIL LITIGATION HISTORY, CONTINUED

<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>
Sole Proprietor Name	Phone No.

Select “Yes” or “No” to indicate if the applicant has been convicted of any crime under the laws of any jurisdiction for the question at the top of the page.

Has the sole proprietor been convicted of any crime under the laws of any jurisdiction?
 Yes No

If you answered **YES** to the above question, you are required to complete the below information.

If Yes, provide the jurisdiction information in Section (1), and provide the following information for all convictions in Section (2):

- Name of the offense
- If the offense was a felony, misdemeanor, or local ordinance
- Date of the offense
- Arresting agency of the offense
- Name & location of the court where the offense was litigated
- Docket or case number of the criminal litigation

(1) Indicate the jurisdiction(s) in which the conviction(s) occurred. Select all that apply.

<input type="checkbox"/> State: <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Foreign: <input style="width: 100%;" type="text"/>
<input type="checkbox"/> Federal: <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Municipality: <input style="width: 100%;" type="text"/>

(2) Provide the requested information for all convictions related to the sole proprietor (add additional pages if necessary).

Name of Offense	Felony, Misdemeanor, Local Ordinance?	Date	Arresting Agency	Name & Location of Court	Docket/Case No.

Disclosure S-4 – Required Supporting Documents

The following items are required for each sole proprietor in relation to the Criminal & Civil Litigation History disclosure:

- Copy of civil **litigation documents** for any cases pending or concluded, if applicable
- Copy of **criminal history documents** for any conviction, if applicable

SUPPLEMENTAL APPLICATIONS FOR NON MMFLA SOLE PROPRIETORS

Supplemental applications are required to be submitted for all managerial employees of the sole proprietor, if applicable, and for the spouse of the sole proprietors, if applicable. If the sole proprietor has managerial

employees or a spouse, each of these individuals must submit a Supplemental Individual Prequalification application.

SUBMITTING THE APPLICATION – NON-MMFLA SOLE PROPRIETORS

When submitting your application, ensure all supporting documents and all supplemental applications are provided. Failure to submit all applications and supporting documents will result in a Notice of Deficiency letter. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of your application.

Your application and fee can be submitted in person at: **2407 North Grand River Avenue, Lansing, MI 48906**, or submitted via postal mail to:

**Marijuana Regulatory Agency
Adult-Use Establishment Licensing
P.O. Box 30205
Lansing, MI 48909**

If any questions arise while completing the application, please do not hesitate to contact MRA by telephone at:
517-284-8599

The adult-use sole proprietor prequalification application should consist of the following application pages:

- Page 1 – Adult-Use License Types & Descriptions
- Page 2 – Demographic Information
- Page 3 – Attestation 1-A – Acknowledgment, Agreement & Consent
- Page 4 – Attestation 1-B – Verification & Affidavit of Full Disclosure
- Page 5 – Attestation 1-C – Authorization to Release Information
- Page 6 – Attestation 1-D – Acknowledgement of Federal Law & Release of Liability
- Page 7 – Attestation 1-E – Acknowledgment of Inspection Requirement & Affirmation of Continuous, Uninterrupted Ownership
- Page 8 – Attestation 1-F – Confirmation of Tax Compliance
- Page 9 – Acknowledgment of Attestations
- Page 10 – Disclosure S-1 – Sole Proprietor Information
- Page 11 – Disclosure S-2 – Tax & Tax Compliance
- Page 12-13 – Disclosure S-3 – Government Regulation
- Page 14-15 – Disclosure S-4 – Civil & Criminal Litigation History

The adult-use sole proprietor prequalification application should contain the following supporting documents:

- Copy of governing documents (e.g., operating agreement of bylaws)
- Certificate of Good Standing
- Copy of organizational structure, including ownership percentages, spouses, and managerial employees
- Authorizing resolution
- Social equity plan
- W2s and/or 1099s for the past 12 months
- If the sole proprietor does not have W2s/1099s for the past 12 months, an explanation is required
- Approval to Conduct Business Transactions in Michigan, if applicable
- Certificate of assumed name, if applicable
- Copy of any marijuana licenses, if applicable
- Summary of facts and circumstances concerning a license denial, restriction, revocation, suspension, or nonrenewal, if applicable
- Copy of notice of any tax liability due, if applicable
- Additional information regarding tax history compliance, if applicable
- Copy of litigation documents, if applicable

INDIVIDUAL PREQUALIFICATION – STEP 1

Supplemental Individual Applicants

For supplemental individuals, the prequalification application can be found at the following link: [Supplemental Individual Prequalification – Step 1](#).

Download the Supplemental Individual Prequalification – Step 1 application.

APPLICATION CHECKLIST

Ensure you have gathered all items on the checklist before submitting your application. Failure to submit any of the required items may result in the denial of your prequalification application.

SUPPLEMENTAL INDIVIDUAL PREQUALIFICATION – STEP 1
<i>Individual Prequalification Application</i>
<input type="checkbox"/> Page 1: Demographic Information
<input type="checkbox"/> Page 2: Attestation 1-A – Acknowledgment, Agreement, & Consent
<input type="checkbox"/> Page 3: Attestation 1-B – Verification & Affidavit of Full Disclosure
<input type="checkbox"/> Page 4: Attestation 1-C – Authorization to Release Information
<input type="checkbox"/> Page 5: Attestation 1-D – Acknowledgment of Federal Law & Release of Liability
<input type="checkbox"/> Page 6: Attestation 1-E – Acknowledgment of Inspection Requirement & Affirmation of Continuous, Uninterrupted Ownership
<input type="checkbox"/> Page 7: Attestation 1-F – Confirmation of Tax Compliance
<input type="checkbox"/> Page 8: Acknowledgment of Attestations (signed and notarized)
<input type="checkbox"/> Page 9: Disclosure I-1 – Individual Information
<input type="checkbox"/> Page 10: Disclosure I-2 – Tax & Tax Compliance
<input type="checkbox"/> Pages 11-12: Disclosure I-3 – Government Regulation
<input type="checkbox"/> Pages 13-14: Disclosure I-4 – Civil & Criminal Litigation History
<i>Identity Documents</i>
<input type="checkbox"/> Copy of government issued ID
<i>Regulation Documents</i>
<input type="checkbox"/> Copy of marijuana licenses (if applicable)
<input type="checkbox"/> Summary of facts and circumstances concerning license denial, restriction, suspension, revocation, or nonrenewal (if applicable)
<i>Tax/Financial Documents</i>
<input type="checkbox"/> W2s and/or 1099s for the past 12 months (if no W2s or 1099s exist, submit an explanation)
<input type="checkbox"/> Copy of notice of tax liability due (if applicable)
<input type="checkbox"/> Additional information regarding history of tax compliance (if applicable)
<i>Criminal & Civil Litigation History</i>
<input type="checkbox"/> Copy of criminal history documents (if applicable)
<input type="checkbox"/> Copy of litigation documents (if applicable)

PAGE 1 – DEMOGRAPHIC INFORMATION

Page 2 – At the top of the form, provide the name of the main applicant in which this supplemental applicant is supporting, and the Accela Citizen Access (ACA) application ID, if known. The application ID number is assigned after an online application is submitted via Accela Citizen Access (ACA - the online citizen portal) or after a paper application is processed within the Agency. **The name in this space should not be the name of the supplemental applicant.**

This supplemental individual prequalification application is in support of:

<input type="text"/>	<input type="text"/>
Main Entity or Sole Proprietor Name	ACA Application ID (if known)

In the DEMOGRAPHIC INFORMATION section, provide the following information for the supplemental individual:

- **Name** of the supplemental individual as it appears on official government documents
- **Mailing address** of the supplemental individual
- **E-mail address** of the supplemental individual
- **Social Security Number** of the supplemental individual
- **Date of birth** of the supplemental individual
- **Phone number** of the supplemental individual
- **Website** of the individual, if applicable

DEMOGRAPHIC INFORMATION
Please provide the following information regarding the individual.

Name (as appears on government issued ID)		Social Security Number	
Mailing Address		Date of Birth (mm-dd-yyyy)	
City	State	Zip Code	Phone
Email Address		Website (if available)	

In the **PERSON COMPLETING APPLICATION** section, provide the following information in the corresponding field on the application:

- **Name** of the individual completing the application
- **Mailing address** of the individual completing the application
- **Attorney license number** of the personal completing the application, if applicable
- **Affiliation with the individual** of the person completing the application
- **Date of birth** of the individual completing the application
- **Company name** of the individual completing the application, if applicable
- **Phone number** of the individual completing the application
- **E-mail address** of the individual completing the application
- **CPA license number** of the person completing the application, if applicable

PERSON COMPLETING APPLICATION
Please provide the following information regarding the person completing this application

Name (First, Middle, Last)		Affiliation with Individual	Date of Birth (mm-dd-yyyy)
Mailing Address		Company Name (if applicable)	
City	State	Zip Code	Phone
Attorney License No. (if applicable)		CPA License No. (if applicable)	

PAGES 2-8 – ATTESTATIONS

Read all the attestations carefully as the applicant will be acknowledging and agreeing to the information and stipulations contained in these attestations.

If you are unsure of what an item within an attestation means, consult an attorney. The Agency cannot provide statute or rule interpretation or legal advice.

PAGE 2 - ATTESTATION 1-A – ACKNOWLEDGMENT, AGREEMENT, AND CONSENT

After reading the attestation, provide the name of the supplemental individual in the **applicant** blank.

ATTESTATION 1-A
ACKNOWLEDGMENT, AGREEMENT & CONSENT
(To be signed and submitted by the applicant)

I, _____ (applicant) hereby acknowledge that the Marijuana Regulatory Agency (Agency) may require supplemental materials in order to carry out its statutory duties. The applicant hereby agrees to submit such supplemental materials as requested by the Agency in a timely manner. I acknowledge that failure to correct any notice of deficiency within 5 days of its receipt may result in the **denial** of an application.

I, as the applicant submitting this application, hereby certify that I do not have an interest in any other state license that is prohibited by the Michigan Regulation and Taxation of Marijuana Act, 2018 IL 1 (MRTMA).

I hereby acknowledge that I am under a continuing duty to promptly disclose to the Agency any changes in the information provided in the application and supporting documents submitted to the Agency. To comply with this requirement, I hereby acknowledge that I must submit a letter to the Agency stating any changes with reference to the specific information within the application to which the changes pertain.

I hereby consent to inspections, searches, and seizures as provided in MRTMA Section 7 and the MRTMA Emergency Rules, and to disclose to the Agency and its agents of otherwise confidential records, including tax records held by any federal, state, or local agency, or credit agency or financial institution, while applying for or holding a state license. This consent is authorization to review and inspect tax records administered under the Michigan Revenue Act, 1941 PA 122.

I affirm, under the penalties of perjury, that the information set forth in this document is true and complete, to the best of my knowledge.

I hereby consent to receive all service of process via electronic service as opposed to certified mail. This consent is valid unless otherwise revoked in writing.

PAGE 3 - ATTESTATION 1-B – VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE

After reading the attestation, provide the name of the supplemental individual in the applicant blank.

In Section 2, provide the name of the contact person who is authorized to speak with the Agency about this application, their e-mail address, and their phone number in the spaces provided on the form.

If you wish to designate more than one contact person, please add additional pages of this form to your application with each contact person on a separate Attestation 1-B form.

NOTE: If an individual contacts MRA about your application and that individual is not a supplemental applicant, not the person completing the application, or not an authorized contact person listed on Attestation 1-B, the Agency will not provide information to that individual.

You may designate as many contact persons as needed.

ATTESTATION 1-B
VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE
(To be signed and submitted by the applicant)

Add additional pages of this form if authorizing more than one contact person.

I, _____ (applicant),
confirm the following:

1. I am the individual responsible for submitting this application and have full authority to execute this affidavit of full disclosure.
2. I authorize _____ to be the contact person to the Marijuana Regulatory Agency (Agency) for the purposes of this application for a state license (please provide the information below for the contact person).

E-mail Address: _____ Phone Number: _____

3. I affirm that the information contained in this application is true, complete, and accurate to the best of my knowledge and belief.
4. Except as reported in this application, I have no agreements or understandings with any person or entity and no present intent to hold as agent, nominee or otherwise any interest in the application.
5. Except as reported in this application, I have no agreements or understanding with any person or entity and no present intent to pay any sums of money or give anything of value as, including but without limitation, a finder's fee or commission to any person or entity related to the interest in this application.
6. I understand that the sole proprietor has an ongoing obligation to notify the Agency should the sole proprietor enter into any such agreement contemplated by this attestation.

PAGE 4 - ATTESTATION 1-C – AUTHORIZATION TO RELEASE INFORMATION

After reading the attestation, provide the name of the supplemental individual in the applicant blank.

ATTESTATION 1-C
AUTHORIZATION TO RELEASE INFORMATION
(To be signed and submitted by the applicant)

To all courts, probation departments, selective service boards, employers, educational institutions, banks, financial and other such institutions, and all governmental agencies federal, state and local, without exception, both foreign and domestic:

I, _____ (applicant),
authorize the Marijuana Regulatory Agency (Agency) and its agents to conduct a full investigation into the background and activities of the applicant for purposes of determining the applicant's eligibility for a marijuana establishment prequalification and state license.

I understand that by signing this authorization, a financial background check will be performed. I authorize any financial institution to surrender to the Agency a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal financial records in whatever form and wherever located. I authorize any employers to release any employment information required to validate my financial history. I understand that the financial background check will include a credit history examination and that my credit report, credit history, and credit capacity information will be obtained.

I understand that by signing this authorization, a financial background check of my tax filing and tax obligation status will be performed. I authorize my respective state taxing agency to surrender to the Agency a complete and accurate record of my and all tax information or records relating to me for the purposes of this application. I authorize the Agency to obtain, receive, review, copy, discuss, and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

I understand that by signing this authorization, a criminal history background check will be performed. I authorize the Agency to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located for purposes of completing this application. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and the sentence was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

Therefore, you are hereby authorized to release any and all information pertaining to this applicant, documentary or otherwise, as requested by any employee or agent of the Agency, provided that he or she certifies to you that said applicant has an application pending before the Agency or that said applicant is a licensee or other person required to be qualified under the provisions of the Michigan Regulation and Taxation of Marijuana Act (MRTMA).

This authorization shall supersede any prior request or authorization to the contrary and shall be in effect during the pendency of this application. A photocopy of this authorization will be considered as effective and valid as the original.

PAGE 5 - ATTESTATION 1-D – ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF LIABILITY

After reading the attestation, provide the name of the supplemental individual in the applicant blank.

ATTESTATION 1-D
ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF LIABILITY
(To be signed and submitted by the applicant)

I, _____ (applicant)
hereby acknowledge and affirm the following:

Although the State of Michigan has recognized and authorized the use of marijuana pursuant to the Michigan Regulation and Taxation of Marijuana Act, 2018 IL I, MCL 333.27951 to 333.27967, and has provided for a statewide monitoring system as authorized by Emergency Rule, this state authorized activity remains prohibited by federal law.

I understand that a state license does not insulate or shield me or my business from federal seizure and/or forfeiture as allowed by federal law and does not insulate me from federal criminal arrest and/or prosecution.

I understand that choosing to file an application for a state license and, if issued a license, choosing to establish and operate a marijuana establishment pursuant to that license, is done so at my own risk.

