Agency Use Only_____
Application ID

Bureau of Medical Marihuana Regulation
P.O. Box 30205 Lansing, MI 48909
Telephone: (517) 284-8599

ENTITY/INDIVIDUAL PREQUALIFICATION APPLICATION PACKET

This entity/individual prequalification application packet and the supplemental applicant prequalification packet and requested supporting documentation is the FIRST of two steps in the application process for consideration for a marihuana facility license.

Please refer to the Application Instruction Booklet for instructions on how to complete all forms in the applications process and the manner in which your forms and documents must be arranged and submitted at: www.michigan.gov/mmfl

All questions on this form must be answered **completely** and **truthfully.** Any incomplete information may result in an application being delayed or denied. If using pen, use BLUE or BLACK ink only and print clearly. Make a copy of your completed forms before submitting as they will not be returned or copied for you. Please refer to the Application Instruction Booklet for assistance in filling out this application located at www.michigan.gov/mmfl.

Review this checklist for the forms and documents required with this completed application form

Entity/Individual Prequalification Documents
- ☐ Completed Application
- ☐ Copy of Applicant's Gov't Issued ID
- ☐ Application Fee
- ☐ Applicant's Passport Quality Photograph

Attestations
- ☐ A - Applicant's Acknowledgment, Agreement, & Consent (notarized)
- ☐ B - Applicant's Authorization to Release Information (notarized)
- ☐ C - Applicant's Verification & Affidavit of Full Disclosure (notarized)
- ☐ D - Attestation & Disclosure of Submitter, if applicable (notarized)
- ☐ E - Temporary Operation Attestation, if applicable (notarized)
- ☐ F - Acknowledgment of Federal Law & Waiver (notarized)

Entity Information
- ☐ DISCLOSURE 1 - Entity Information
- ☐ Official Registration Document (e.g., Articles of Incorporation)
- ☐ Copy of Bylaws or Other Governing Documents
- ☐ Certificate of Good Standing
- ☐ Approval to Conduct Business Transactions in Michigan
- ☐ Trademark/Insignia Documents (if applicable)
- ☐ Copy of Organizational Structure (if applicable
- ☐ Authorizing Resolution (if applicable)
- ☐ Certificate of Assumed Name (if applicable)

Ownership Interest
- ☐ DISCLOSURE 2A - Ownership Interests
- ☐ DISCLOSURE 2B - Ownership Interests Public Officials
- ☐ DISCLOSURE 2C - True Party of Interest
- ☐ DISCLOSURE 2D - Marihuana Entity Ownership Interests
- ☐ DISCLOSURE 2E – Other Interests

Financial
- ☐ DISCLOSURE 3A - Financial Information
- ☐ DISCLOSURE 3B - Real Property Ownership
- ☐ DISCLOSURE 4 - Debt, Insolvency, or Bankruptcy Actions
- ☐ DISCLOSURE 5 - Tax & Tax Compliance
- ☐ CPA Attested Financial Statement Documenting Capitalization
- ☐ Copy of Financial Institution Statements for Past 3 years
- ☐ Income Tax Returns for Past 3 years
- ☐ W2s and/or 1099s For Past 3 years
- ☐ Copy of Documents Related to Property Ownership or Use
- ☐ Copy of Notice of Tax Liability Due (if applicable)
- ☐ Copy of Debt, Insolvency, Bankruptcy Order (if applicable)

Regulation
- ☐ DISCLOSURE 6 - Governmental Regulation
- ☐ Copy of Any Other Commercial Licenses (if applicable)
- ☐ Copy of Any Comparable License from Other Jurisdictions

Criminal History
- ☐ DISCLOSURE 7 - Criminal History
- ☐ Evidence of Charge/Dismissal/Conviction/Expungement (if applicable)
- ☐ Copy of Parole or Probation Information (if applicable)

Litigation
- ☐ DISCLOSURE 8 - Litigation History

VALIDATION—FOR DEPARTMENT USE ONLY	VALIDATION AREA
BMMR App ID:	
Application Fee:	
Total Fees:	
Approval Signature:	

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

LICENSE TYPES & ASSOCIATED FEES Indicate the license type(s) for which the entity will be applying. Please see the Application Instruction Booklet for a discussion of license application fees and how they are assessed. **THESE FEES ARE NONREFUNDABLE.**

	License Type	Application Fee	Description of License
☐	Grower Class A	$6000	Grower license for 500 marihuana plants
☐	Grower Class B	$6000	Grower license for 1,000 marihuana plants
☐	Grower Class C	$6000	Grower license for 1,500 marihuana plants
☐	Processor	$6000	License authorizes purchase of marihuana from a grower and sale of infused-products or marihuana to a provisioning center.
☐	Secured Transporter	$6000	License authorizes storage and transportation of marihuana and associated money between facilities.
☐	Provisioning Center	$6000	Licensee can sell marihuana to a qualified patient or primary caregiver.
☐	Safety Compliance Facility	$6000	License authorizes the facility to receive marihuana from, test marihuana for, and return marihuana to only a marihuana facility.

DEMOGRAPHIC INFORMATION

Please provide the following information regarding the entity seeking a facility license.

Applicant Name (as appears on official Entity document)	**Doing Business As** (as used in conducting the business of the entity) Attach copy of filed assumed name certificate (if applicable).
Entity Mailing Address	**FEIN/SSN** **D.O.B.** (Individuals Only)
City **State** **Zip Code**	**Entity Phone:** **Entity Fax:**
Entity Physical Address	**Entity Email Address**
City **State** **Zip Code**	**Entity Website** (if available)

PERSON COMPLETING APPLICATION

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

Name (Last, First, Middle)	**Affiliation with Applicant**
Mailing Address	**Entity Name** (if applicable)
City **State** **Zip Code**	**Phone:**
Attorney License No. (if applicable)	**Fax:**
CPA License No. (if applicable)	**Email Address**

ATTESTATION A

(Use BLUE or BLACK ink ONLY)

APPLICANT'S ACKNOWLEDGEMENT, AGREEMENT, AND CONSENT

(To be completed and signed by entity/individual seeking licensure)

Do not sign until notary is present

I, _____(applicant) hereby acknowledge that the Bureau of Medical Marihuana Regulation (Bureau) 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 Bureau in a timely manner.