By my signature and attestation to this form, I hereby completely release and forever discharge the State of Michigan, the Michigan Department of Licensing and Regulatory Affairs, the Marijuana Regulatory Agency, and its respective employees, agents, facilities, insurers, indemnors, successors, heirs and/or assigns from any and all past, present or future claims, demands, obligations, actions, causes of action, wrongful death claims, rights, damages, costs, losses of services, expenses and compensation of any nature whatsoever, whether based on a tort, contract or other theory of recovery, which I may now have, or which may hereafter accrue or otherwise be acquired, on account of, or may in any way arise out of my application for a state license and, if issued a license, my operation of a marijuana establishment.

PAGE 6 – ATTESTATION 1-E – ACKNOWLEDGMENT OF INSPECTION REQUIREMENT & AFFIRMATION OF CONTINUOUS, UNINTERRUPTED OWNERSHIP

PART A – After reading the attestation, provide the name of the supplemental individual in the applicant blank.

PART B – This section is not required for applicants who do not hold a medical marijuana license.

ATTESTATION 1-E
ACKNOWLEDGMENT OF INSPECTION REQUIREMENT & AFFIRMATION OF CONTINUOUS, UNINTERRUPTED OWNERSHIP
(To be signed and submitted by the applicant)

PART A:

I, _____ (applicant),
acknowledge that I shall have a physical structure ready for inspection so that I may receive a passing inspection by the 60th day after my complete application is submitted. In the event I do not have a passing inspection by the 60th day, I acknowledge that my application may be denied.

PART B (applicable to applicants currently licensed under the MMFLA):

I, _____ (applicant),
affirm that the licensee has had continuous, uninterrupted ownership since the application for a medical marijuana facility license was approved by the Agency. I understand that the ownership structure on this application and any adult-use state license that I would be issued must be that exact ownership structure and exact supplemental applicants as the entity's state operating license issued under the Medical Marijuana Facilities Licensing Act (MDFLA). I affirm that the ownership interests of the license issued under the MDFLA will be the ownership interests for this application and will remain so as required by Section 9 of the Michigan Regulation and Taxation of Marijuana Act (MRTMA).

Further, I understand that all information, documents, and records maintained by the Agency may be used or considered in furtherance of the MRTMA, and I consent to such use.

If there has been a change to what has been approved by the Agency for the medical marijuana facility license, I understand that I am required to update that information before I can proceed with this application. I acknowledge that my application may be denied if I fail to update my medical marijuana facility license.

PAGE 7 – ATTESTATION 1-F – CONFIRMATION OF TAX COMPLIANCE

PART A – The applicant must have this section of the attestation completed by an authorized designee of the Michigan Department of Treasury. The designee will confirm the required information and sign the form if applicable.

Michigan Department of Treasury
517-636-6925
Hours: Monday – Friday, 8:00 a.m. to 4:00 p.m.

Failure to submit this attestation with the signature of an authorized Treasury designee will result in a Notice of Deficiency letter. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of your application.

PAGE 9 - DISCLOSURE I-1 – INDIVIDUAL INFORMATION

The supplemental individual’s name and phone number should auto-populate onto the top of this disclosure based on the information provided in the Demographic Information section of the application. If the information does not auto-populate Write the supplemental individual’s name and phone number on the top of the form in the space provided.

DISCLOSURE I-1 – INDIVIDUAL INFORMATION

<input type="text"/>	<input type="text"/>
Supplemental Individual Name	Phone No.

Section (1) **MICHIGAN RESIDENCY** – Check “Yes” or “No” to indicate if the supplemental individual is a resident of Michigan.

(1) MICHIGAN RESIDENCY
Is the supplemental individual a resident of Michigan?

Yes
 No

Section (2) **PRIOR NAMES** – Provide any prior names used by the supplemental individual during the past three years. Add additional pages of this disclosure form if necessary. If the supplemental individual has not had any previous names, this section can be left blank.

(2) PRIOR NAMES
Provide any prior name used by the supplemental individual during the past 3 years, if applicable. Add additional pages if necessary to this form.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Prior Name	Date Use Began	Date Use Ceased
<input type="text"/>	<input type="text"/>	<input type="text"/>
Prior Name	Date Use Began	Date Use Ceased
<input type="text"/>	<input type="text"/>	<input type="text"/>
Prior Name	Date Use Began	Date Use Ceased
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section (3) **PRIOR ADDRESSES** – Provide any prior addresses used by the supplemental individual during the past three years. Add additional pages of this disclosure form if necessary. If the supplemental individual has not had any previous addresses, this section can be left blank.

(3) PRIOR ADDRESSES
Provide any prior address used by the supplemental individual during the past 3 years, if applicable. Add additional pages if necessary to this form.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prior Address	City, State, Zip	Date Use Began	Date Use Ceased
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prior Address	City, State, Zip	Date Use Began	Date Use Ceased
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prior Address	City, State, Zip	Date Use Began	Date Use Ceased
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Disclosure I-1 – Required Supporting Documents

The following items are required for each supplemental applicant:

- A copy of the supplemental individual’s **government-issued ID** (e.g., driver’s license)

PAGE 10 - DISCLOSURE I-2 – TAX & TAX COMPLIANCE QUESTIONS

Page 12 - The supplemental individual’s name and phone number should be auto-populated onto the top of this form. If the information did not auto-populate, write the supplemental individual’s name and phone number on the top of the form in the spaces provided.

DISCLOSURE I-2—TAX & TAX COMPLIANCE

<input type="text"/>	<input type="text"/>
Supplemental Individual Name	Phone No.

In Section (1), list all federal, state, local, and foreign taxing agencies in which the applicant was subject to taxation for the past 12 months.

(1) List all federal, state, local, and foreign jurisdictions in which the individual was subject to taxation during the last year. Add additional pages if necessary.

Taxing Agency	Type of Tax

(E.g., "Taxing Agency" = IRS, "Type of Tax" = Federal Income Tax;
 (E.g., "Taxing Agency" = Michigan Department of Treasury, Type of Tax = State Income Tax, Sales Tax)

In Section (2), indicate if the applicant has had a tax complaint filed against them or been served with a notice regarding a tax delinquency by selecting "Yes" or "No" to this question.

If you indicate Yes, provide the taxing agency, type of tax, tax period, and amount of the delinquent tax payment in the space(s) provided in this section.

(2) Has the individual ever been served with, or had filed against them, a complaint or other notice regarding the delinquent payment of any tax required under federal, state, local, or foreign jurisdictions?
 Yes No If you answered yes, provide the requested information for each delinquent tax payment and provide all applicable required supporting documents stated below.

Taxing Agency	Type of Tax	Tax Year	Amount

Disclosure I-2 – Required Supporting Documents

The following items are required for each supplemental individual in relation to the Tax & Tax Compliance disclosure:

- A copy of the supplemental individual’s **W2s or/and 1099s** for the past 12 months.
- If the supplemental individual does not have W2s or 1099s, an **explanation as to why W2s or 1099s do not exist.** (E.g., A letter stating, “John Smith is retired and therefore did not receive W2s or 1099s during the past 12 months”)
- If the supplemental individual has been served with or had filed against them a tax complaint or other notice regarding a delinquent tax payment, a copy of any **notice of tax liability due in any jurisdiction.**
- If the supplemental individual has been served with or had filed against them a tax complaint or other notice regarding a delinquent tax payment, an **explanation or additional information regarding their history of tax compliance that will assist in the processing of the application.**

PAGES 11-12 - DISCLOSURE I-3 – GOVERNMENT REGULATION

PAGE 11 - The supplemental individual’s name and phone number should be auto-populated onto the top of this form. If the information did not auto-populate, write the supplemental individual’s name and phone number on the top of the form in the spaces provided.

DISCLOSURE I-3 - GOVERNMENT REGULATION

Supplemental Individual Name	Phone No.
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Select “Yes” or “No” in response to the three questions in the top section of the page.

Question 1 - If the supplemental individual is subject to regulation by a public agency (holds any license, certificate, permit, etc. which is regulated by a department of a local, state, federal, or foreign government (e.g., *liquor license, building permit, sales tax license, other marijuana licenses, concealed carry permits, chauffeur's licenses, etc.*)), answer "Yes" to the first question.

If Yes, disclose any marijuana businesses in Section (1) **MARIJUANA BUSINESS INTERESTS** and any other regulation type in Section (2) **COMMERCIAL LICENSES OR CERTIFICATES**.

Is the individual subject to government regulation in any jurisdiction?

Yes No

Question 2 - If the supplemental individual holds any commercial licenses (e.g. *food establishment license, retail gas outlet license, marijuana license, liquor license, commercial driver's license, etc.*) answer "Yes" to the second question. If Yes, disclose any marijuana businesses in Section (1) **MARIJUANA BUSINESS INTERESTS** and any other regulation type in Section (2) **COMMERCIAL LICENSES OR CERTIFICATES**.

Does the individual hold any commercial licenses? (Not including the license they are currently applying for)

Yes No

Question 3 - If the supplemental individual has ever applied for a license or certificate that was denied, or if the supplemental individual has ever been granted a license or certificate that has been restricted, suspended, revoked, or not renewed—answer "Yes" to the third question. If Yes, disclose these licenses in Section (3) **COMMERCIAL LICENSES OR CERTIFICATES DENIED, RESTRICTED, SUSPENDED, REVOKED, OR NOT RENEWED** on the second page of this disclosure.

Has the individual ever applied for or been granted any commercial license or certificate issued by a licensing authority in any jurisdiction that has been denied, restricted, suspended, revoked, or not renewed?

Yes No

If the answer to all three of these questions is No, you are finished with this disclosure.

In Section (1) **MARIJUANA BUSINESS INTERESTS**, list any marijuana business in which the supplemental individual has any direct or indirect equity interest. For each marijuana business, provide the business entity's name, license number, and the state of license issuance. If the supplemental individual does not own other marijuana businesses, this section can be left blank.

(1) **MARIJUANA BUSINESS INTERESTS**

Provide the requested information any interest that the individual has in any other corporation, partnership, sole proprietorship, or other business entity that is directly or indirectly involved in the *growing, processing, testing, transporting, or sale of marijuana*. Add additional pages if necessary.

Marijuana Business Entity Name	License Number	State of Issuance	Country of Issuance

In Section (2) **COMMERCIAL LICENSES OR CERTIFICATES**, list any (non-marijuana) commercial licenses or certificates held by the supplemental applicant.

(2) **COMMERCIAL LICENSES OR CERTIFICATES**

Provide the requested information for all commercial licenses or certificates held by the individual. Add additional pages if necessary.

License or Certificate Type	License No. or Other Identifying No.	Issuing Agency

Ex. "License or Certificate Type" = *Liquor license*, "License No. or Other Identifying No." = *RQ-1810-12345*, "Issuing Agency" = *Michigan Liquor Control Commission*

Ex. "License or Certificate Type" = *Sales tax license*, "License No. or Other Identifying No." = *89-6745231*, "Issuing Agency" = *Michigan Department of Treasury*

PAGE 12 – The supplemental individual’s name and phone number should be auto-populated onto the top of this form. If the information did not auto-populate, write the supplemental individual’s name and phone number on the top of the form in the spaces provided.

DISCLOSURE I-3 - GOVERNMENT REGULATION, CONTINUED

Supplemental Individual Name	Phone No.

In Section (3) **COMMERCIAL LICENSES OR CERTIFICATES DENIED, RESTRICTED, SUSPENDED, REVOKED, OR NOT RENEWED**, list any license or certificate that was applied for and denied, and list any license or certificate that has been restricted, suspended, revoked, or not renewed.

(3) COMMERCIAL LICENSES OR CERTIFICATES DENIED, RESTRICTED, SUSPENDED, REVOKED, OR NOT RENEWED

Provide the requested information for all commercial licenses or certificates with which the individual has had an application or license denied, restricted, suspended, revoked, or not renewed. Add additional pages if necessary.

License or Certificate Type	License No. or Other Identifying No.	Issuing Agency
Action Taken	Reason for the Action	Date Action Taken
License or Certificate Type	License No. or Other Identifying No.	Issuing Agency
Action Taken	Reason for the Action	Date Action Taken
License or Certificate Type	License No. or Other Identifying No.	Issuing Agency
Action Taken	Reason for the Action	Date Action Taken

“Action Taken” = *denied, restricted, suspended, revoked, or not renewed*

In Section (4) **GOVERNMENT EMPLOYMENT**, select “Yes” or “No” in response to the three questions in this section related to government employment. If the answer to all three questions is No, you are done with this disclosure. If the answer to any of the questions is Yes, write an explanation in the space provided. (*E.g., I am a state employee within the Licensing and Regulatory Affairs division.*)

(4) GOVERNMENT EMPLOYMENT

Do any of the following apply to the individual?

- Yes No Employee, advisor, or consultant of the Marijuana Regulatory Agency
- Yes No Holds an elective office of a governmental unit of this state, another state, or the federal government
- Yes No Member of or employed by a regulatory body of a governmental unit of this or any state or the federal government

If yes, provide an explanation below:

Disclosure I-3 – Required Supporting Documents

The following items are required for each supplemental individual in relation to the Government Regulation disclosure:

- Copy of any **marijuana license** held, if applicable
- A summary of **facts and circumstances concerning any licenses or certificate that has been denied, restricted, suspended, revoked, or not renewed**

PAGES 13 – 14 - DISCLOSURE I-4 – CRIMINAL & CIVIL LITIGATION HISTORY

Page 13 relates to civil litigation history. The supplemental individual’s name and phone number should be auto-populated onto the top of this form. If the information did not auto-populate, write the supplemental individual’s name and phone number on the top of the form in the spaces provided.

DISCLOSURE I-4 – CRIMINAL & CIVIL LITIGATION HISTORY

<input type="text"/>	<input type="text"/>
Supplemental Individual Name	Phone No.

Select “Yes” or “No” to indicate if the applicant has been a party to any litigation during the past five years. If Yes, complete the table in Section (1). For any cases that are currently pending, provide an explanation in Section (2). If No, you are done with this page of Disclosure I-4.

Has the individual been a party to any litigation during the past five years?

Yes No

If you answered **YES** to the above question, you are required to complete the below information.

In Section (1), for each pending or concluded litigation related to the supplemental individual’s business practices (e.g., fraud, environmental, food safety, labor, employment, worker’s compensation, discrimination, tax laws, regulations, etc.), provide the case caption, docket or case number, name and location of court, and the cause of action for the litigation. Add additional pages if necessary.

(1) Provide the requested information for all litigation related to the individual’s business practices (e.g., fraud, environmental, food safety, labor, employment, worker’s compensation, discrimination, and tax laws and regulations) pending or concluded, for the past 5 years (add additional pages as necessary).

Case Caption	Docket/Case No.	Name & Location of Court	Cause of Action

In Section (2), for any cases that are currently pending, provide a brief explanation in the area provided at the bottom of this form.

(2) For any cases that are currently pending, provide below a brief explanation regarding the allegations of the case (add additional pages if necessary):

Page 15 relates to criminal litigation history. The supplemental individual’s name and phone number should be populated onto the top of this form. If the information did not auto-populate, write the supplemental individual’s name and phone number on the top of the form in the space provided.

DISCLOSURE I-4 – CRIMINAL & CIVIL LITIGATION HISTORY, CONTINUED

<input type="text"/>	<input type="text"/>
Supplemental Individual Name	Phone No.

Select “Yes” or “No” to indicate if the supplemental individual has been convicted of any crime under the laws of any jurisdiction.

Has the individual been convicted of any crime under the laws of any jurisdiction?

Yes No

If you answered **YES** to the above question, you are required to complete the below information.

If Yes, provide the jurisdiction information in Section (1), and provide the following information for all convictions in Section (2):

- Name of the offense
- If the offense was a felony, misdemeanor, or local ordinance
- Date of the offense
- Arresting agency of the offense
- Name & location of the court where the offense was litigated
- Docket or case number of the criminal litigation

(1) Indicate the jurisdiction(s) in which the conviction(s) occurred. Select all that apply.

State: _____ Foreign: _____
 Federal: _____ Municipality: _____

(2) Provide the requested information for all convictions related to the individual (add additional pages if necessary).

Name of Offense	Felony, Misdemeanor, Local Ordinance?	Date	Arresting Agency	Name & Location of Court	Docket/Case No.

Disclosure I-4 – Required Supporting Documents

The following items are required for each supplemental individual in relation to their Criminal & Civil Litigation History disclosure:

- Copy of **civil litigation documents** for any cases pending or concluded, if applicable
- Copy of **criminal history documents** for any conviction, if applicable

SUBMITTING THE APPLICATION – SUPPLEMENTAL INDIVIDUALS

When submitting your application, ensure all application pages and supporting documents are provided. Failure to submit all application pages and supporting documents will result in a Notice of Deficiency letter. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of your application.

Supplemental applications should be submitted at the same time as the application for the main entity or sole proprietor. The applications can be submitted in person at: **2407 North Grand River Avenue, Lansing, MI 48906**, or submitted via postal mail to:

**Marijuana Regulatory Agency
 Adult-Use Establishment Licensing
 P.O. Box 30205
 Lansing, MI 48909**

If any questions arise while completing the application, please do not hesitate to contact MRA by telephone at:
517-284-8599

Your adult-use supplemental individual prequalification application should consist of the following application pages:

- Page 1 – Adult-Use License Types & Descriptions
- Page 2 – Demographic Information
- Page 3 – Attestation 1-A – Acknowledgment, Agreement & Consent
- Page 4 – Attestation 1-B – Verification & Affidavit of Full Disclosure
- Page 5 – Attestation 1-C – Authorization to Release Information
- Page 6 – Attestation 1-D – Acknowledgement of Federal Law & Release of Liability
- Page 7 – Attestation 1-E – Acknowledgment of Inspection Requirement & Affirmation of Continuous, Uninterrupted Ownership
- Page 8 – Attestation 1-F – Confirmation of Tax Compliance
- Page 9 – Acknowledgment of Attestations
- Page 10 – Disclosure S-1 – Individual Information
- Page 11 – Disclosure S-2 – Tax & Tax Compliance
- Page 12-13 – Disclosure S-3 – Government Regulation
- Page 14-15 – Disclosure S-4 – Civil & Criminal Litigation History

Your adult-use supplemental individual prequalification application should contain the following supporting documents:

- Copy of governing documents (e.g., operating agreement or bylaws)
- Certificate of Good Standing
- Copy of organizational structure, including ownership percentages, spouses, and managerial employees
- Authorizing resolution
- Social equity plan
- W2s and/or 1099s for the past 12 months
- If the supplemental individual does not have W2s/1099s for the past 12 months, an explanation is required
- Approval to Conduct Business Transactions in Michigan, if applicable
- Certificate of assumed name, if applicable
- Copy of any marijuana licenses, if applicable
- Summary of facts and circumstances concerning a license denial, restriction, revocation, suspension, or nonrenewal, if applicable
- Copy of notice of any tax liability due, if applicable
- Additional information regarding tax history compliance, if applicable
- Copy of litigation documents, if applicable

STEP 2 – LICENSE APPLICATION

If any questions arise while completing the application, please do not hesitate to contact MRA by telephone at:
517-284-8599

After prequalification status has been granted to the main applicant and all applicable supplemental applicants, the main applicant should submit a Step 2 license application.

It is not recommended to submit a Step 2 license application unless the physical location of the establishment is in place and will be ready to pass an inspection within 60 days after the day you submit your application. Additionally, it is not recommended to apply for an adult-use license type that requires the applicant to hold a license under the MMFLA unless you have secured the MMFLA license prior to submitting your Step 2 license application.

Prequalification status expires after 1 year. If you do not submit an adult-use Step 2 license application within that timeframe, you will be required to submit a new Step 1 prequalification application and application fee if you still wish to continue the adult-use licensing process.

Certain adult-use license types require the applicant to either hold a medical marijuana facility license or be a Michigan resident before MRA can accept their Step 2 license application.

For a...	...MRA may only accept applications from:
Marijuana Microbusiness	Applicants who are residents of Michigan
Class A Marijuana Grower	Applicants who are residents of Michigan
Class B Marijuana Grower	Applicants holding a MMFLA state operating license
Class C Marijuana Grower	Applicants holding a MMFLA state operating license
Marijuana Retailer	Applicants holding a MMFLA state operating license
Marijuana Processor	Applicants holding a MMFLA state operating license
Marijuana Secure Transporter	Applicants holding a MMFLA state operating license
Marijuana Safety Compliance Facility	Any applicant
Marijuana Event Organizer	Any applicant
Temporary Marijuana Event	Applicants holding a marijuana event organizer license
Designated Consumption Establishment	Any applicant
Excess Marijuana Grower	Applicants holding 5 class C marijuana grower licenses and at least 2 MMFLA grower class C licenses

If you apply for a marijuana microbusiness or a class A marijuana grower and are not a resident of Michigan, your Step 2 license application will be denied.

If you apply for a class B marijuana grower, class C marijuana grower, marijuana retailer, marijuana process, or marijuana secure transporter and do not hold a medical marijuana facility license, your Step 2 license application will be denied.

If you apply for a temporary marijuana event but do not hold a marijuana event organizer license, your temporary event application will be denied.

If you apply for an excess marijuana grower license but do hold 5 adult-use class C marijuana growers and at least 2 medical marijuana grower class C licenses, your excess marijuana grower license application will be denied.

Step 2 – Establishment License Application Types

- **Marijuana Establishment License Application:** This is the standard Step 2 license application. This application is intended for applicants seeking a license for a marijuana microbusiness, marijuana grower (class A, B, or C), marijuana processor, marijuana retailer, marijuana secure transporter, or marijuana safety compliance facility.
- **Marijuana Event Organizer License Application:** This application is intended for applicants seeking to hold temporary marijuana events. A marijuana event organizer license is required in order to apply for temporary marijuana event licenses.
- **Temporary Marijuana Event License Application:** This application is intended for licensed marijuana event organizers seeking a license for a temporary marijuana event.
- **Designated Consumption Establishment License Application:** This application is intended for applicants seeking a license for an establishment which permits adults 21 years of age or older to consume marijuana products on the premises.
- **Excess Marijuana Grower License Application:** This application is intended for licensees who have 5 adult-use class C marijuana grower licenses and at least 2 medical marijuana grower class C licenses.

APPLICATION REQUIRED FIELDS

On the PDF file of the paper application you will notice red borders around certain fields. All fields on the application are required to be completed unless the requested information is not applicable to the applicant. A field without a red border indicates that the field may not be applicable to every applicant.

Applicant Name (as appears on official business documents)	DBA/Assumed Name (Attach copy of filed assumed name certificate, if applicable)

E.g., Applicant Name field – Every applicant has name, and therefore would be required to provide their name.

E.g. DBA/Assumed Name field – Not all applicants will have an assumed name, so the field does not have a red box. If the applicant applying has a DBA/assumed name, they would be required to provide that name. If the applicant does not have a DBA/assumed name, the field should remain blank.

MARIJUANA ESTABLISHMENT LICENSE APPLICATION – STEP 2

This application is intended for applicants seeking a license for a marijuana microbusiness, marijuana grower (class A, B, or C), marijuana processor, marijuana retailer, marijuana secure transporter, or marijuana safety compliance facility.

The Marijuana Establishment License application can be found at the following link: [Marijuana Establishment License Application – Step 2](#).

APPLICATION CHECKLIST

Ensure you have gathered all applicable items on the checklist before submitting your application. Failure to submit any of the required items may result in the denial of your establishment license application.

MARIJUANA ESTABLISHMENT LICENSE APPLICATION – STEP 2
<p><i>Establishment License Application</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Page 1: Demographic Information <input type="checkbox"/> Page 2: Attestation 2-A – Acknowledgment & Consent to Investigations, Statute & Rule Compliance <input type="checkbox"/> Page 3: Attestation 2-B – Interest & Experience Attestation <input type="checkbox"/> Page 4: Attestation 2-C – Confirmation of Section 6 Compliance <input type="checkbox"/> Page 5: Attestation 2-D – Confirmation of Insurance <input type="checkbox"/> Page 6: Acknowledgment of Attestations (signed and notarized) <input type="checkbox"/> Page 7: Disclosures: (1) License Type, (2) Business Specifications, (3) Municipality Information, (4) Employee Information
<p><i>Business Specifications</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Assumed Name/DBA documentation (if applicable) <input type="checkbox"/> Copy of Marijuana Establishment Plan complying with the Emergency Rules, including but not limited to: <ul style="list-style-type: none"> <input type="checkbox"/> Diagram of establishment <input type="checkbox"/> Floor plan <input type="checkbox"/> Construction details <input type="checkbox"/> Building structure information (e.g., new, pre-existing, freestanding, fixed) <input type="checkbox"/> Building type information (e.g., commercial, industrial, house, warehouse, etc.) <input type="checkbox"/> Zoning information <input type="checkbox"/> Description of multiple tenants and/or occupancy restrictions <input type="checkbox"/> Security plan <input type="checkbox"/> Copy of technology plan (3rd party integrating software with METRC) <input type="checkbox"/> Copy of marketing plan (advertising, propaganda, etc.) <input type="checkbox"/> Copy of inventory & recordkeeping plan <input type="checkbox"/> Copy of staffing plan <input type="checkbox"/> Copy of deed or lease agreement <input type="checkbox"/> Copy of proof of financial responsibility (e.g., insurance policy, constant value bond) <input type="checkbox"/> Copy of Certificate of Use and Occupancy <input type="checkbox"/> Marijuana Secure Transporter: Proof of auto insurance, vehicle registration, and registration as a commercial motor vehicle (for any vehicles used to transport marijuana product)

PAGE 1 – MARIJUANA ESTABLISHMENT INFORMATION

In the MARIJUANA ESTABLISHMENT INFORMATION section, provide the following information for the applicant in the corresponding field on the application:

- **Applicant name** as it appears on official documents
- **Physical address** of the marijuana establishment seeking a state license
- **Mailing address** of the applicant
- **DBA/Assumed name/fictitious name** of the applicant, if applicable
- **Federal Employer Identification Number (FEIN) or Social Security Number (SSN)** of the applicant
- **Phone number** of the applicant
- **E-mail address** of the applicant
- **Business Location Zoning Category** of the establishment

MARIJUANA ESTABLISHMENT INFORMATION			
Please provide the following information regarding the marijuana establishment seeking a state license.			
Applicant Name (as appears on official business documents)	DBA/Assumed Name (Attach copy of filed assumed name certificate, if applicable)		
Physical Address	FEIN/SSN		
City	State	Zip Code	Phone
Mailing Address			Email Address
City	State	Zip Code	Business Location Zoning Category (e.g., agricultural, commercial)

In the **PERSON COMPLETING APPLICATION** section, provide the following information in the corresponding field on the application:

- **Name** of the individual completing the application
- **Mailing address** of the individual completing the application
- **Attorney license number** of the personal completing the application, if applicable
- **Affiliation with the applicant** of the person completing the application
- **Date of birth** of the individual completing the application
- **Company name** of the individual completing the application, if applicable
- **Phone number** of the individual completing the application
- **E-mail address** of the individual completing the application
- **CPA license number** of the person completing the application, if applicable

PERSON COMPLETING APPLICATION
Please provide the following information for the individual who will act as the primary contact for this license application.

Name (First, Middle, Last)		Affiliation with Applicant		Date of Birth (mm/dd/yyyy)	
Mailing Address		Company Name (if applicable)			
City		State		Zip Code	
Phone		Email Address			
Attorney License No. (if applicable)		CPA License No. (if applicable)			

PAGES 2-6 – ATTESTATIONS

Read all the attestations carefully as the applicant will be acknowledging and agreeing to the information and stipulations contained in these attestations.

If you are unsure of what an item within an attestation means, consult an attorney. The Agency cannot provide legal interpretation of the statute or rules.

PAGE 2 – ATTESTATION 2-A – ACKNOWLEDGMENT & CONSENT TO INVESTIGATIONS, STATUTE & RULE COMPLIANCE

After reading the attestation, provide the name of the main applicant entity if applying under an entity, and provide the name and title of the individual authorized to sign on behalf of the main applicant in the spaces provided.

ATTESTATION 2-A
ACKNOWLEDGMENT & CONSENT TO INVESTIGATIONS, STATUTE & RULE
COMPLIANCE
(To be completed by the applicant)

On behalf of I

Name of Main Applicant Entity (if applicable) Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

hereby acknowledge and affirm the following:

I acknowledge that I am the person responsible for submitting this application, supplemental documentation, and attestations.

I hereby acknowledge that the Marijuana Regulatory Agency (Agency) may require additional materials to carry out its statutory duties. I agree to submit supplemental materials as requested in a timely manner. I acknowledge that failure to correct any notice of deficiency within 5 days of its receipt may result in the **denial** of an application.

I attest that the application information related to the governing municipality for the marijuana establishment which is the subject of this application is complete and accurate. Further, that the use of the premises described therein complies with all covenants, easements, restrictions, and other matters of record including the use provisions of any applicable zoning ordinance and all other governmental requirements.

I hereby consent to investigations of the physical premises intended to be licensed for the purposes of rule and regulation compliance, establishment safety and security, and integrity of marijuana establishment operation integrity. I understand that failing to cooperate with an investigation process the Agency may impound, seize, assume physical control of, or remove from the premises all books, ledgers, documents, writings, photocopies, correspondence, records, and videotapes, including electronically stored records, money receptacles, or equipment in which the records are stored. Failure to assist in an investigation may also result in denial, suspension, revocation, or restriction of a license.

I acknowledge that I shall have a physical structure ready for inspection so that I may receive a passing inspection by the 60a day after my complete application is submitted. In the event I do not have a passing inspection by the 60a day, I acknowledge that my application may be denied.

PAGE 3 – ATTESTATION 2-B – INTEREST & EXPERIENCE ATTESTATION

After reading the attestation, provide the name of the main applicant entity (if applying under an entity), and provide the name and title of the individual authorized to sign on behalf of the main applicant in the spaces provided.

ATTESTATION 2-B
INTEREST & EXPERIENCE ATTESTATION
(To be completed by the applicant)

On behalf of _____, I, _____
Name of Main Applicant Entity (if applicable) Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

hereby acknowledge and affirm the following:

I attest and affirm that if I am applying for a GROWER A, B, or C license that I do not have any interest in a microbusiness, secure transporter, or safety compliance establishment. I attest that my investors do not have any interest in a microbusiness, secure transporter, or safety compliance establishment. I further attest that I do not and will not have an interest in more than 5 marijuana grower establishments.

I attest and affirm that if I am applying for a PROCESSOR license that I do not have any interest in a microbusiness, secure transporter, or safety compliance establishment. I attest that my investors do not have any interest in a microbusiness, secure transporter, or safety compliance establishment.

I attest and affirm that if I am applying for a SECURE TRANSPORTER license that I do not have an interest in a grower, processor, retailer, safety compliance establishment, microbusiness, marijuana event organizer, or temporary event.

I attest and affirm that if I am applying for a RETAILER license that I do not have any interest in a microbusiness, secure transporter, or safety compliance establishment. I attest that my investors do not have any interest in a microbusiness, secure transporter, or safety compliance establishment.