I hereby acknowledge that any issuance of a license is a privilege. I have the responsibility to prove that I am eligible, suitable, and qualified to be licensed. I must accept any risk of adverse public notice, embarrassment, criticism, or other action, or financial loss, which may result from action with respect to an application or the public disclosure of information, requested in this form, and expressly waive any claim for damages as a result thereof. Information not called for in this application or in addition to that provided in response to this application, may be requested.

I, as the applicant submitting this application, hereby certify that I do not have an interest in any other operating license that is prohibited by the Medical Marihuana Facilities Licensing Act, 2016 PA 281 (MMFLA).

I hereby acknowledge that I am under a continuing duty to promptly disclose to the Bureau any changes in the information provided in the application and requested materials submitted to the Bureau. To comply with this requirement, I hereby acknowledge that I must submit a letter to the Bureau 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 MMFLA Section 303(1)(c)(i) to (iv) and the MMFLA Emergency Rules and to disclose to the Bureau and its agents of otherwise confidential records, including tax records held by any federal, state, or local agency, or credit bureau or financial institution, while applying for or holding a marihuana facility 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.

_____
Applicant Signature

_____
Applicant Printed Name

_____
Date

Subscribed and sworn to by _____before me on _____.
(applicant name) (date)

_____ _____,
Notary Public Signature Notary Public Printed Name

State of _____, County of_____. Acting in the County Of _____, _____
(county) (state)

My commission expires: _____.

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

ATTESTATION B

(Use BLUE or BLACK ink ONLY)

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

(To be completed and signed by entity/individual seeking licensure in the presence of a notary)

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 _____ _____
Name of Entity Name & Title of Person Authorized to Execute This Release

authorize the Bureau of Medical Marihuana Regulation (Bureau) 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 marihuana facility registration and license.

I understand that by signing this authorization, a financial record check will be performed. I authorize any financial institution to surrender to the Bureau 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 or Entity 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 record 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 record check of my tax filing and tax obligation status will be performed. I authorize my respective state taxing agency to surrender to the Bureau 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 Bureau 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 check will be performed. I authorize the Bureau 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 Bureau, provided that he or she certifies to you that said entity has an application pending before the Bureau or that said entity is a licensee or other person required to be qualified under the provisions of the Michigan Medical Marihuana Facilities Licensing Act (MMFLA).

This authorization shall supersede and countermand 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.

_____ _____
Applicant Signature Date

_____
Applicant Printed Name

Subscribed and sworn to by _____before me on _____.
(applicant name) (date)

_____ _____,
Notary Public Signature Notary Public Printed Name

State of _____, County of_____. Acting in the County Of _____, _____
(county) (state)

My commission expires: _____.

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

ATTESTATION C

(Use BLUE or BLACK ink ONLY)

APPLICANT'S VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE

(To be completed and signed by entity/individual seeking licensure)

Do not sign until notary is present

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 Bureau of Medical Marihuana Regulation for the purposes of this licensure application.

3. I swear (or affirm) that the information contained in this prequalification application packet is true, complete, and accurate to the best of my knowledge and belief.

4. Except as reported in this prequalification application packet, 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 prequalification application packet, 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.

_____
Applicant Signature

_____
Title

_____
Date

Subscribed and sworn to by _____before me on _____.
(applicant name) (date)

_____ _____.
Notary Public Signature Notary Public Printed Name

State of _____, County of_____. Acting in the County Of _____, _____
(county) (state)

My commission expires: _____.

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

ATTESTATION D

(Use BLUE or BLACK ink ONLY)

PERSON COMPLETING APPLICATION ATTESTATION & DISCLOSURE

(To be completed by person completing application if different than entity or individual seeking licensure)

Do not sign until notary is present

I _____, being first duly sworn upon oath, affirmation, or depose state:

1. I am the individual responsible for submitting this application and have full authority to execute this attestation and disclosure.
2. I have no interest, unless otherwise indicated in this prequalification application packet.
3. I swear (or affirm) that the information contained in the prequalification application packet is true, complete, and accurate to the best of my knowledge and belief.
4. Except as reported in this prequalification application packet, 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 prequalification application packet, 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.

_____
Person Completing Application Signature

_____
Person Completing Application Printed Name

_____
Title

_____
Date

Subscribed and sworn to by _____before me on _____.
(person completing form name) (date)

_____ _____,
Notary Public Signature Notary Public Printed Name

State of _____, County of_____. Acting in the County Of _____, _____
(county) (state)

My commission expires: _____

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

ATTESTATION E

(Use BLUE or BLACK ink ONLY)

TEMPORARY OPERATION ATTESTATION

(To be signed by the municipal clerk or their designee and submitted by the applicant)

Do not sign until notary is present

PART A:

I, _____(clerk/designee) of _____ (municipality), hereby attest to the Bureau of Medical Marihuana Regulation (Bureau) that the applicant for a state operating license as named below in part B, is authorized to temporarily operate a proposed marihuana facility as provided in the LARA-BMMR, Emergency Administrative Rules filed with the Sec. of State on 12/4/17, because 1 of the following conditions applies:

(1) The applicant's proposed marihuana facility is within a municipality that adopted an ordinance before December 15, 2017 but is pending the adoption of an ordinance pursuant to section 205 of the Medical Marihuana Facilities Licensing Act, 2016 PA 281 (MMFLA). I further attest that the following are accurate:

(a) The municipality has adopted an ordinance before December 15, 2017.
(b) The municipality authorizes the temporary operation of the applicant.

(2) The applicant's proposed marihuana facility is within a municipality that has adopted an ordinance pursuant to section 205 of the MMFLA before December 15, 2017. I further attest that the following are accurate:

(a) The municipality has adopted an ordinance pursuant to section 205 of the MMFLA, including, if applicable, the disclosure of any limitations on the number or type of marihuana facilities, or both.
(b) The municipality authorizes the temporary operation of the applicant. A resolution may be adopted by a municipality that authorizes the clerk of the municipality or his or her designee to sign this attestation form.