I attest and affirm that if I am applying for a SAFETY COMPLIANCE ESTABLISHMENT license, that I do not have any interest in a grower, secure transporter, processor, retailer, or microbusiness. I attest that my investors do not have any interest in a grower, secure transporter, processor, retailer, microbusiness, designated consumption area, marijuana event organizer, or temporary event. I further acknowledge that I am, or have employed at least 1 staff member, with an advanced degree in medical or laboratory science relevant to the processes at my marijuana establishment.

I attest and affirm that if I am applying for a MICROBUSINESS license that I do not have any interest in a grower, processor, retailer, safety compliance establishment, secure transporter, or microbusiness. I further attest that I do not and will not have an interest in more than 1 microbusiness.

I hereby understand that if I am found to be noncompliant with these requirements, as set forth in the Michigan Regulation and Taxation of Marijuana Act (MRTMA), 2018 IL 1, Sec. 9, I may be subject to disciplinary action or risk loss of licensure.

PAGE 4 – ATTESTATION 2-C – CONFIRMATION OF SECTION 6 COMPLIANCE

PART A – After reading the attestation, provide the name of the main applicant entity (if applying under an entity), and provide the name and title of the individual authorized to sign on behalf of the main applicant in the spaces provided. The applicant must also provide their signature, the establishment type, the address of the marijuana establishment, and date in the spaces provided.

ATTESTATION 2-C
CONFIRMATION OF SECTION 6 COMPLIANCE
(To be signed by the applicant and municipal clerk or their designee, and submitted by the applicant)
Do not sign until notary is present

PART A:

On behalf of _____, I, _____
Name of Main Applicant Entity (if applicable) Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

understand that I am submitting this Attestation in accordance with Section 9 of MRTMA and the Emergency Rules.

Applicant Signature

Date

Establishment Type

Establishment Address

PART B – The applicant must have this section of the attestation completed by their municipal clerk or a designee of the municipal clerk. The clerk or designee will confirm the required information and sign the form if applicable.

Failure to submit this attestation with the signature of the municipal clerk or their designee will result in a Notice of Deficiency letter. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of your application.

PART B:

I, _____ (clerk/designee) of _____ (municipality), hereby attest to the Marijuana Regulatory Agency (Agency) that the applicant for a state license as named below in part B, is in accordance with the municipal ordinance requirement of section 6 of the Michigan Regulation and Taxation of Marijuana Act, 2018 IL 1 (MRTMA).

I further attest that:

The municipality **has not** adopted an ordinance under section 6 of the MRTMA prohibiting marijuana establishments.

The municipality **has** adopted an ordinance under section 6 of the MRTMA allowing marijuana establishments and the applicant **is not** in violation of the local ordinance or zoning regulations.

The municipality **has** adopted an ordinance under section 6 of the MRTMA allowing marijuana establishments and the applicant **is** in violation of the local ordinance or zoning regulations.

Failure of the municipality to notify the agency that the applicant is not in compliance with a municipal ordinance consistent with section 6 of the MRTMA and in effect at the time of application will not prohibit the agency from issuing a state license.

Clerk (or designee) Signature

Clerk (or designee) Email Address

Date

Subscribed and sworn to by: _____ before me on: _____
(Clerk/Designee Name) (Date)

(Notary Public Signature)

(Notary Public Printed Name)

State of _____ County of _____ Acting in the county of _____
(county) (state)

My commission expires: _____

PAGE 5 – ATTESTATION 2-D – CONFIRMATION OF INSURANCE

PART A – After reading the attestation, provide the name of the main applicant entity (if applying under an entity), and provide the name and title of the individual authorized to sign on behalf of the main applicant in the spaces provided. The applicant must also provide their signature, the establishment name/insured party name, the address of the marijuana establishment/insured party address, and date in the spaces provided.

ATTESTATION 2-D
CONFIRMATION OF INSURANCE

(To be signed by the applicant and an authorized representative or designee of the insurance or surety company, and submitted by the applicant)
Do not sign until notary is present

PART A:
On behalf of _____, I, _____
Name of Main Applicant Entity (if applicable) Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

understand that I am submitting this attestation in accordance with the Emergency Rules.

Applicant Signature _____ Date _____

Establishment Name/Insured Party Name _____

Establishment Address/Insured Party Address _____

PART B – The applicant must have this section of the attestation completed by the agent or designee of the insurance or surety company. The agent or designee will need to provide the required information and sign the form in the presence of a notary. Ensure the agency or designee provides a copy of the insurance policy or constant value bond.

Failure to submit this attestation with the signature of the agent or designee will result in a Notice of Deficiency letter. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of your application.

PART B:
I, _____ of _____
Name of Representative Designee Name of Insurance or Surety Company Authorized to do Business in this State

herely attest to the Marijuana Regulatory Agency (Agency) that the applicant for a state license as named above in part A, has liability coverage for bodily injury to lawful users resulting from the manufacture, distribution, transportation, or sale of adulterated marijuana or adulterated marijuana-infused products in an amount not less than \$100,000.00 and that no products liability exclusion exists in the liability coverage issued to the applicant and/or licensee that would exclude the coverage mandated in the Emergency Rules.

I further attest that:

The policy number for the above-referenced insurance policy is _____ with an effective date of _____ and expiration date of _____. The declaration page of the above-referenced policy is attached hereto.

The bond number for the above-referenced constant value bond is _____ with an effective date of _____ and expiration date of _____. A copy of the bond is attached hereto.

The policy or constant value bond listed above covers the following locations (list all locations covered by the policy or bond):

Representative or Designee Signature _____ Insurance or Surety Company Address _____
Date _____

Subscribed and sworn to by _____ before me on _____
(Agent/Designee Name) (Date)

(Notary Public Signature) _____ (Notary Public Printed Name) _____

State of _____, County of _____ Acting in the county of _____ (country) _____ (state) _____

My commission expires: _____

PAGE 6 - ACKNOWLEDGMENT OF ATTESTATIONS

Do not sign this form until in the presence of a notary. After reading the attestation, provide the name of the main applicant entity (if applying under an entity), and provide the name and title of the individual authorized to sign on behalf of the main applicant in the spaces provided.

Indicate by checking the boxes that the applicant acknowledges and consents to the attestations.

The applicant should sign this form in the presence of an active notary. In the notary block at the bottom, the applicant signature date and notary signature date must match.

If the notary signature is invalid and/or the dates do not match, you will receive a Notice of Deficiency. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of your application.

ACKNOWLEDGMENT OF ATTESTATIONS
 (To be signed and submitted by the applicant)
 Do not sign until notary is present

On behalf of _____, I, _____
Name of Main Applicant Entry (if applicable) Name of Individual Authorized to Sign on Behalf of Main Applicant

I hereby swear, acknowledge, and consent to the following attestations: (check all that apply to indicate the applicant's acknowledgment and consent):

Attestation 2-A: Acknowledgment & Consent to Investigations, Statute & Rule Compliance
 Attestation 2-B: Interest & Experience Attestation
 Attestation 2-C: Confirmation of Section 6 Compliance
 Attestation 2-D: Confirmation of Insurance

Signature of Individual Authorized to Sign on Behalf of Main Applicant _____
Date

Subscribed and sworn to by _____ before me on _____
(Name of Individual Authorized) (Date)

(Notary Public Signature) (Notary Public Printed Name)

State of _____ County of _____ Acting in the county of _____
(county) (state)

My commission expires: _____

PAGE 7 – DISCLOSURES

(1) LICENSE TYPE FOR WHICH YOU ARE APPLYING

Select the box for the license type you would like to obtain. Only one license type can be selected at a time.

(1) LICENSE TYPE FOR WHICH YOU ARE APPLYING:

- | | |
|---|---|
| <input type="checkbox"/> Class A Marihuana Grower | <input type="checkbox"/> Marihuana Retailer |
| <input type="checkbox"/> Class B Marihuana Grower | <input type="checkbox"/> Marihuana Secure Transporter |
| <input type="checkbox"/> Class C Marihuana Grower | <input type="checkbox"/> Marihuana Safety Compliance Facility |
| <input type="checkbox"/> Marihuana Processor | <input type="checkbox"/> Marihuana Microbusiness |

(2) BUSINESS SPECIFICATION

A. Establishment Ownership Information – Provide the property tax ID number of the establishment, the name of the individual or entity that owns the property, the property street address, and the type of ownership or use interest in the property (e.g., if you own, rent, have a land contract).

B. Estimated Income – Provide the amount of actual income earned annual in Michigan or provide the amount of annual income you project the business will earn in Michigan.

(2) BUSINESS SPECIFICATIONS

A. Establishment Ownership Information: Provide the following information regarding ownership of the marijuana establishment to be licensed.

Property Tax ID Number _____
Owner of Record

Property Street Address _____
Type of Ownership or Use Interest (e.g., own, rent, land contract)

B. Estimated Income: Provide the projected or actual gross annual income in Michigan. (check one box)

- Less than \$100,000 \$100,001 – \$150,000 \$150,001 – \$200,000 \$200,001 – \$300,000 \$300,001 and above

(3) MUNICIPALITY INFORMATION

Part A. – Provide the name of the municipality where the marijuana establishment is located.

Part B. – Provide the city, state, and zip code of the municipality where the marijuana establishment is located.

Part C. – Provide the name of the county of the municipality where the marijuana establishment is located.

(3) MUNICIPALITY INFORMATION

- A. Name of municipality in which the marijuana establishment will be located:
- B. City, state, and zip code of municipality:
- C. County of municipality:

(4) EMPLOYEE INFORMATION

Part A. – Indicate the number of employees who will work for this marijuana establishment. If unknown, provide an estimate.

(4) EMPLOYEE INFORMATION

- A. Number of employees who will work for this marijuana establishment: (if unknown, estimate)

Page 8 – REQUIRED SUPPORTING DOCUMENTS

The following items are required for each license application:

- Copy of the establishment **deed or lease agreement**.
If a lease agreement, it must have the landlord and tenant signatures.
- Copy of the **Marijuana Establishment Plan**, including but not limited to: (See: Rule 8(1)(b); Rule 11)
 - A **diagram of the establishment** (See: Rule 11(2)(b))
 - The **floor plan** of the establishment (See: Rule 11(2)(c))
 - **Construction details** of the establishment (See: Rule 11(2)(e))
 - **Building structure information** (See: Rule 11(2)(f))
 - **Building type information** (See: Rule 11(2)(g))
 - **Zoning information** (See: Rule 11(2)(h))
 - **Description of multiple tenants and/or occupancy restrictions** (See: Rule 11(2)(i))
 - A copy of the **security plan** (See: Rule 11(2)(j))
- Copy of the **technology plan**
- Copy of the **marketing plan** (See: Rule 52 for marketing and advertising restrictions)
- Copy of the **inventory & recordkeeping plan** (See: Rule 30(2)(c))
- Copy of the **staffing plan** (See: Rule 56(2)(f))
- Copy of the **Certificate of Use and Occupancy** (See: Rule 12(5)(a))
- Copy of the **proof of financial responsibility** for liability for bodily injury resulting from the manufacture, distribution, transportation, or sale of adulterated marijuana or marijuana-infused products. This can be held in the form of an insurance policy or a constant value bond. (See: Rule 8(1)(d); See: Rule 13)

The following additional items are required for marijuana secure transporters, for any vehicle used to transport marijuana product:

- Copy of **proof of auto insurance** (See: Rule 13(3))
- Copy of **vehicle registration** (See: Rule 13(3))
- Copy of **registration as a commercial motor vehicle** (See: Rule 13(3))

SUBMITTING THE APPLICATION

When submitting your application, ensure all supporting documents are provided. Failure to submit all application pages and supporting documents will result in a Notice of Deficiency letter. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of your application.

Your application can be submitted in person at: **2407 North Grand River Avenue, Lansing, MI 48906**, or submitted via postal mail to:

**Marijuana Regulatory Agency
Adult-Use Establishment Licensing
P.O. Box 30205
Lansing, MI 48909**

If any questions arise while completing the application, please do not hesitate to contact MRA by telephone at:
517-284-8599

Your adult-use establishment Step 2 license application should consist of the following application pages:

- Page 1 – Application Checklist
- Page 2 – Marijuana Establishment Information
- Page 3 – Attestation 2-A – Acknowledgment & Consent to Investigations, Statute & Rule Compliance
- Page 4 – Attestation 2-B – Interest & Experience Attestation
- Page 5 – Attestation 2-C – Confirmation of Section 6 Compliance
- Page 6 – Attestation 2-D – Confirmation of Insurance, if applicable
- Page 7 – Acknowledgment of Attestations
- Page 8 – Disclosures

Your adult-use establishment Step 2 license application should contain the following supporting documents:

- Deed or lease agreement
- Marijuana Establishment Plan, including but not limited to:
 - Diagram of the establishment
 - Floor plan
 - Construction details
 - Building structure information
 - Building type information
 - Zoning information
 - Description of multiple tenants and/or occupancy restrictions
 - A copy of the security plan
- Technology plan
- Marketing plan
- Inventory & recordkeeping plan
- Staffing plan
- Certificate of Use and Occupancy
- Proof of financial responsibility (e.g., copy of insurance policy or constant value bond)

DESIGNATED CONSUMPTION ESTABLISHMENT LICENSE APPLICATION – STEP 2

This application is intended for applicants seeking a license for a designated consumption establishment.

The Designated Consumption Establishment License application can be found at the following link: [Designated Consumption Establishment License Application – Step 2](#).

APPLICATION CHECKLIST

Ensure you have gathered all items on the checklist before submitting your application. Failure to submit any of the required items may result in the denial of your prequalification application.

DESIGNATED CONSUMPTION ESTABLISHMENT LICENSE APPLICATION – STEP 2
<p><i>Designated Consumption Establishment License Application</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Page 1: Demographic Information <input type="checkbox"/> Page 2: Attestation 3-A – Acknowledgment & Consent to Investigations, Statute & Rule Compliance <input type="checkbox"/> Page 3: Attestation 3-B – Proof of Possession of Premises & Written Permission from Owner of Premises <input type="checkbox"/> Page 4: Attestation 3-C – Confirmation of Section 6 Compliance <input type="checkbox"/> Page 5: Attestation 3-D – Confirmation of Insurance <input type="checkbox"/> Page 6: Acknowledgment of Attestations (signed and notarized) <input type="checkbox"/> Page 7: Disclosures: (1) Business Specifications, (2) Municipality Information, (3) Employee Information
<p><i>Business Specifications</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Assumed Name/DBA documentation (if applicable) <input type="checkbox"/> Copy of Designated Consumption Establishment Plan complying with the Emergency Rules <input type="checkbox"/> Copy of floor plan <input type="checkbox"/> Copy of construction details <input type="checkbox"/> Building structure information (e.g., new, pre-existing, freestanding, fixed) <input type="checkbox"/> Building type information (e.g., commercial, industrial, house, warehouse, etc.) <input type="checkbox"/> Description of multiple tenants and/or occupancy restrictions <input type="checkbox"/> Copy of zoning information <input type="checkbox"/> Copy of marketing plan <input type="checkbox"/> Copy of staffing plan <input type="checkbox"/> Copy of deed or lease agreement <input type="checkbox"/> Copy of responsible operations plan <input type="checkbox"/> Copy of product & waste management plan <input type="checkbox"/> Copy of proof of financial responsibility (e.g., insurance policy, constant value bond) <input type="checkbox"/> Copy of Certificate of Use and Occupancy

PAGE 1 – DEMOGRAPHIC INFORMATION

In the DESIGNATED CONSUMPTION ESTABLISHMENT INFORMATION section, provide the following information for the applicant in the corresponding field on the application:

- **Applicant name** as it appears on official documents
- **Physical address** of the marijuana establishment seeking a state license
- **Mailing address** of the applicant
- **DBA/Assumed name/fictitious name** of the applicant, if applicable
- **Federal Employer Identification Number (FEIN) or Social Security Number (SSN)** of the applicant
- **Phone number** of the applicant
- **E-mail address** of the applicant
- **Business Location Zoning Category** of the establishment

DESIGNATED CONSUMPTION ESTABLISHMENT INFORMATION

Please provide the following information regarding the designated consumption establishment seeking a state license.

Applicant Name (as appears on official business documents)	DBA/Assumed Name (Attach copy of filed assumed name certificate, if applicable)
Physical Address	FEIN/SSN
City State Zip Code	Phone
Mailing Address	Email Address
City State Zip Code	Business Location Zoning Category (e.g., agriculture, commercial)

In the **PERSON COMPLETING APPLICATION** section, provide the following information in the corresponding field on the application:

- **Name** of the individual completing the application
- **Mailing address** of the individual completing the application
- **Attorney license number** of the personal completing the application, if applicable
- **Affiliation with the applicant** of the person completing the application
- **Date of birth** of the individual completing the application
- **Company name** of the individual completing the application, if applicable
- **Phone number** of the individual completing the application
- **E-mail address** of the individual completing the application
- **CPA license number** of the person completing the application, if applicable

PERSON COMPLETING APPLICATION
Please provide the following information for the individual who will act as the primary contact for this license application.

Name (First, Middle, Last)		Affiliation with Applicant	Date of Birth (mm/dd/yyyy)
Mailing Address		Company Name (if applicable)	
City	State	Zip Code	Phone
Attorney License No. (if applicable)		CPA License No. (if applicable)	

PAGES 2-6 – ATTESTATIONS

Read all the attestations carefully as the applicant will be acknowledging and agreeing to the information and stipulations contained in these attestations.

If you are unsure of what an item within an attestation means, consult an attorney. The Agency cannot provide legal interpretation of the statute or rules.

PAGE 2 – ATTESTATION 3-A – ACKNOWLEDGMENT & CONSENT TO INVESTIGATIONS, STATUTE & RULE COMPLIANCE

After reading the attestation, provide the name of the main applicant entity if applying under an entity, and provide the name and title of the individual authorized to sign on behalf of the main applicant in the spaces provided.

ATTESTATION 3-A
ACKNOWLEDGMENT & CONSENT TO INVESTIGATIONS, STATUTE & RULE COMPLIANCE
(To be completed by the applicant)

On behalf of I,
Name of Main Applicant Entity (if applicable) Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

hereby acknowledge and affirm the following:

I acknowledge that I am the person responsible for submitting this application, supplemental documentation, and attestations.

I hereby acknowledge that the Marijuana Regulatory Agency (Agency) may require additional materials to carry out its statutory duties. I agree to submit supplemental materials as requested in a timely manner. I acknowledge that failure to correct any notice of deficiency within 5 days of its receipt may result in the denial of an application.

I attest that the application information related to the governing municipality for the marijuana establishment which is the subject of this application is complete and accurate. Further, that the use of the premises described therein complies with all covenants, easements, restrictions, and other matters of record including the use provisions of any applicable zoning ordinance and all other governmental requirements.

I hereby consent to investigations of the physical premises intended to be licensed for the purposes of rule and regulation compliance, establishment safety and security, and integrity of marijuana establishment operation integrity. I understand that failing to cooperate with an investigation process the Agency may impound, seize, assume physical control of, or remove from the premises all books, ledgers, documents, writings, photocopies, correspondence, records, and videotapes, including electronically stored records, money receptacles, or equipment in which the records are stored. Failure to assist in an investigation may also result in denial, suspension, revocation, or restriction of a license.

I acknowledge that I shall have a physical structure ready for inspection so that I may receive a passing inspection by the 60th day after my complete application is submitted. In the event I do not have a passing inspection by the 60th day, I acknowledge that my application may be denied.

PAGE 3 – ATTESTATION 3-B – PROOF OF POSSESSION OF PREMISES & WRITTEN PERMISSION FROM OWNER OF PREMISES

This attestation will need to be signed by the applicant in Part A, and signed by the owner of the premises where the designated consumption establishment will be located in Part B. Do not sign this attestation until in the presence of a notary.

If the applicant and the owner of the premises are the same individual, only Part B needs to be notarized.

PART A – Complete this section in the presence of a notary. After reading the attestation, provide the name of the main applicant entity if applying under an entity, and provide the name and title of the individual authorized to sign on behalf of the main applicant in the spaces provided. Also provide the signature of the applicant, the date, the establishment street address, and the establishment city, state, and zip code on the spaces provided. The applicant signature date and the date in the notary block must match.

ATTESTATION 3-B
PROOF OF POSSESSION OF PREMISES & WRITTEN PERMISSION FROM OWNER OF PREMISES
(To be signed by the applicant and owner of premises and submitted by the applicant)
Do not sign until notary is present

PART A:
On behalf of _____, I, _____
Name of Main Applicant Entity (if applicable) Name & Title of Individual Authorized to Sign on Behalf of Main Applicant
possess the premises where the proposed designated consumption establishment will be located. I have attached proof of possession to this application.

Signature of Individual Authorized to Sign on Behalf of Main Applicant _____
Date _____
Establishment Street Address _____
Establishment City, State, Zip Code _____

Subscribed and sworn to by _____ before me on _____
(Name of Individual Authorized) (Date)

(Notary Public Signature) (Notary Public Printed Name)

State of _____, County of _____, Acting in the county of _____, _____
(county) (state)

My commission expires: _____

PART B – This section must be completed by the owner of the premises of the designated consumption establishment in the presence of a notary. After reading this section of the attestation, the owner of the premises should provide their name in the owner of premises blank, and provide their signature, printed name, and the date in the spaces provided. The owner of the premises signature date and the date in the notary block must match.

PART B:
I, _____ (owner of the premises),
approve of the applicant's use of the designated consumption establishment for marijuana consumption on the premises in question.

Owner of Premises Signature _____
Date _____

Subscribed and sworn to by _____ before me on _____
(Owner of Premises Name) (Date)

(Notary Public Signature) (Notary Public Printed Name)

State of _____, County of _____, Acting in the county of _____, _____
(county) (state)

My commission expires: _____

PAGE 4 – ATTESTATION 3-C – CONFIRMATION OF SECTION 6 COMPLIANCE

PART A – After reading the attestation, provide the name of the main applicant entity (if applying under an entity), and provide the name and title of the individual authorized to sign on behalf of the main applicant in the spaces provided. The applicant must also provide their signature, the establishment type, the address of the marijuana establishment, and date in the spaces provided.

ATTESTATION 3-C
CONFIRMATION OF SECTION 6 COMPLIANCE
 (To be signed by the applicant and municipal clerk or their designee, and submitted by the applicant)
 Do not sign until notary is present.

PART A:
 On behalf of _____, I, _____
Name of Main Applicant Entity (if applicable) Name & Title of Individual Authorized to Sign on Behalf of Main Applicant
 understand that I am submitting this Attestation in accordance with Section 9 of MRTMA and the Emergency Rules.

Applicant Signature _____
Date

Establishment Type

Establishment Address

PART B – The applicant must have this section of the attestation completed by their municipal clerk or a designee of the municipal clerk. The clerk or designee will confirm the required information and sign the form if applicable.

Failure to submit this attestation with the signature of the municipal clerk or their designee will result in a Notice of Deficiency letter. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of your application.

PART B:
 I, _____ (clerk/designee) of _____ (municipality),
 hereby attest to the Marijuana Regulatory Agency (Agency) that the applicant for a state license as named below in part B, is in accordance with the municipal ordinance requirement of section 6 of the Michigan Regulation and Taxation of Marijuana Act, 2018 IL 1 (MRTMA).
 I further attest that:

The municipality **has not** adopted an ordinance under section 6 of the MRTMA prohibiting marijuana establishments.
 The municipality **has** adopted an ordinance under section 6 of the MRTMA allowing marijuana establishments and the applicant **is not** in violation of the local ordinance or zoning regulations.
 The municipality **has** adopted an ordinance under section 6 of the MRTMA allowing marijuana establishments and the applicant **is** in violation of the local ordinance or zoning regulations.

Failure of the municipality to notify the agency that the applicant is not in compliance with a municipal ordinance consistent with section 6 of the MRTMA and in effect at the time of application will not prohibit the agency from issuing a state license.

Clerk (or designee) Signature _____
Clerk (or designee) Email Address _____
Date

Subscribed and sworn to by _____ before me on _____
(Clerk-Designee Name) (Date)

(Notary Public Signature) _____
(Notary Public Printed Name)

State of _____, County of _____, Acting in the county of _____ (county) _____ (state)

My commission expires: _____

PAGE 5 – ATTESTATION 3-D – CONFIRMATION OF INSURANCE

PART A – After reading the attestation, provide the name of the main applicant entity (if applying under an entity), and provide the name and title of the individual authorized to sign on behalf of the main applicant in the spaces provided. The applicant must also provide their signature, the establishment name/insured party name, the address of the marijuana establishment/insured party address, and date in the spaces provided.

ATTESTATION 3-D
CONFIRMATION OF INSURANCE
 (To be signed by the applicant and an authorized representative or designee of the insurance or surety company, and submitted by the applicant)
 Do not sign until notary is present.

PART A:
 On behalf of _____, I, _____
Name of Main Applicant Entity (if applicable) Name & Title of Individual Authorized to Sign on Behalf of Main Applicant
 understand that I am submitting this attestation in accordance with the Emergency Rules.

Applicant Signature _____
Date

Establishment Name/Insured Party Name

Establishment Address/Insured Party Address

PART B – The applicant must have this section of the attestation completed by the agent or designee of the insurance or surety company. The agent or designee will need to provide the required information and sign the form in the presence of a notary. Ensure the agency or designee provides a copy of the insurance policy or constant value bond.

Failure to submit this attestation with the signature of the agent or designee will result in a Notice of Deficiency letter. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of your application.

PART B:

I, _____ of _____
Name of Representative Designee Name of Insurance or Surety Company Authorized to do Business in this State
hereby attest to the Marijuana Regulatory Agency (Agency) that the applicant for a state license as named above in part A, has liability coverage for bodily injury to lawful users resulting from the manufacture, distribution, transportation, or sale of adulterated marijuana or adulterated marijuana-infused products in an amount not less than \$100,000.00 and that no products liability exclusion exists in the liability coverage issued to the applicant and/or licensee that would exclude the coverage mandated in the Emergency Rules.

I further attest that:

- The policy number for the above-referenced insurance policy is _____, with an effective date of _____ and expiration date of _____. The declaration page of the above-referenced policy is attached hereto.
- The bond number for the above-referenced constant value bond is _____, with an effective date of _____ and expiration date of _____. A copy of the bond is attached hereto.

The policy or constant value bond listed above covers the following locations: (list all locations covered by the policy or bond):

Representative or Designee Signature Insurance or Surety Company Address

Date

Subscribed and sworn to by _____ before me on _____
(Agent/Designee Name) (Date)

(Notary Public Signature) (Notary Public Printed Name)

State of _____ County of _____ Acting in the county of _____ (county) (state)

My commission expires: _____

PAGE 6 - ACKNOWLEDGMENT OF ATTESTATIONS

Do not sign this form until in the presence of a notary. After reading the attestation, provide the name of the main applicant entity (if applying under an entity), and provide the name and title of the individual authorized to sign on behalf of the main applicant in the spaces provided.

Indicate by checking the boxes that the applicant acknowledges and consents to the attestations.

The applicant should sign this form in the presence of an active notary. In the notary block at the bottom, the applicant signature date and notary signature date must match.

If the notary signature is invalid and/or the dates do not match, you will receive a Notice of Deficiency. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of your application.

ACKNOWLEDGMENT OF ATTESTATIONS
(To be signed and submitted by the applicant)
Do not sign until notary is present

On behalf of _____ I, _____
Name of Main Applicant Entity (if applicable) Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

I hereby swear, acknowledge, and consent to the following attestations: (check all that apply to indicate the applicant's acknowledgment and consent):

- Attestation 3-A: Acknowledgment & Consent to Investigations, Statute & Rule Compliance
- Attestation 3-B: Proof of Possession of Premises & Written Permission from Owner of Premises
- Attestation 3-C: Confirmation of Section 6 Compliance
- Attestation 3-D: Confirmation of Insurance

Signature of Individual Authorized to Sign on Behalf of Main Applicant Date

Subscribed and sworn to by _____ before me on _____
(Name of Individual Authorized) (Date)

(Notary Public Signature) (Notary Public Printed Name)

State of _____ County of _____ Acting in the county of _____ (county) (state)

My commission expires: _____

PAGE 7 - DISCLOSURES

(1) BUSINESS SPECIFICATION

A. Establishment Ownership Information – Provide the property tax ID number of the establishment, the name of the individual or entity that owns the property, the property street address, and the type of ownership or use interest in the property (e.g., if you own, rent, have a land contract).

B. Estimated Income – Provide the amount of actual income earned annual in Michigan or provide the amount of annual income you project the business will earn in Michigan.

(1) BUSINESS SPECIFICATIONS

A. Establishment Ownership Information: Provide the following information regarding ownership of the marijuana establishment to be licensed:

Property Tax ID Number	Owner of Record
Property Street Address	Type of Ownership or Use Interest (e.g., own, rent, land contract)

B. Estimated Income: Provide the projected or actual gross annual income in Michigan. (check one box)

Less than \$100,000 \$100,001 – \$150,000 \$150,001 – \$200,000 \$200,001 – \$300,000 \$300,001 and above

(2) MUNICIPALITY INFORMATION

Part A. – Provide the name of the municipality where the marijuana establishment is located.

Part B. – Provide the city, state, and zip code of the municipality where the marijuana establishment is located.

Part C. – Provide the name of the county of the municipality where the marijuana establishment is located.

(2) MUNICIPALITY INFORMATION

A. Name of municipality in which the marijuana establishment will be located:

B. City, state, and zip code of municipality:

C. County of municipality:

(3) EMPLOYEE INFORMATION

Part A. – Indicate the number of employees who will work for this marijuana establishment. If unknown, provide an estimate.

(3) EMPLOYEE INFORMATION

A. Number of employees who will work for this marijuana establishment: (if unknown, estimate)

Page 7 – Required Supporting Documents

The following items are required for each designated consumption establishment license application:

- Copy of the establishment **deed or lease agreement** (See: Rule 59(2)(j))
If a lease agreement, it must have the landlord and tenant signatures
- Copy of the **Designated Consumption Establishment Plan** (See: Rule 59(2)(a))
- A detailed **floor plan** of the establishment (See: Rule 59(2)(b))
- **Construction details** of the establishment (See: Rule 59(2)(c))
- **Building structure information** (See: Rule 59(2)(d))
- **Building type information** (See: Rule 59(2)(e))
- **Zoning information** (See: Rule 59(2)(f))
- **Description of multiple tenants and/or occupancy restrictions** (See: Rule 59(2)(g))

- Copy of the **marketing plan** (See: Rule 52 for marketing and advertising restrictions)
- Copy of the **responsible operations plan** (See: Rule 59(2)(k))
- Copy of the **product destruction and waste management plan** (per Rule 37) (See: Rule 59(2)(m))
- Copy of the **staffing plan** (See: Rule 59(2)(l); See: Rule 56(2)(f))
- Copy of the **Certificate of Use and Occupancy** (See: Rule 12(5)(a))
- Copy of the **proof of financial responsibility** for liability for bodily injury resulting from the manufacture, distribution, transportation, or sale of adulterated marijuana or marijuana-infused products. This can be held in the form of an insurance policy or a constant value bond. (See: Rule 8(1)(d); See: Rule 13)

SUBMITTING THE APPLICATION

When submitting your application, ensure all supporting documents are provided. Failure to submit all application pages and supporting documents will result in a Notice of Deficiency letter. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of your application.