_____
Clerk (or designee)

_____
Municipality

_____
Date

Subscribed and sworn to by _____before me on _____.
(Clerk or designee) (date)

_____ _____
Notary Public Signature Notary Public Printed Name

State of _____, County of_____. Acting in the County of _____, _____

My commission expires: _____.

PART B:

I, the applicant, understand that I am submitting this Attestation E in compliance with the Emergency Administrative Rules. I understand that if I do not comply with the Emergency Administrative Rules and the MMFLA, I shall cease and desist operation of a proposed marihuana facility and may be subject to all the penalties, sanctions, and remedies under state and federal law, the MMFLA or the Emergency Administrative Rules. I understand that temporary operation under the Emergency Administrative Rules does not guarantee issuance of a state operating licensee.

_____
Applicant Signature

_____
Title

_____
Date

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

ATTESTATION F

(Use BLUE or BLACK ink ONLY)

ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF LIABILITY

(To be completed and signed by applicant & any professional representative)

Do not sign until notary is present

I, _____, being first duly sworn upon oath, affirmation or depose hereby acknowledge:

The Federal Controlled Substances Act, Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. § 801 *et seq.*, regulates marihuana as a Schedule I controlled substance, for which there is "no currently accepted medical use in treatment in the United States." 21 U.S.C. § 812(b)(1)(B). Although the state of Michigan has recognized and authorized the use of medical marihuana pursuant to the Michigan Medical Marihuana Act, 2008 IL 1, MCL 333.26421 to 333.26430, has authorized the licensing of medical marihuana facilities pursuant to the Medical Marihuana Facilities Licensing Act, 2016 PA 281, MCL 333.27101 to MCL 333.27801, and has provided for a statewide monitoring system in the Marihuana Tracking Act, 2016 PA 282, MCL 333.27901 to 333.27904, these state authorized activities remain prohibited by federal law.

I understand that a Michigan marihuana facility 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 marihuana facility license and, if issued a license, choosing to establish and operate a marihuana facility 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 Bureau of Medical Marihuana Regulation and the Medical Marihuana Facility Licensing Board, 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 marihuana facility license and, if issued a license, my operation of a marihuana facility.

_____ _____
Applicant Signature Date

_____
Applicant Printed Name

_____ _____
Representative Signature (if applicable) Date

_____
Representative Printed Name & Professional Licensure Number (if applicable)

Subscribed and sworn to by _____before me on _____.
(applicant name) (date)

_____ _____,
Notary Public Signature Notary Public Printed Name

State of _____, County of_____. Acting in the County Of _____, _____
(county) (state)

My commission expires: _____.

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

DISCLOSURE 1 – APPLICANT ENTITY INFORMATION

Add Additional Pages if Necessary

Refer to the Application Instruction Booklet for instructions on how to complete this form at: www.michigan.gov/mmfl

_____

Applicant Name | Phone No. | Fax. No

Include the following documents with this disclosure:

- Official business registration document. (e.g., certificate of incorporation, operating agreement) (individual not req.)
- Copy of bylaws or other governing documents (individual not req.)
- Certificate of Good Standing
- Approval to Conduct Business Transactions in Michigan
- Any Trademark or Insignia Registered Documents (if applicable)
- Copy of organizational structure (if applicable)
- Authorizing Resolution (if applicable)
- Certificate of Assumed Name (if applicable)

(1) ENTITY STRUCTURE

☐ C Corporation
☐ S Corporation
☐ Individual/Sole Proprietorship
☐ Joint Venture
☐ Limited Liability Company (LLC)
☐ Partnership
☐ Trust
☐ Other: _____

(2) MICHIGAN RESIDENCY

How long has the applicant been a continuous resident of Michigan?

☐ 0-1 Years
☐ 2 Years or More

(3) GOVERNMENTAL AFFILIATION

Do any of the following apply to the applicant?

☐ No ☐ Yes Holds an elective office of a governmental unit of this state, another state, or the federal government
☐ No ☐ Yes Member of or employed by a regulatory body of a governmental unit of this or any state or the federal government
☐ No ☐ Yes Employed by a regulatory body of a governmental unit of this state
☐ No ☐ Yes Is a current or past member of the Medical Marihuana Facilities Licensing Board, or other person in MMFLA Sec. 301(12)

If yes explain: _____

(4) ENTITY ORGANIZATIONAL STRUCTURE

Please provide a copy of, or explain below, the entity's organizational structure (e.g., entity's chain of command)

(5) ENTITY PRIOR NAMES & ADDRESSES

Provide the following information for each prior name and address of the entity for the past 3 years. If there are no prior addresses, write "N/A". Add additional pages if necessary to this form.

Current Business Name	Address	City, State Zip	Date Began Use
Prior Business Name	Address	City, State Zip	Date Use Ceased
Prior Business Name	Address	City, State Zip	Date Use Ceased

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

DISCLOSURE 2A - OWNERSHIP INTERESTS

Refer to the Application Instruction Booklet for instructions on how to complete this form at: www.michigan.gov/mmfl

Applicant Name | Phone No. | Fax. No

A SUPPLEMENTAL APPLICANT PREQUALIFICATION PACKET must be completed for each ownership interest listed in this disclosure. Add additional pages as necessary providing the requested information in the manner listed below. The supplemental applicant may complete their disclosure by filling out an online application on the ACA citizen portal as a supplemental applicant.

Please list all persons who have any direct or indirect ownership interest in the applicant's proposed marihuana facility. If the person disclosed is an entity, disclose as follows:

1. For a trust - All beneficiaries
2. For a partnership and limited liability partnership - All partners
3. For a limited partnership and limited liability limited partnership – All general and limited partners
4. For a limited liability company (LLC) - All members, and managers
5. For a corporation - All corporate officers and directors and all stockholders

Individual Name	Address	Percentage of Interest	SSN/FEIN
Individual Name	Address	Percentage of Interest	SSN/FEIN
Individual Name	Address	Percentage of Interest	SSN/FEIN
Individual Name	Address	Percentage of Interest	SSN/FEIN
Individual Name	Address	Percentage of Interest	SSN/FEIN
Individual Name	Address	Percentage of Interest	SSN/FEIN
Entity Name	Address	Percentage of Interest	SSN/FEIN
Entity Name	Address	Percentage of Interest	SSN/FEIN
Entity Name	Address	Percentage of Interest	SSN/FEIN
Entity Name	Address	Percentage of Interest	SSN/FEIN
Entity Name	Address	Percentage of Interest	SSN/FEIN

NOTE:
The Bureau of Medical Marihuana Regulation may require additional individuals to submit personal disclosure forms based on information contained in this application or otherwise disclosed to the Board during the course of the background investigation.