Your application can be submitted in person at: **2407 North Grand River Avenue, Lansing, MI 48906**, or submitted via postal mail to:

**Marijuana Regulatory Agency
Adult-Use Establishment Licensing
P.O. Box 30205
Lansing, MI 48909**

If any questions arise while completing the application, please do not hesitate to contact MRA by telephone at:
517-284-8599

Your designated consumption establishment license application should consist of the following application pages:

- Page 1 – Marijuana Establishment Information
- Page 2 – Attestation 3-A – Acknowledgment & Consent to Investigations, Statute & Rule Compliance
- Page 3 – Attestation 3-B – Proof of Possession of Premises & Written Permission from Owner of Premises
- Page 4 – Attestation 3-C – Confirmation of Section 6 Compliance
- Page 5 – Attestation 3-D – Confirmation of Insurance, if applicable
- Page 6 – Acknowledgment of Attestations
- Page 7 – Disclosures

Your designated consumption establishment license application should contain the following supporting documents:

- Deed or lease agreement
- Designated Consumption Establishment Plan
- Floor plan
- Construction details
- Building structure information
- Building type information
- Description of multiple tenants and/or occupancy restrictions
- Zoning information
- Marketing plan
- Responsible operations plan
- Product destruction and waste management plan
- Staffing plan
- Certificate of Use and Occupancy
- Proof of financial responsibility (e.g., copy of insurance policy or constant value bond)

MARIJUANA EVENT ORGANIZER LICENSE APPLICATION

This application is intended for applicants seeking a license for a marijuana event organizer. The marijuana event organizer applicant must be approved for prequalification before a marijuana event organizer license application can be accepted.

A marijuana event organizer license is required before applying for temporary marijuana events.

The Marijuana Event Organize License application can be found at the following link: [Marijuana Event Organizer License Application – Step 2](#).

PAGE 1 - APPLICATION CHECKLIST & DEMOGRAPHIC PAGE

Ensure you have gathered all applicable items on the checklist before submitting your application. Failure to submit any of the required items may result in the denial of your establishment license application.

MARIHUANA EVENT ORGANIZER LICENSE APPLICATION
<i>Marihuana Event Organizer License Application</i> <input type="checkbox"/> Demographic page <input type="checkbox"/> Attestation A - Acknowledgment of Application

In the **MARIHUANA EVENT ORGANIZER INFORMATION** section, provide the following information for the applicant in the corresponding field on the application:

- **Applicant name** as it appears on official documents
- **Physical address** of the applicant
- **Mailing address** of the applicant
- **DBA/Assumed name/fictitious name** of the applicant, if applicable
- **Federal Employer Identification Number (FEIN) or Social Security Number (SSN)** of the applicant
- **Phone number** of the applicant
- **E-mail address** of the applicant
- **ACA Record Number** of the prequalified applicant (*E.g., ER-000123; SP-000102*)

MARIHUANA EVENT ORGANIZER INFORMATION
Please provide the following information for the proposed Temporary Marihuana Event license applicant.

Applicant Name (as appears on official business documents)			DBA/Assumed Name (Attach copy of filed assumed name certificate, if applicable)		
Physical Address			FEIN/SSN		
City			Phone		
State	Zip Code				
Mailing Address			Email Address		
City			ACA Record Number (for the prequalified applicant)		
State	Zip Code				

In the **PERSON COMPLETING APPLICATION** section, provide the following information in the corresponding field on the application:

- **Name** of the individual completing the application
- **Mailing address** of the individual completing the application
- **Attorney license number** of the personal completing the application, if applicable
- **Affiliation with the applicant** of the person completing the application
- **Date of birth** of the individual completing the application

- **Company name** of the individual completing the application, if applicable
- **Phone number** of the individual completing the application
- **E-mail address** of the individual completing the application
- **CPA license number** of the person completing the application, if applicable

PERSON COMPLETING APPLICATION
Please provide the following information for the individual who will act as the primary contact for this license application.

Name (First, Middle, Last)			Affiliation with Applicant		Date of Birth (mm/dd/yyyy)
Mailing Address			Company Name (if applicable)		
City	State	Zip Code	Phone	Email Address	
Attorney License No. (if applicable)			CPA License No. (if applicable)		

PAGE 2 – ATTESTATION A – ACKNOWLEDGMENT OF APPLICATION

The applicant should sign this form in the presence of an active notary. In the notary block at the bottom, the applicant signature date and notary signature date must match.

After reading the attestation, provide the name of the main applicant entity (if applying under an entity), and provide the name and title of the individual authorized to sign on behalf of the main applicant in the spaces provided.

Provide the applicant signature and date in the spaces provided.

If the notary signature is invalid and/or the dates do not match, you will receive a Notice of Deficiency. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of your application.

SUBMITTING THE APPLICATION

Your application can be submitted in person at: **2407 North Grand River Avenue, Lansing, MI 48906**, or submitted via postal mail to:

**Marijuana Regulatory Agency
Adult-Use Establishment Licensing
P.O. Box 30205
Lansing, MI 48909**

If any questions arise while completing the application, please do not hesitate to contact MRA by telephone at:
517-284-8599

Your adult-use marijuana event organizer license application should consist of the following application pages:

- [Page 1 – Application Checklist/Demographic page](#)
- [Page 2 – Attestation A – Acknowledgment of Application](#)

TEMPORARY MARIJUANA EVENT LICENSE APPLICATION

A marijuana event organizer license is required before applying for temporary marijuana event licenses.

The Temporary Marijuana Event License application can be found at the following link: [Temporary Marijuana Event License Application](#).

APPLICATION CHECKLIST

TEMPORARY MARIHUANA EVENT LICENSE APPLICATION (A marihuana event organizer license is required before applying)
<p><i>Temporary Marihuana Event License Application</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Page 1: Demographic Information <input type="checkbox"/> Page 2: Attestation 4-A – Acknowledgment & Consent to Investigations, Statute & Rule Compliance <input type="checkbox"/> Page 3: Attestation 4-B – Confirmation of Section 6 Compliance <input type="checkbox"/> Page 4: Attestation 4-C – Confirmation of Insurance <input type="checkbox"/> Page 5: Acknowledgment of Attestations (signed and notarized) <input type="checkbox"/> Page 6: Disclosures: (1) Duration of Event, (2) Business Specifications, (3) Municipal Information, (4) Employee Information
<p><i>Supporting Documents</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Assumed Name/DBA documentation (if applicable) <input type="checkbox"/> Diagram of physical layout of event <input type="checkbox"/> Copy of security plan <input type="checkbox"/> Copy of responsible operations plan <input type="checkbox"/> Copy of product & waste management plan <input type="checkbox"/> Copy of marketing plan <input type="checkbox"/> List of marijuana vendors and employees participating in event <input type="checkbox"/> Copy of proof of financial responsibility (e.g., insurance policy, constant value bond)

PAGE 1 – DEMOGRAPHIC INFORMATION

In the **MARIHUANA EVENT ORGANIZER LICENSE INFORMATION** section, provide the name and license number of the active marijuana event organizer.

In the **TEMPORARY MARIHUANA EVENT INFORMATION** section, provide the following information for the temporary event in the corresponding field on the application:

- **Name** of the temporary marijuana event
- **Physical address** of the temporary marijuana event seeking a state license
- **Phone number** of the applicant
- **E-mail address** of the applicant
- **Mailing address** of the applicant

TEMPORARY MARIHUANA EVENT INFORMATION
Please provide the following information regarding the temporary marihuana event seeking a state license.

Temporary Marihuana Event Name	Phone	Email Address
Event Physical Address	Mailing Address	
City	State	Zip Code
City	State	Zip Code

In the **PERSON COMPLETING APPLICATION** section, provide the following information in the corresponding field on the application:

- **Name** of the individual completing the application
- **Mailing address** of the individual completing the application
- **Attorney license number** of the personal completing the application, if applicable
- **Affiliation with the applicant** of the person completing the application
- **Date of birth** of the individual completing the application

- **Company name** of the individual completing the application, if applicable
- **Phone number** of the individual completing the application
- **E-mail address** of the individual completing the application
- **CPA license number** of the person completing the application, if applicable

PERSON COMPLETING APPLICATION
Please provide the following information for the individual who will act as the primary contact for this license application.

Name (First, Middle, Last)			Affiliation with Applicant		Date of Birth (mm/dd/yyyy)
Mailing Address			Company Name (if applicable)		
City	State	Zip Code	Phone	Email Address	
Attorney License No. (if applicable)			CPA License No. (if applicable)		

PAGES 2-5 – ATTESTATIONS

Read all the attestations carefully as the applicant will be acknowledging and agreeing to the information and stipulations contained in these attestations.

If you are unsure of what an item within an attestation means, consult an attorney. The Agency cannot provide legal interpretation of the statute or rules.

PAGE 2 – ATTESTATION 4-A – ACKNOWLEDGMENT & CONSENT TO INVESTIGATIONS, STATUTE & RULE COMPLIANCE

After reading the attestation, provide the name of the main applicant entity if applying under an entity, and provide the name and title of the individual authorized to sign on behalf of the main applicant in the spaces provided.

ATTESTATION 4-A
ACKNOWLEDGMENT & CONSENT TO INVESTIGATIONS, STATUTE & RULE COMPLIANCE
(To be completed by the applicant)

On behalf of _____, I, _____
Name of Main Applicant Entity (if applicable) Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

hereby acknowledge and affirm the following:

I acknowledge that I am the person responsible for submitting this application, supplemental documentation, and attestations.

I hereby acknowledge that the Marijuana Regulatory Agency (Agency) may require additional materials to carry out its statutory duties. I agree to submit supplemental materials as requested in a timely manner. I acknowledge that failure to correct any notice of deficiency within 5 days of its receipt may result in the denial of an application.

I attest that the application information related to the governing municipality for the marijuana establishment which is the subject of this application is complete and accurate. Further, that the use of the premises described therein complies with all covenants, easements, restrictions, and other matters of record including the use provisions of any applicable zoning ordinance and all other governmental requirements.

I hereby consent to investigations of the physical premises intended to be licensed for the purposes of rule and regulation compliance, establishment safety and security, and integrity of marijuana establishment operation integrity. I understand that failing to cooperate with an investigation process the Agency may impound, seize, assume physical control of, or remove from the premises all books, ledgers, documents, writings, photocopies, correspondence, records, and videotapes, including electronically stored records, money receptacles, or equipment in which the records are stored. Failure to assist in an investigation may also result in denial, suspension, revocation, or restriction of a license.

PAGE 3 – ATTESTATION 4-B – CONFIRMATION OF SECTION 6 COMPLIANCE

PART A – After reading the attestation, provide the name of the main applicant entity (if applying under an entity), and provide the name and title of the individual authorized to sign on behalf of the main applicant in the spaces provided. The applicant must also provide their signature, the establishment type, the address of the marijuana establishment, and date in the spaces provided.

ATTESTATION 4-B
CONFIRMATION OF SECTION 6 COMPLIANCE
(To be signed by the applicant and municipal clerk or their designee, and submitted by the applicant)
Do not sign until notary is present

PART A:
On behalf of _____, I, _____
Name of Main Applicant Entity (if applicable) Name & Title of Individual Authorized to Sign on Behalf of Main Applicant
understand that I am submitting this Attestation in accordance with Section 9 of MRTMA and the Emergency Rules.

Applicant Signature _____
Date

Establishment Type

Establishment Address

PART B – The applicant must have this section of the attestation completed by their municipal clerk or a designee of the municipal clerk. The clerk or designee will confirm the required information and sign the form if applicable.

Failure to submit this attestation with the signature of the municipal clerk or their designee will result in a Notice of Deficiency letter. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of your application.

PART B:

I, _____ (clerk/designee) of _____ (municipality), hereby attest to the Marijuana Regulatory Agency (Agency) that the applicant for a state license as named above in part A, is in accordance with the municipal ordinance requirement of section 6 of the Michigan Regulation and Taxation of Marijuana Act, 2018 IL 1 (MRTMA).

I further attest that:

1. The municipality has reviewed and approves the applicant's proposed temporary marijuana event.
2. The proposed temporary marijuana event does not violate any ordinance adopted by this municipality.
3. Any violations of a municipal or zoning ordinance will be reported.

_____ (name of municipality) approves the venue/space, _____ (name of venue/space), for the purpose of holding a temporary marijuana event for the following dates:

Start date: _____ (mm/dd/yyyy) End date: _____ (mm/dd/yyyy)

Hours of Operation: _____

The municipality approves of the following activities during the event:

Sale of Marijuana Products Consumption of Marijuana Products Both

Clerk (or designee) Signature _____ Email Address _____ Date _____

Subscribed and sworn to by _____ before me on _____
(Clerk/Designee Name) (Date)

(Notary Public Signature) _____ (Notary Public Printed Name) _____

State of _____ County of _____ Acting in the county of _____ (county) (state)

My commission expires: _____

PAGE 4 – ATTESTATION 4-C – CONFIRMATION OF INSURANCE

PART A – After reading the attestation, provide the name of the main applicant entity (if applying under an entity), and provide the name and title of the individual authorized to sign on behalf of the main applicant in the spaces provided. The applicant must also provide their signature, the event name/insured party name, the address of the event/insured party address, and date in the spaces provided.

**ATTESTATION 4-C
CONFIRMATION OF INSURANCE**

(To be signed by the applicant and an authorized representative or designee of the insurance or surety company, and submitted by the applicant)
Do not sign until notary is present

PART A:

On behalf of _____, I, _____
Name of Main Applicant Entity (if applicable) Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

understand that I am submitting this attestation in accordance with the Emergency Rules.

Applicant Signature _____ Date _____

Event Name/Insured Party Name _____

Event Address/Insured Party Address _____

PART B – The applicant must have this section of the attestation completed by the agent or designee of the insurance or surety company. The agent or designee will need to provide the required information and sign the form in the presence of a notary. Ensure the agency or designee provides a copy of the insurance policy or constant value bond.

Failure to submit this attestation with the signature of the agent or designee will result in a Notice of Deficiency letter. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of your application.

PART B:

I, _____ of _____
Name of Representative/Designee Name of Insurance or Surety Company Authorized to do Business in this State
hereby attest to the Marijuana Regulatory Agency (Agency) that the applicant for a state license as named above in part A, has liability coverage for bodily injury to lawful users resulting from the manufacture, distribution, transportation, or sale of adulterated marijuana or adulterated marijuana-infused products in an amount not less than \$100,000.00 and that no products liability exclusion exists in the liability coverage issued to the applicant and/or licensee that would exclude the coverage mandated in the Emergency Rules.

I further attest that:

- The policy number for the above-referenced insurance policy is _____, with an effective date of _____ and expiration date of _____. The declaration page of the above-referenced policy is attached hereto.
- The bond number for the above-referenced constant value bond is _____, with an effective date of _____ and expiration date of _____. A copy of the bond is attached hereto.

The policy or constant value bond listed above covers the following locations (list all locations covered by the policy or bond):

Representative or Designee Signature Company Address

Date

Subscribed and sworn to by _____ before me on _____
(Agent/Designee Name) (Date)

(Notary Public Signature) (Notary Public Printed Name)

State of _____, County of _____, Acting in the county of _____, _____
(state) (county) (state)

My commission expires: _____

PAGE 5 – ACKNOWLEDGMENT OF ATTESTATIONS

Do not sign this form until in the presence of a notary. After reading the attestation, provide the name of the main applicant entity (if applying under an entity), and provide the name and title of the individual authorized to sign on behalf of the main applicant in the spaces provided.

Indicate by checking the boxes that the applicant acknowledges and consents to the attestations.

The applicant should sign this form in the presence of an active notary. In the notary block at the bottom, the applicant signature date and notary signature date must match.

If the notary signature is invalid and/or the dates do not match, you will receive a Notice of Deficiency. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of your application.

ACKNOWLEDGMENT OF ATTESTATIONS
(To be signed and submitted by the applicant)
Do not sign until notary is present

On behalf of _____, I, _____
Name of Main Applicant Entity (if applicable) Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

I hereby swear, acknowledge, and consent to the following attestations: (check all that apply to indicate the applicant's acknowledgment and consent):

- Attestation 4-A: Acknowledgment & Consent to Investigations, Statute & Rule Compliance
- Attestation 4-B: Confirmation of Section 6 Compliance
- Attestation 4-C: Confirmation of Insurance

Signature of Individual Authorized to Sign on Behalf of Main Applicant Date

Subscribed and sworn to by _____ before me on _____
(Name of Individual Authorized) (Date)

(Notary Public Signature) (Notary Public Printed Name)

State of _____, County of _____, Acting in the county of _____, _____
(state) (county) (state)

My commission expires: _____

PAGE 6 – DISCLOSURES

(1) DURATION OF TEMPORARY MARIHUANA EVENT

Indicate the start date, end date, and hours of operation of the proposed temporary marijuana event in the spaces provided. The temporary marijuana event may not last longer than seven consecutive days.

(1) **DURATION OF TEMPORARY MARIHUANA EVENT**
Indicate the proposed date(s) over which the temporary marihuana event will take place:
Start date: (mm/dd/yyyy) End date: (mm/dd/yyyy)
Hours of Operation: (e.g., 11:00 AM – 11:00 PM)

NOTE: The temporary marihuana event may not last longer than 7 consecutive days.
Submit this application not less than 90 calendar days before the first day of the temporary marihuana event.

(2) BUSINESS SPECIFICATION

A. Sale or Consumption – Select the corresponding box to Indicate which activities will occur at the temporary marijuana event – sale of marijuana products, consumption of marijuana products, or both sale and consumption of marijuana products.

B. Designated Contact Person – This individual shall be onsite at the event and reachable by telephone at all times that the event is occurring. Provide the name, phone number, and the individual’s affiliation with the applicant for the designated contact person for the proposed temporary marijuana event in the spaces provided.

C. Secondary Designated Contact Person – This individual shall be onsite at the event and reachable by telephone at all times that the event is occurring. Provide the name, phone number, and the individual’s affiliation with the applicant for the designated contact person for the proposed temporary marijuana event in the spaces provided.

(2) **BUSINESS SPECIFICATIONS**

A. Sale or Consumption: Please indicate which activities will occur during the temporary marihuana event:
 Sale of Marijuana Products Consumption of Marijuana Products Both

B. Designated Contact Person: Please provide the contact information for the person who is designated to remain onsite and will be reachable by telephone at all times during the temporary marihuana event:
Name: Phone number:
Relation to applicant:

C. Secondary Designated Contact Person: Please provide the contact information for a secondary person who is designated to remain onsite and will be reachable by telephone at all times during the temporary marihuana event:
Name: Phone number:
Relation to applicant:

(3) MUNICIPALITY INFORMATION

Part A. – Provide the name of the municipality where the proposed temporary marijuana event will be located.

Part B. – Provide the city, state, and zip code of the municipality where the proposed temporary marijuana event will be located.

Part C. – Provide the name of the county of the municipality where the proposed temporary marijuana event will be located.

(3) **MUNICIPALITY INFORMATION**

A. Name of municipality in which the marihuana event will be located:

B. City, state, and zip code of municipality:

C. County of municipality:

(4) EMPLOYEE INFORMATION

Part A. – Indicate the number of employees who will work at the proposed temporary marijuana event. If unknown, provide an estimate.

(4) **EMPLOYEE INFORMATION**

A. Number of employees who will work at this temporary marihuana event: (if unknown, estimate)

Page 6 – Required Supporting Documents

The following items are required for each temporary marijuana event license application in relation to the disclosures:

- **Diagram of the physical layout of the event** (See: Rule 62(6)(e))
- **Copy of the security plan** (See: Rule 62(8))
- **Copy of the responsible operations plan** (See: Rule 62(11))
- **Copy of product and waste management plan** (See: Rule 64(12); Rule 37)
- **Copy of the marketing plan** (See: Rule 62(9); Rule 52 for marketing and advertising restrictions)
- **List of the marijuana vendors and employees** participating in the proposed temporary marijuana event (See: Rule 64(6)(j))

SUBMITTING THE APPLICATION

When submitting your application, ensure all supporting documents are provided. Failure to submit all application pages and supporting documents will result in a Notice of Deficiency letter. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of your application.

Your application can be submitted in person at: **2407 North Grand River Avenue, Lansing, MI 48906**, or submitted via postal mail to:

**Marijuana Regulatory Agency
Adult-Use Establishment Licensing
P.O. Box 30205
Lansing, MI 48909**

If any questions arise while completing the application, please do not hesitate to contact MRA by telephone at:
517-284-8599

Your temporary marijuana event license application should consist of the following application pages:

- Page 1 – Demographic Information
- Page 2 – Attestation 4-A – Acknowledgment & Consent to Investigations, Statute & Rule Compliance
- Page 3 – Attestation 4-B – Confirmation of Section 6 Compliance
- Page 4 – Attestation 4-C – Confirmation of Insurance, if applicable
- Page 5 – Acknowledgment of Attestations
- Page 6 – Disclosures

Your temporary marijuana event license application should contain the following supporting documents:

- Diagram of the physical layout of the event
- Copy of the security plan
- Copy of the responsible operations plan
- Copy of product and waste management plan
- Copy of the marketing plan
- List of the marijuana vendors and employees participating in the proposed temporary marijuana event
- Proof of financial responsibility (e.g., insurance policy, constant value bond)

EXCESS MARIJUANA GROWER LICENSE APPLICATION

This application is intended for applicants holding five adult-use class C marijuana grower licenses and at least two medical marijuana grower class C licenses. The excess marijuana plant count must be in increments of 2,000 and cannot exceed the licensee’s authorized medical marijuana grower class C plant count.

The Excess Marijuana Grower License application can be found at the following link: [Excess Marijuana Grower License Application – Step 2.](#)

APPLICATION CHECKLIST

Ensure you have gathered all applicable items on the checklist before submitting your application. Failure to submit any of the required items may result in the denial of your establishment license application.

EXCESS MARIJUANA GROWER LICENSE APPLICATION
<p><i>Excess Marijuana Grower License Application</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Page 1: Demographic Information <input type="checkbox"/> Page 2: Attestation 5-A – Acknowledgment & Consent to Investigations, Statute & Rule Compliance <input type="checkbox"/> Page 3: Attestation 5-B – Interest & Experience Attestation <input type="checkbox"/> Page 4: Attestation 5-C – Confirmation of Section 6 Compliance <input type="checkbox"/> Page 5: Attestation 5-D – Confirmation of Insurance <input type="checkbox"/> Page 6: Acknowledgment of Attestations (signed & notarized) <input type="checkbox"/> Pages 7-8: Disclosures: (1) Excess Grow Amount Information, (2) Class C Marijuana Grower Licenses, (3) Business Specifications, (4) Municipality Information, (5) Employee Information
<p><i>Business Specifications</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Assumed Name/DBA documentation (if applicable) <input type="checkbox"/> Copy of Marijuana Establishment Plan complying with the Emergency Rules, including but not limited to: <ul style="list-style-type: none"> <input type="checkbox"/> Diagram of establishment <input type="checkbox"/> Floor plan <input type="checkbox"/> Construction details <input type="checkbox"/> Building structure information (e.g., new, pre-existing, freestanding, fixed) <input type="checkbox"/> Building type information (e.g., commercial, industrial, house, warehouse, etc.) <input type="checkbox"/> Zoning information <input type="checkbox"/> Description of multiple tenants and/or occupancy restrictions <input type="checkbox"/> Security plan <input type="checkbox"/> Copy of technology plan (3rd party integrating software with METRC) <input type="checkbox"/> Copy of marketing plan (advertising, propaganda, etc.) <input type="checkbox"/> Copy of inventory & recordkeeping plan <input type="checkbox"/> Copy of staffing plan <input type="checkbox"/> Copy of deed or lease agreement <input type="checkbox"/> Copy of proof of financial responsibility (e.g., insurance policy, constant value bond) <input type="checkbox"/> Copy of Certificate of Use and Occupancy

PAGE 1 – MARIJUANA ESTABLISHMENT INFORMATION

In the MARIJUANA ESTABLISHMENT INFORMATION section, provide the following information for the applicant in the corresponding field on the application:

- **Applicant name** as it appears on official documents
- **Physical address** of the marijuana establishment seeking a state license
- **Mailing address** of the applicant
- **DBA/Assumed name/fictitious name** of the applicant, if applicable
- **Federal Employer Identification Number (FEIN) or Social Security Number (SSN)** of the applicant
- **Phone number** of the applicant
- **E-mail address** of the applicant
- **Business Location Zoning Category** of the establishment

MARIJUANA ESTABLISHMENT INFORMATION
Please provide the following information regarding the marijuana establishment seeking a state license.

Applicant Name (as appears on official business documents)	DBA/Assumed Name (Attach copy of filed assumed name certificate, if applicable)
Physical Address:	FEIN/SSN
City State Zip Code	Phone
Mailing Address:	Email Address:
City State Zip Code	Business Location Zoning Category (e.g., agricultural, commercial)

In the **PERSON COMPLETING APPLICATION** section, provide the following information in the corresponding field on the application:

- **Name** of the individual completing the application
- **Mailing address** of the individual completing the application
- **Attorney license number** of the personal completing the application, if applicable
- **Affiliation with the applicant** of the person completing the application
- **Date of birth** of the individual completing the application
- **Company name** of the individual completing the application, if applicable
- **Phone number** of the individual completing the application
- **E-mail address** of the individual completing the application
- **CPA license number** of the person completing the application, if applicable

PERSON COMPLETING APPLICATION
Please provide the following information for the individual who will act as the primary contact for this license application.

Name (First, Middle, Last)		Affiliation with Applicant		Date of Birth (mm/dd/yyyy)	
Mailing Address		Company Name (if applicable)			
City	State	Zip Code	Phone	Email Address	
Attorney License No. (if applicable)			CPA License No. (if applicable)		

PAGES 2-6 – ATTESTATIONS

Read all the attestations carefully as the applicant will be acknowledging and agreeing to the information and stipulations contained in these attestations.

If you are unsure of what an item within an attestation means, consult an attorney. The Agency cannot provide legal interpretation of the statute or rules.

PAGE 2 – ATTESTATION 5-A – ACKNOWLEDGMENT & CONSENT TO INVESTIGATIONS, STATUTE & RULE COMPLIANCE

After reading the attestation, provide the name of the main applicant entity if applying under an entity, and provide the name and title of the individual authorized to sign on behalf of the main applicant in the spaces provided.

ATTESTATION 5-A
ACKNOWLEDGMENT & CONSENT TO INVESTIGATIONS, STATUTE & RULE COMPLIANCE
(To be completed by the applicant)

On behalf of _____ I _____
Name of Main Applicant Entity (if applicable) Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

hereby acknowledge and affirm the following:

I acknowledge that I am the person responsible for submitting this application, supplemental documentation, and attestations.

I hereby acknowledge that the Marijuana Regulatory Agency (Agency) may require additional materials to carry out its statutory duties. I agree to submit supplemental materials as requested in a timely manner.

I attest that the application information related to the governing municipality for the marijuana establishment which is the subject of this application is complete and accurate. Further, that the use of the premises described therein complies with all covenants, easements, restrictions, and other matters of record including the use provisions of any applicable zoning ordinance and all other governmental requirements.

I hereby consent to investigations of the physical premises intended to be licensed for the purposes of rule and regulation compliance, establishment safety and security, and integrity of marijuana establishment operation integrity. I understand that failing to cooperate with an investigation process the Agency may impound, seize, assume physical control of, or remove from the premises all books, ledgers, documents, writings, photocopies, correspondence, records, and videotapes, including electronically stored records, money receptacles, or equipment in which the records are stored. Failure to assist in an investigation may also result in denial, suspension, revocation, or restriction of a license.

PAGE 3 – ATTESTATION 5-B – INTEREST & EXPERIENCE ATTESTATION

After reading the attestation, provide the name of the main applicant entity (if applying under an entity), and provide the name and title of the individual authorized to sign on behalf of the main applicant in the spaces provided.

**ATTESTATION 5-B
INTEREST & EXPERIENCE ATTESTATION**
(To be completed by the applicant)

On behalf of _____, I _____
Name of Main Applicant Entity (if applicable) Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

hereby acknowledge and affirm the following:

I attest and affirm that if I am applying for a GROWER A, B, or C license that I do not have any interest in a microbusiness, secure transporter, or safety compliance establishment. I further attest that I do not and will not have an interest in more than 5 grower establishments.

I attest and affirm that if I am applying for a PROCESSOR license that I do not have any interest in a microbusiness, secure transporter, or safety compliance establishment. I attest that my investors do not have any interest in a microbusiness, secure transporter, or safety compliance establishment.

I attest and affirm that if I am applying for a SECURE TRANSPORTER license that I do not have an interest in a grower, processor, retailer, safety compliance establishment, microbusiness, marijuana event organizer, or temporary event.

I attest and affirm that if I am applying for a RETAILER license that I do not have any interest in a microbusiness, secure transporter, or safety compliance establishment. I attest that my investors do not have any interest in a microbusiness, secure transporter, or safety compliance establishment.

I attest and affirm that if I am applying for a SAFETY COMPLIANCE ESTABLISHMENT license, that I do not have any interest in a grower, secure transporter, processor, retailer, or microbusiness. I attest that my investors do not have any interest in a grower, secure transporter, processor, retailer, microbusiness, designated consumption area, marijuana event organizer, or temporary event. I further acknowledge that I am, or have employed at least 1 staff member, with an advanced degree in medical or laboratory science relevant to the processes at my marijuana establishment.

I attest and affirm that if I am applying for a MICROBUSINESS license that I do not have any interest in a grower, processor, retailer, safety compliance establishment, secure transporter, or microbusiness. I further attest that I do not and will not have an interest in more than 1 microbusiness.

I hereby understand that if I am found to be noncompliant with these requirements, as set forth in the Michigan Regulation and Taxation of Marijuana Act (MRTMA), 2018 IL 1, Sec. 9, I may be subject to disciplinary action or risk loss of licensure.

PAGE 4 – ATTESTATION 5-C – CONFIRMATION OF SECTION 6 COMPLIANCE

PART A – After reading the attestation, provide the name of the main applicant entity (if applying under an entity), and provide the name and title of the individual authorized to sign on behalf of the main applicant in the spaces provided. The applicant must also provide their signature, the establishment type, the address of the marijuana establishment, and date in the spaces provided.