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

DISCLOSURE 2B - OWNERSHIP INTERESTS PUBLIC OFFICIALS

Questions on how to complete this form may be answered in the Instruction Book available at: www.michigan.gov/mmfl

Applicant Name | Phone No. | Fax. No

A SUPPLEMENTAL APPLICANT PREQUALIFICATION PACKET must be completed for each ownership interest listed in this disclosure. Add additional pages as necessary providing the requested information in the manner listed below. The supplemental applicant may complete their disclosure by filling out an online application on the ACA citizen portal as a supplemental applicant.

Please list the names and titles of all public officials or officers of any unit of government, and the spouses, parents, and children of those public officials or officers, who, directly or indirectly:

1. Own any financial interest in an applicant.
2. Have any beneficial interest in an applicant.
3. Are the creditors of an applicant.
4. Hold any debt instrument issued by an applicant.
5. Hold or have any interest in any contractual or service relationship with the applicant.

Name of Public Official/Officer of Governmental Unit | Title

Is the interest that of the public official or officer of a governmental unit? ☐ Yes ☐ No

If yes, state the percentage/capacity of interest.

If no, provide the following information about the interest of the family member of the public official or officer:

Name of Family Member | **Relationship** | **Date of Birth**

Address | **Percentage/Capacity of Interest** | **SSN/FEIN**

Name of Family Member | **Relationship** | **Date of Birth**

Address | **Percentage/Capacity of Interest** | **SSN/FEIN**

Name of Family Member | **Relationship** | **Date of Birth**

Address | **Percentage/Capacity of Interest** | **SSN/FEIN**

NOTE: The Bureau of Medical Marihuana Regulation may require additional individuals to submit personal disclosure forms based on information contained in this application or otherwise disclosed to the Board during the course of the background investigation

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

DISCLOSURE 2C - TRUE PARTY OF INTEREST

Refer to the Application Instruction Booklet for instructions on how to complete this form at: www.michigan.gov/mmfl

Applicant Name | Phone No. | Fax. No

A SUPPLEMENTAL APPLICANT PREQUALIFICATION PACKET must be completed for each ownership interest listed in this disclosure. Add additional pages as necessary providing the requested information in the manner listed below. The supplemental applicant may complete their disclosure by filling out an online application on the ACA citizen portal as a supplemental applicant.

Please list all true parties of interest in the applicant's proposed marihuana facility.

1. For a sole proprietorship – The individual and his or her spouse
2. For a partnership and limited liability partnership - All partners and their spouses
3. For a limited partnership and limited liability limited partnership – All general and limited partners and their spouses
4. For a limited liability company (LLC)—All members, managers and their spouses
5. For a privately held corporations—All corporate officers (or equivalent) and their spouses and all stockholders and their spouses
6. For a publicly held corporations – All corporate officers (or equivalent) and their spouses
7. For a multi-level ownership enterprise - Any entity or person that receives or has the right to receive a percentage of gross or net profit during any full or partial calendar or fiscal year
8. For a nonprofit corporation – All individuals and entities with membership or shareholder rights under the articles of incorporation or bylaws and their spouses

Individual/Partner/Member/Manager/Officer | Address | SSN/FEIN

Spouse | Address | SSN/FEIN

Private Corp. Stockholder | Address | SSN/FEIN

Spouse | Address | SSN/FEIN

Person Receiving Profit | Address | SSN/FEIN

Nonprofit Member/Shareholder | Address | SSN/FEIN

Spouse | Address | SSN/FEIN

NOTE: The Bureau of Medical Marihuana Regulation may require additional individuals to submit personal disclosure forms based on information contained in this application or otherwise disclosed to the Board during the course of the background investigation

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

DISCLOSURE 2D - MARIHUANA BUSINESS OWNERSHIP INTERESTS

Refer to the Application Instruction Booklet for instructions on how to complete this form at: www.michigan.gov/mmfl

Applicant Name | Phone No. | Fax. No

Add additional pages as necessary providing the requested information in the manner listed below.

Please disclose as follows:

1. If the applicant is an individual – Disclose any equity interest of the individual, the individual's spouse, parent or child in any other business that is directly or indirectly involved in the ***growing, processing, testing, transporting, or sale of marihuana.***

2. If the applicant is a corporation, partnership, or other business entity – Disclose any equity 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 marihuana.***

Marihuana Business Entity Name | State of incorporation or registration

Address | SSN/FEIN

Individual's Name | Relationship to applicant | Percentage of Entity Interest | SSN/FEIN

Marihuana Business Entity Name | State of incorporation or registration

Address | SSN/FEIN

Individual's Name | Relationship to applicant | Percentage of Entity Interest | SSN/FEIN

Marihuana Business Entity Name | State of incorporation or registration

Address | SSN/FEIN

Individual's Name | Relationship to applicant | Percentage of Entity Interest | SSN/FEIN

NOTE: The Bureau of Medical Marihuana Regulation may require additional individuals to submit personal disclosure forms based on information contained in this application or otherwise disclosed to the Board during the course of the background investigation

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

DISCLOSURE 2E - OTHER INTERESTS

Refer to the Application Instruction Booklet for instructions on how to complete this form at: www.michigan.gov/mmfl

Applicant Name | Phone No. | Fax. No

A SUPPLEMENTAL APPLICANT PREQUALIFICATION PACKET must be completed for each ownership interest listed in this disclosure. Add additional pages as necessary providing the requested information in the manner listed below. The supplemental applicant may complete their disclosure by filling out an online application on the ACA citizen portal as a supplemental applicant.

Please list all individuals who are officers, directors, or managerial employees of the applicant who have not otherwise been identified in a disclosure document.

Please list those persons who control, directly or indirectly, the applicant, and those persons who are controlled, directly or indirectly by the applicant or by a person who controls, directly or indirectly, the applicant who have not otherwise been identified in a disclosure document.

Please list those persons who are stockholders or other persons having a 1% or greater beneficial interest in the proposed marihuana facility who have not otherwise been identified in a disclosure document.

Individual Name	Address	Capacity	SSN/FEIN
Individual Name	Address	Capacity	SSN/FEIN
Individual Name	Address	Capacity	SSN/FEIN
Individual Name	Address	Capacity	SSN/FEIN
Individual Name	Address	Capacity	SSN/FEIN
Individual Name	Address	Capacity	SSN/FEIN
Individual Name	Address	Capacity	SSN/FEIN
Individual Name	Address	Capacity	SSN/FEIN
Individual Name	Address	Capacity	SSN/FEIN
Individual Name	Address	Capacity	SSN/FEIN

NOTE: The Bureau of Medical Marihuana Regulation may require additional individuals to submit personal disclosure forms based on information contained in this application or otherwise disclosed to the Board during the course of the background investigation

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

DISCLOSURE 3A - FINANCIAL INFORMATION

Refer to the Application Instruction Booklet for instructions on how to complete this form at: www.michigan.gov/mmfl

Applicant Name | Phone No. | Fax. No

Add additional pages as necessary providing the requested information in the manner listed below.

Include the following documents with this disclosure:

- CPA attested financial statement including foreign attested CPA statement or its equivalent, if applicable, documenting the sources and total amount of the applicant's capitalization to operate and maintain proposed marihuana facility, including any pecuniary interest, any deposit of value of the applicant, or made directly or indirectly to the applicant, or both.
- Copy of statements for each listed account for the past 3 years

Provide the following information for each bank, credit union, savings and loan association, stock brokerage firm, or other financial institution (foreign or domestic) in which the applicant or entity has or has had an account, including loans, over the last 3-year period. Provide this information regardless of whether such account was held in the name of the entity, a nominee of the entity or was otherwise under the direct or indirect control of the entity

Institution Name | Telephone | Name on the Account

Account Number | Type of Account/Loan | Balance

Institution Name | Telephone | Name on the Account

Account Number | Type of Account/Loan | Balance

Institution Name | Telephone | Name on the Account

Account Number | Type of Account/Loan | Balance

Institution Name | Telephone | Name on the Account

Account Number | Type of Account/Loan | Balance

Institution Name | Telephone | Name on the Account

Account Number | Type of Account/Loan | Balance

DISCLOSURE 3B – REAL PROPERTY INTERESTS

Refer to the Application Instruction Booklet for instructions on how to complete this form at: www.michigan.gov/mmfl

Applicant Name | Phone No. | Fax. No

Add additional pages as necessary providing the requested information in the manner listed below.

Include the following documents with this disclosure:

- Copies of any deed, lease, rent, real estate trusts, purchase agreements, any document related to the exchange of anything of value for the use of real property, institutional investors, or any other document related to the property disclosed

Provide the following information for any real property in which the applicant has an ownership interest or in which the applicant has an interest related to the use of real property.

Property Tax ID# | Owner of Record

Property Full Street Address | Type of Ownership or Use Interest

Property Tax ID# | Owner of Record

Property Full Street Address | Type of Ownership or Use Interest

Property Tax ID# | Owner of Record

Property Full Street Address | Type of Ownership or Use Interest

Property Tax ID# | Owner of Record

Property Full Street Address | Type of Ownership or Use Interest

Property Tax ID# | Owner of Record

Property Full Street Address | Type of Ownership or Use Interest

Property Tax ID# | Owner of Record

Property Full Street Address | Type of Ownership or Use Interest

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

DISCLOSURE 4 - DEBT, INSOLVENCY, OR BANKRUPTCY ACTIONS

Refer to the Application Instruction Booklet for instructions on how to complete this form at: www.michigan.gov/mmfl

Applicant Name | Phone No. | Fax. No

Add additional pages as necessary providing the requested information in the manner listed below.

Include the following documents with this disclosure:

- Copy of any debt, insolvency, or bankruptcy order (if applicable)

Has the applicant filed, or had filed against it/him/her, a proceeding for bankruptcy or been involved in any formal process to adjust, defer, suspend or otherwise work out payment of a debt in the past seven years?

☐ No ☐ Yes If **yes** provide information in the following sections.
If **no**, you are done with this disclosure form.

Provide the following the following information related to the applicant's past or current debt, bankruptcy, or other insolvency proceeding.

Date of Filing	Name & Location of Court	Case No.	Disposition of Case

Provide any additional information that will assist in verifying this information.

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

DISCLOSURE 5—TAX & TAX COMPLIANCE QUESTIONS

Refer to the Application Instruction Booklet for instructions on how to complete this form at: www.michigan.gov/mmfl

Applicant Name | Phone No. | Fax. No

Add additional pages as necessary providing the requested information in the manner listed below.

Include the following documents with this disclosure:

- Copy of applicant's tax returns for the past 3 years
- Copy of applicant's W2s and/or 1099s for the past 3 years
- Notice of tax liability due in any jurisdiction (if applicable)

If the year of application is the first year of the applicant's entity, please check here: ☐

Applicant FEIN	**Name on IRS Return**
Applicant State Tax ID	**Name on State Return**

(1) Has the applicant filed all required federal, state, and local tax returns with the appropriate agencies for yourself or any business entity in which you have a financial or ownership interest for the last **7 years**?

☐ No ☐ Yes

If **NO**, explain: _____

(2) List all state, local, and foreign jurisdictions the applicant was subject to taxation for its business practices for the last **7 years** (add additional pages if necessary).

Taxing Agency | Type of Tax | Number of Years Filed

Taxing Agency | Type of Tax | Number of Years Filed

Taxing Agency | Type of Tax | Number of Years Filed

(3) Has there been filed against the applicant, or has the applicant been served with, a complaint or other notice, filed with any public body regarding the delinquent payment of any tax required under federal, state or local law?