**ATTESTATION 5-C
CONFIRMATION OF SECTION 6 COMPLIANCE**
(To be signed by the applicant and municipal clerk or their designee, and submitted by the applicant)
Do not sign until money is present

PART A:
 On behalf of _____, I _____
Name of Main Applicant Entity (if applicable) Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

understand that I am submitting this Attestation in accordance with Section 9 of MRTMA and the Emergency Rules. I further attest that any changes that occur with the municipal ordinance or any violations of a municipal or zoning ordinance will be reported to the Marijuana Regulatory Agency.

Signature of Individual Authorized to Sign on Behalf of Main Applicant

Date

Establishment Type

Establishment Address

PART B – The applicant must have this section of the attestation completed by their municipal clerk or a designee of the municipal clerk. The clerk or designee will confirm the required information and sign the form if applicable.

Failure to submit this attestation with the signature of the municipal clerk or their designee will result in a Notice of Deficiency letter. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of your application.

PART B:
 I _____ (clerk/designee) of _____ (municipality),
 hereby attest to the Marijuana Regulatory Agency (Agency) that the applicant for a state license as named below in part B, is in accordance with the municipal ordinance requirement of section 6 of the Michigan Regulation and Taxation of Marijuana Act, 2018 IL 1 (MRTMA).

I further attest that:

The municipality has not adopted an ordinance under section 6 of the MRTMA prohibiting marijuana establishments.

The municipality has adopted an ordinance under section 6 of the MRTMA allowing marijuana establishments and the applicant is not in violation of the local ordinance or zoning regulations.

The municipality has adopted an ordinance under section 6 of the MRTMA allowing marijuana establishments and the applicant is in violation of the local ordinance or zoning regulations.

Failure of the municipality to notify the agency that the applicant is not in compliance with a municipal ordinance consistent with section 6 of the MRTMA and in effect at the time of application will not prohibit the agency from issuing a state license.

Clerk (or designee) Signature

Clerk (or designee) Email Address

Date

Subscribed and sworn to by _____ before me on _____
(Clerk/Designee Name) (Date)

(Notary Public Signature)

(Notary Public Printed Name)

State of _____ County of _____ Acting in the county of _____
(county) (state)

My commission expires: _____

PAGE 5 – ATTESTATION 2-D – CONFIRMATION OF INSURANCE

PART A – After reading the attestation, provide the name of the main applicant entity (if applying under an entity), and provide the name and title of the individual authorized to sign on behalf of the main applicant in the spaces provided. The applicant must also provide their signature, the establishment name/insured party name, the address of the marijuana establishment/insured party address, and date in the spaces provided.

ATTESTATION 5-D
CONFIRMATION OF INSURANCE
(To be signed by the applicant and an authorized representative or designee of the insurance or surety company, and submitted by the applicant)
Do not sign until notary is present

PART A:
On behalf of _____, I _____
Name of Main Applicant Entity (if applicable) Name & Title of Individual Authorized to Sign on Behalf of Main Applicant
understand that I am submitting this attestation in accordance with the Emergency Rules.

Applicant Signature _____ Date _____
Establishment Name/Insured Party Name _____
Establishment Address/Insured Party Address _____

PART B – The applicant must have this section of the attestation completed by the agent or designee of the insurance or surety company. The agent or designee will need to provide the required information and sign the form in the presence of a notary. Ensure the agency or designee provides a copy of the insurance policy or constant value bond.

Failure to submit this attestation with the signature of the agent or designee will result in a Notice of Deficiency letter. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of your application.

PART B:
I, _____ of _____
Name of Representative/Designee Name of Insurance or Surety Company Authorized to do Business in this State
hereby attest to the Marijuana Regulatory Agency (Agency) that the applicant for a state license as named above in part A, has liability coverage for bodily injury to lawful users resulting from the manufacture, distribution, transportation, or sale of adulterated marijuana or adulterated marijuana-infused products in an amount not less than \$100,000.00 and that no products liability exclusion exists in the liability coverage issued to the applicant and/or licensee that would exclude the coverage mandated in the Emergency Rules.

I further attest that:
 The policy number for the above-referenced insurance policy is _____ with an effective date of _____ and expiration date of _____. The declaration page of the above-referenced policy is attached hereto.
 The bond number for the above-referenced constant value bond is _____ with an effective date of _____ and expiration date of _____. A copy of the bond is attached hereto.

The policy or constant value bond listed above covers the following locations (list all locations covered by the policy or bond):

Representative or Designee Signature _____ Insurance or Surety Company Address _____
Date _____

Subscribed and sworn to by _____ before me on _____
(Agent/Designee Name) (Date)

(Notary Public Signature) _____ (Notary Public Printed Name) _____

State of _____, County of _____, Acting in the county of _____, _____
(county) (state)

My commission expires: _____

PAGE 6 - ACKNOWLEDGMENT OF ATTESTATIONS

Do not sign this form until in the presence of a notary. After reading the attestation, provide the name of the main applicant entity (if applying under an entity), and provide the name and title of the individual authorized to sign on behalf of the main applicant in the spaces provided.

Indicate by checking the boxes that the applicant acknowledges and consents to the attestations.

The applicant should sign this form in the presence of an active notary. In the notary block at the bottom, the applicant signature date and notary signature date must match.

If the notary signature is invalid and/or the dates do not match, you will receive a Notice of Deficiency. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of your application.

ACKNOWLEDGMENT OF ATTESTATIONS
(To be signed and submitted by the applicant)
Do not sign until notary is present

On behalf of _____, I _____
Name of Main Applicant Entity (if applicable) Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

I hereby swear, acknowledge, and consent to the following attestations (check all that apply to indicate the applicant's acknowledgment and consent):

- Attestation 5-A: Acknowledgment & Consent to Investigations, Statute & Rule Compliance
- Attestation 5-B: Interest & Experience Attestation
- Attestation 5-C: Confirmation of Section 6 Compliance
- Attestation 5-D: Confirmation of Insurance

Signature of Individual Authorized to Sign on Behalf of Main Applicant _____
Date

Subscribed and sworn to by _____ before me on _____
(Name of Individual Authorized) (Date)

(Notary Public Signature) _____
(Notary Public Printed Name)

State of _____, County of _____, Acting in the county of _____
(county) (state)

My commission expires: _____

PAGE 7-8 – DISCLOSURES

(1) EXCESS GROW AMOUNT INFORMATION

This section contains an explanation of the excess marijuana grower plant allowance.

(1) EXCESS GROW AMOUNT INFORMATION

Each excess marijuana grower license allows the licensee to grow up to 2,000 excess marijuana plants. The licensee's total adult-use excess marijuana plant count cannot exceed the licensee's authorized medical marijuana grower class C plant count.

E.g., If the excess marijuana grower applicant held 3 medical marijuana grower class C licenses (authorizing the licensee to grow up to 4,500 medical marijuana plants) they could then apply for up to 2 excess marijuana grower licenses (authorizing the licensee to grow up to 4,000 excess marijuana plants). If the applicant applied for 3 excess marijuana grower licenses (authorizing up to 6,000 plants), the 3rd license would be denied as the excess marijuana plant count (6,000) would exceed the plant count authorized under their medical marijuana grower class C licenses (4,500).

The initial licensure fee for each excess marijuana grower license is \$40,000. Each additional excess marijuana grower license is an additional \$40,000 initial licensure fee.

Below is a chart showing the number excess marijuana grower licenses allowed based on the applicant's medical marijuana plant count under their MMFLA grower class C licenses.

Excess Marihuana Grower Plant Allowance & Fees

AU Plant Count*	Med Grower Cs*	Medical Plant Count	Excess Marihuana Grower Licenses Allowed	Excess Plant Allowance*	AU Excess Marihuana Initial Licensure Fee
10,000	2	3,000	1	2,000	\$40,000
10,000	3	4,500	2	4,000	\$80,000
10,000	4	6,000	3	6,000	\$120,000
10,000	5	7,500	3	6,000	\$120,000
10,000	6	9,000	4	8,000	\$160,000
10,000	7	10,500	5	10,000	\$200,000
10,000	8	12,000	6	12,000	\$240,000
10,000	9	13,500	6	12,000	\$240,000
10,000	10	15,000	7	14,000	\$280,000

*5 AU class c grower licenses are required in order to apply for an excess marijuana grower license

*at least 2 medical marijuana grower class c licenses are required in order to apply for an excess marijuana grower license

*Each AU Excess Marihuana Grower license allows up to 2,000 excess marijuana plants to be grown per license--up to the amount allowed under your medical grower class C licenses

(2) CLASS C MARIHUANA GROWER LICENSES CURRENTLY HELD

A. Medical Marihuana Grower Class C Licenses – Provide the license numbers of the applicant’s MMFLA grower class C licenses (e.g. GR-C-0000001). Use additional pages of this disclosure if necessary.

B. Adult-Use Class C Marihuana Grower Licenses – Provide the license numbers of the applicant’s five adult-use class C marijuana grower licenses.

(2) CLASS C MARIHUANA GROWER LICENSES CURRENTLY HELD:

A. Medical Marihuana Grower Class C Licenses: Provide the license numbers for your medical marihuana grower class C licenses.

Medical License No.

B. Adult-Use Class C Marihuana Grower Licenses: Provide the license numbers for your adult-use class C marihuana grower licenses.

Adult-Use License No.

PAGE 8 - (3) BUSINESS SPECIFICATION

A. Establishment Ownership Information – Provide the property tax ID number of the establishment, the name of the individual or entity that owns the property, the property street address, and the type of ownership or use interest in the property (e.g., if you own, rent, have a land contract).

B. Estimated Income – Provide the amount of actual income earned annual in Michigan or provide the amount of annual income you project the business will earn in Michigan.

(3) BUSINESS SPECIFICATIONS

A. Establishment Ownership Information: Provide the following information regarding ownership of the marihuana establishment to be licensed:

Property Tax ID Number	Owner of Record
Property Street Address	Type of Ownership or Use Interest (e.g., own, rent, land contract)

B. Estimated Income: Provide the projected or actual gross annual income in Michigan. (check one box)

Less than \$100,000 \$100,001 – \$150,000 \$150,001 – \$200,000 \$200,001 – \$300,000 \$300,001 and above

(4) MUNICIPALITY INFORMATION

Part A. – Provide the name of the municipality where the marijuana establishment is located.

Part B. – Provide the city, state, and zip code of the municipality where the marijuana establishment is located.

Part C. – Provide the name of the county of the municipality where the marijuana establishment is located.

(4) MUNICIPALITY INFORMATION

- A. Name of municipality in which the marijuana establishment will be located:
- B. City, state, and zip code of municipality:
- C. County of municipality:

(5) EMPLOYEE INFORMATION

Part A. – Indicate the number of employees who will work for this marijuana establishment. If unknown, provide an estimate.

(5) EMPLOYEE INFORMATION

- A. Number of employees who will work for this marijuana establishment: (if unknown, estimate)

Page 7 – Required Supporting Documents

The following items are required for each license application in relation to the disclosures:

- Copy of the establishment **deed or lease agreement**.
If a lease agreement, it must have the landlord and tenant signatures.
- Copy of the **Marijuana Establishment Plan**, including but not limited to: (See: Rule 8(1)(b); Rule 11)
 - A **diagram of the establishment** (See: Rule 11(2)(b))
 - The **floor plan** of the establishment (See: Rule 11(2)(c))
 - **Construction details** of the establishment (See: Rule 11(2)(e))
 - **Building structure information** (See: Rule 11(2)(f))
 - **Building type information** (See: Rule 11(2)(g))
 - **Zoning information** (See: Rule 11(2)(h))
 - **Description of multiple tenants and/or occupancy restrictions** (See: Rule 11(2)(i))
 - A copy of the **security plan** (See: Rule 11(2)(j))
- Copy of the **technology plan**
- Copy of the **marketing plan** (See: Rule 52 for marketing and advertising restrictions)
- Copy of the **inventory & recordkeeping plan** (See: Rule 30(2)(c))
- Copy of the **staffing plan** (See: Rule 56(2)(f))
- Copy of the **Certificate of Use and Occupancy** (See: Rule 12(5)(a))

SUBMITTING THE APPLICATION

When submitting your application, ensure all supporting documents are provided. Failure to submit all application pages and supporting documents will result in a Notice of Deficiency letter. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of your application.

Your application can be submitted in person at: **2407 North Grand River Avenue, Lansing, MI 48906**, or submitted via postal mail to:

**Marijuana Regulatory Agency
Adult-Use Establishment Licensing
P.O. Box 30205
Lansing, MI 48909**

If any questions arise while completing the application, please do not hesitate to contact MRA by telephone at:
517-284-8599

Your excess marijuana grower license application should consist of the following application pages:

- Page 1 – Demographic Information
- Page 2 – Attestation 5-A – Acknowledgment & Consent to Investigations, Statute & Rule Compliance
- Page 3 – Attestation 5-B – Interest & Experience Attestation
- Page 4 – Attestation 5-C – Confirmation of Section 6 Compliance
- Page 5 – Attestation 5-D – Confirmation of Insurance, if applicable
- Page 6 – Acknowledgment of Attestations
- Page 7-8 – Questionnaire

Your excess marijuana grower license application should contain the following supporting documents:

- Deed or lease agreement
- Marijuana Establishment Plan, including but not limited to:
 - Diagram of the establishment
 - Floor plan
 - Construction details
 - Building structure information
 - Building type information
 - Zoning information
 - Description of multiple tenants and/or occupancy restrictions
 - A copy of the security plan
- Technology plan
- Marketing plan
- Inventory & recordkeeping plan
- Staffing plan
- Certificate of Use and Occupancy
- Proof of financial responsibility (E.g., insurance policy, constant value bond)

GLOSSARY

- (a) “Applicant” means the main applicant or any supplemental applicant.
- (b) “Applicant Entity” means a main entity applying for an adult-use marijuana establishment license.
- (c) “Applicant Individual” means a main individual applying for an adult-use marijuana establishment license. (Also called “sole proprietor”)
- (d) “Assumed name” means a name other than the entity’s name as established in the entity’s Articles of Organization or Articles of Incorporation. An assumed name is filed with the Michigan Department of Licensing and Regulatory Affairs (LARA). (Also called “DBA,” “fictitious name”)
- (e) “Entity” means an organization created by one or more persons to facilitate business activities (E.g., a limited liability company, corporation, trust, partnership, etc.)
- (f) “DBA” means Doing Business As name. A DBA is filed at the county level. (Also called “assumed name,” “fictitious name”)
- (g) “Designated contact person” means the individual who shall be onsite at a temporary marijuana event and reachable by telephone at all times that the event is occurring.
- (h) “Main applicant” means either the entity or the individual seeking to hold the adult-use marijuana establishment license in their name.
- (i) “Main entity applicant” means the entity that is seeking to hold the adult-use marijuana establishment license in their name. (Also called “main entity” or “entity applicant”)
- (j) “Main individual applicant” means the sole proprietor who is seeking to hold the adult-use marijuana establishment in their name or under a DBA.
- (k) “Managerial employee” means a person who controls or directs the affairs of the business.
- (l) “Supplemental entity” means an entity with greater than 10 percent ownership interest in the main entity applicant. Supplemental entities are required to complete prequalification.
- (m) “Supplemental individual” means an individual with greater than 10 percent ownership interest in the main applicant, a spouse of an individual with greater than 10 percent ownership interest in the main applicant, a managerial employee who controls or directs the affairs of the business, or a spouse of a sole proprietor.
- (n) “Sole proprietor” means an individual who is the exclusive owner of a business.