☐ No ☐ Yes If you answered **yes**, provide the following information and attach a copy of the notice of outstanding or contested liability

Taxing Agency | Type of Tax | Tax Period (MM/YY) | Amount

Taxing Agency | Type of Tax | Tax Period (MM/YY) | Amount

Taxing Agency | Type of Tax | Tax Period (MM/YY) | Amount

Taxing Agency | Type of Tax | Tax Period (MM/YY) | Amount

The applicant may provide any additional information or explanation regarding the applicant's history of tax compliance that will assist in the processing of this application.

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

DISCLOSURE 6 - GOVERNMENT REGULATION

Refer to the Application Instruction Booklet for instructions on how to complete this form at: www.michigan.gov/mmfl

Applicant Name | Phone No. | Fax. No

Add additional pages as necessary providing the requested information in the manner listed below.

Include the following documents with this disclosure:

- Copy of any other commercial license held by the applicant (if applicable)
- Copy of any comparable license (e.g., medical marihuana facility license from another jurisdiction) (if applicable)

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

☐ No ☐ Yes

Has the applicant ever applied for or has 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?

☐ No ☐ Yes

If you answered **yes** to either of the above questions, provide the following information pertaining to the applicant's history of regulatory compliance and interaction. If you answered **no**, you have completed this disclosure.

(1) Provide the name of all regulating public agencies with which the applicant has a licensure.

Name & Location of Public Agency | Type of Regulation | License No. or Other Identifying No.

Name & Location of Public Agency | Type of Regulation | License No. or Other Identifying No.

Name & Location of Public Agency | Type of Regulation | License No. or Other Identifying No.

(2) Provide the name of all regulating public agencies with which the applicant has had an application or licensure denied, restricted, suspended, revoked, or not renewed.

Name & Location of Public Agency | Type of Regulation | License No. or Other Identifying No.

Name & Location of Public Agency | Type of Regulation | License No. or Other Identifying No.

Name & Location of Public Agency | Type of Regulation | License No. or Other Identifying No.

(3) For each application or licensure that has been denied, restricted, suspended, revoked, or not renewed, provide the following: a summary, the date each action was taken, and the reason for each action.

Name & Location of Public Agency | Type of Regulation | License No. or Other Identifying No.

Action Taken | Reason for the Action

Provide a summary of the facts and circumstances concerning the denial, restriction, suspension, or nonrenewal

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

DISCLOSURE 7 - CRIMINAL HISTORY

Refer to the Application Instruction Booklet for instructions on how to complete this form at: www.michigan.gov/mmfl

All questions on this form must be answered completely and truthfully. Incomplete or omitted information may result in application delay or denial.

NOTE: Fingerprints will be required as part of this disclosure. After submission of prequalification documents, await further instruction from the department on when and where to be fingerprinted.

Applicant Name Phone No. Fax. No

Add additional pages as necessary providing the requested information in the manner listed below.

Include the following documents with this disclosure:

- Evidence of charge/dismissal/conviction/expungement (if applicable)
- Copy of parole or probation information (if applicable)

Has the applicant been indicted for, charged with, arrested for, convicted of, pled guilty or nolo contendere to, or forfeited bail under the laws of any jurisdiction (state, federal, or foreign) concerning any felony criminal offense or a misdemeanor involving a controlled substance, dishonesty, theft, or fraud, not including traffic violations, regardless of whether the offense has been reversed on appeal, reduced, expunged, set aside, pardoned or otherwise?

☐ No ☐ Yes

Has the applicant been found responsible for violating a local ordinance in any state involving a controlled substance, dishonesty, theft, or fraud that substantially corresponds to a misdemeanor in that state, whether the offense has been reversed on appeal, reduced, expunged, set aside, pardoned or otherwise?

☐ No ☐ Yes

If you answered **yes** to either or both of the above questions, the applicant must complete the following questions. If you answered **no**, the following sections are not required.

---

(1) The questions below related to criminal offenses, either felony or misdemeanor, under the laws of any jurisdiction (federal, state or local). Answer each question as it pertains to the applicant

As to any criminal offense in the laws of any jurisdiction, has the applicant ever:

No	Yes		No	Yes	
☐	☐	been arrested	☐	☐	pled nolo contendere (no contest)
☐	☐	been charged	☐	☐	forfeit bail concerning an offense
☐	☐	been indicted	☐	☐	had a criminal record expunged
☐	☐	been convicted	☐	☐	been incarcerated

(2) Please provide the following information for all arrests, charges, indictments, and convictions (add additional pages if necessary).

Offense Arrest/Charge/Indictment/Conviction	Date	Arresting Agency	Name & Location of Court	Case Caption	Case or Docket Number	Disposition

(3) Please provide length, location of, and date of release from any corresponding incarceration

NOTE: The Bureau of Medical Marihuana Regulation may require additional individuals to submit personal disclosure forms based on information contained in this application or otherwise disclosed to the Board during the course of the background investigation.

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

DISCLOSURE 8 - LITIGATION HISTORY

Add additional pages if necessary

Refer to the Application Instruction Booklet for instructions on how to complete this form at: www.michigan.gov/mmfl

Applicant Name	Phone No.	Fax. No.

Is the applicant currently a party to any civil lawsuits involving its business practice?

☐ No ☐ Yes

Has the applicant been a party to any other litigation during the past seven years?

☐ No ☐ Yes

In the previous ten years, has the applicant been accused of internal misconduct?

☐ No ☐ Yes

In the previous ten years, has an ultimate decision been issued adverse to the applicant or any of its officers, executives, or managers that would have or could have a current or future effect in the entity?

☐ No ☐ Yes

In the previous ten years, has an ultimate decision been issued adverse to the applicant or any of its officers, executives, or managers that could reasonably be expected to reflect upon the current or future financial responsibility or ability of the entity or the character, reputation, or integrity of the entity or any of its officers, executives or managers?

☐ No ☐ Yes

If you answered **YES** to any of the above questions, you are required to complete the following information.

---

(1) Please provide the following for all litigation related to the supplemental applicant's business practices, pending or concluded, for the past 7 years. (attach additional pages as necessary)

Case Caption	Docket/Case No.	Court	Location
Case Caption	Docket/Case No.	Court	Location
Case Caption	Docket/Case No.	Court	Location

For any cases that are currently pending, provide the case caption, the cause of action, and a brief explanation regarding the allegations of the case. (add additional pages if necessary)

Bureau of Medical Marihuana Regulation
P.O. Box 30205 Lansing, MI 48909
Telephone: (517) 284-8599

Agency Use Only _____
Application ID

SUPPLEMENTAL APPLICANT PREQUALIFICATION APPLICATION PACKET

The entity/individual prequalification packet and this supplemental applicant prequalification application packet and requested supporting documentation is the FIRST of two steps in the application process for consideration for a marihuana facility license.

Please refer to the Application Instruction Booklet for instructions on who must complete this packet, how to complete all forms in the applications process, and the manner in which your forms and documents must be arranged and submitted at: www.michigan.gov/mmfl

All questions on this form must be answered **completely** and **truthfully.** Any incomplete information may result in an application being delayed or denied. If using pen, use BLUE or BLACK ink only and print clearly. Make a copy of your completed forms before submitting as they will not be returned or copied for you. Please refer to the Application Instruction Booklet for assistance in filling out this application located at www.michigan.gov/mmfl.

Review this checklist for the forms and documents required with this completed application form

Supplemental Applicant Prequalification Documents
- ☐ Completed Supplemental Application
- ☐ Copy of Supplemental Applicant's Gov't Issued ID
- ☐ Supplemental Applicant's Passport Quality Photograph

Attestations
- ☐ A-SA – Supplemental Applicant's Acknowledgment, Agreement, & Consent (notarized)
- ☐ B-SA – Supplemental Applicant's Authorization to Release Information (notarized)
- ☐ C-SA – Supplemental Applicant's Verification & Affidavit of Full Disclosure (notarized)
- ☐ D-SA – Supplemental Attestation & Disclosure of Submitter, if applicable (notarized)
- ☐ F-SA – Supplemental Applicant's Acknowledgment of Federal Law & Waiver (notarized)

Entity Information
- ☐ DISCLOSURE 1-SA - Entity Information
- ☐ Official Registration Document (e.g., Articles of Incorporation)
- ☐ Copy of Bylaws or Other Governing Documents
- ☐ Certificate of Good Standing
- ☐ Approval to Conduct Business Transactions in Michigan
- ☐ Trademark/Insignia Documents (if applicable)
- ☐ Copy of Organizational Structure (if applicable
- ☐ Authorizing Resolution (if applicable)
- ☐ Certificate of Assumed Name (if applicable)

Ownership Interest
- ☐ DISCLOSURE 2A-SA - Ownership Interests
- ☐ DISCLOSURE 2B-SA - Ownership Interests Public Officials
- ☐ DISCLOSURE 2D-SA - Marihuana Entity Ownership Interests
- ☐ DISCLOSURE 2E-SA – Other Interests

Financial
- ☐ DISCLOSURE 3A-SA - Financial Information
- ☐ DISCLOSURE 3B-SA - Real Property Ownership
- ☐ DISCLOSURE 4-SA - Debt, Insolvency, or Bankruptcy Actions
- ☐ DISCLOSURE 5-SA - Tax & Tax Compliance
- ☐ CPA Attested Financial Statement Documenting Capitalization
- ☐ Copy of Financial Institution Statements for Past 3 years
- ☐ Income Tax Returns for Past 3 years
- ☐ W2s and/or 1099s For Past 3 years
- ☐ Copy of Documents Related to Property Ownership or Use
- ☐ Copy of Notice of Tax Liability Due (if applicable)
- ☐ Copy of Debt, Insolvency, Bankruptcy Order (if applicable)

Regulation
- ☐ DISCLOSURE 6-SA - Governmental Regulation
- ☐ Copy of Any Other Commercial Licenses (if applicable)
- ☐ Copy of Any Comparable License from Other Jurisdictions

Criminal History
- ☐ DISCLOSURE 7-SA - Criminal History
- ☐ Evidence of Charge/Dismissal/Conviction/Expungement (if applicable)
- ☐ Copy of Parole or Probation Information (if applicable)

Litigation
- ☐ DISCLOSURE 8-SA - Litigation History

VALIDATION—FOR DEPARTMENT USE ONLY	VALIDATION AREA
BMMR App ID:	
Application Fee:	
Total Fees:	
Approval Signature:	

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

This supplemental applicant prequalification packet is in support of:

Entity/Individual Applicant	Address	City, State Zip	ACA Application ID

DEMOGRAPHIC INFORMATION

Please provide the following information regarding the supplemental applicant.

Supplemental Applicant's Name (as appears on official business document, if applicable)	**Doing Business As** (as used in conducting business. Attach copy of filed assumed name certificate) (if applicable)
Mailing Address	**FEIN/SSN** **DOB** (Individuals Only)
City **State** **Zip Code**	**Phone:** **Fax:**
Physical Address	**Email Address**
City **State** **Zip Code**	**Website** (if available)

RESPONSIBLE PERSON FOR APPLICATION COMPLETION

Please provide the following information regarding the person completing this disclosure form

Name (Last, First, Middle)	**Affiliation with Supplemental Applicant**
Mailing Address	**Business Name** (if applicable)
City **State** **Zip Code**	**Phone:**
Attorney License No. (if applicable)	**Fax:**
CPA License No. (if applicable)	**Email Address**

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

ATTESTATION A-SA

(Use BLUE or BLACK ink ONLY)

SUPPLEMENTAL APPLICANT'S ACKNOWLEDGMENT, AGREEMENT, AND CONSENT

I, _____(supplemental applicant) hereby acknowledge that the Bureau of Medical Marihuana Regulation (Bureau) may require supplemental materials in order to carry out its statutory duties. The supplemental applicant hereby agrees to submit such supplemental materials as requested by the Bureau in a timely manner.

I hereby acknowledge that any issuance of a license is a privilege. I have the responsibility to prove that I am eligible, suitable, and qualified to be licensed. I must accept any risk of adverse public notice, embarrassment, criticism, or other action, or financial loss, which may result from action with respect to an application or the public disclosure of information, requested in this form, and expressly waive any claim for damages as a result thereof. Information not called for in this application or in addition to that provided in response to this application, may be requested.

I, as the supplemental applicant submitting this application, hereby certify that I do not have an interest in any other operating license that is prohibited by the Medical Marihuana Facilities Licensing Act, 2016 PA 281 (MMFLA).

I hereby acknowledge that I am under a continuing duty to promptly disclose to the Bureau any changes in the information provided in the application and requested materials submitted to the Bureau. To comply with this requirement, I hereby acknowledge that I must submit a letter to the Bureau stating any changes with reference the specific question(s) within the application to which the changes pertain.

I hereby consent to inspections, searches, and seizures as provided in MMFLA Section 401(3) and to disclose to the Bureau and its agents confidential records, including tax records held by any federal, state or local agency or credit bureau or financial institution while applying for or holding a license as specified in MMFLA Section 303(c)(i)(ii)(iii)(iv). This consent is authorization to review and inspect tax records administered under the Michigan Revenue Act, 1941 P.A. 122 (as amended).

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.

_____
Supplemental Applicant Signature

_____
Supplemental Applicant Printed Name

_____
Date

Subscribed and sworn to by _____before me on _____.
(supplemental applicant name) (date)

_____ _____,
Notary Public Signature Notary Public Printed Name

State of _____, County of_____. Acting in the County Of _____, _____
(county) (state)

My commission expires: _____.

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

ATTESTATION B-SA

(Use BLUE or BLACK ink ONLY)

SUPPLEMENTAL APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

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 _____
Name of Entity — Name & Title of Person Authorized to Execute This Release

authorize the Bureau of Medical Marihuana Regulation (Bureau) and its agents to conduct a full investigation into the background and activities of the supplemental applicant for purposes of determining the applicant's eligibility for a marihuana facility registration and license.

I understand that by signing this authorization, a financial record check will be performed. I authorize any financial institution to surrender to the Bureau 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 or business 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 record check will include a credit history examination that that my credit report, credit history, and credit capacity information will be obtained.

I understand that by signing this authorization, a financial record check of my tax filing and tax obligation status will be performed. I authorize my respective state taxing agency to surrender to the Bureau 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 Bureau 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 check will be performed. I authorize the Bureau 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 supplemental applicant, documentary or otherwise, as requested by any employee or agent of the Bureau, provided that he or she certifies to you that said entity has an application pending before the Bureau or that said entity is a licensee or other person required to be qualified under the provisions of the Michigan Medical Marihuana Facilities Licensing Act (MMFLA).

This authorization shall supersede and countermand 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.

_____ _____
Supplemental Applicant Signature — Date

_____
Supplemental Applicant Printed Name

Subscribed and sworn to by _____before me on _____.
(supplemental applicant name) (date)

_____ _____,
Notary Public Signature — Notary Public Printed Name

State of _____, County of_____. Acting in the County Of _____, _____
(county) (state)

My commission expires: _____

ATTESTATION C-SA

(Use BLUE or BLACK ink ONLY)

SUPPLEMENTAL APPLICANT'S VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE
(TO BE COMPLETED AND SIGNED BY SUPPLEMENTAL APPLICANT)

I _____, being first duly sworn upon oath, affirmation, or depose state:

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 Bureau of Medical Marihuana Regulation for the purposes of this licensure application

3. I swear (or affirm) that the information contained in this application form 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 the 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

_____
Supplemental Applicant Signature

_____
Title

_____
Date

Subscribed and sworn to by _____before me on _____.
(supplemental applicant name) (date)

_____ _____,
Notary Public Signature Notary Public Printed Name

State of _____, County of_____. Acting in the County Of _____, _____
(county) (state)

My commission expires: _____.

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

ATTESTATION D-SA

(Use BLUE or BLACK ink ONLY)

PERSON COMPLETING SUPPLEMENTAL APPLICATION ATTESTATION & DISCLOSURE

(To be completed by person completing supplemental application if different than the supplemental applicant)

Do not sign until notary is present

I _____, being first duly sworn upon oath, affirmation, or depose state:

1. I am the individual responsible for submitting this supplemental application and have full authority to execute this attestation and disclosure.

2. I have no interest, unless otherwise indicated in this supplemental applicant prequalification application packet.

3. I swear (or affirm) that the information contained in the supplemental applicant prequalification application packet is true, complete, and accurate to the best of my knowledge and belief.

4. Except as reported in this supplemental applicant prequalification application packet, 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 supplemental applicant prequalification application packet, 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.

_____
Person Completing Application Signature

_____
Person Completing Application Printed Name

_____
Title

_____
Date

Subscribed and sworn to by _____before me on _____.
(person completing form name) (date)

_____ _____,
Notary Public Signature Notary Public Printed Name

State of _____, County of_____. Acting in the County Of _____.
(county) (state)

My commission expires: _____

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

ATTESTATION F-SA

(Use BLUE or BLACK ink ONLY)

SUPPLEMENTAL APPLICANT'S ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF LIABILITY

(To be completed and signed by applicant & any professional representative)

Do not sign until notary is present

I, _____, being first duly sworn upon oath, affirmation or depose hereby acknowledge:

The Federal Controlled Substances Act, Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. § 801 *et seq.*, regulates marihuana as a Schedule I controlled substance, for which there is "no currently accepted medical use in treatment in the United States." 21 U.S.C. § 812(b)(1)(B). Although the state of Michigan has recognized and authorized the use of medical marihuana pursuant to the Michigan Medical Marihuana Act, 2008 IL 1, MCL 333.26421 to 333.26430, has authorized the licensing of medical marihuana facilities pursuant to the Medical Marihuana Facilities Licensing Act, 2016 PA 281, MCL 333.27101 to MCL 333.27801, and has provided for a statewide monitoring system in the Marihuana Tracking Act, 2016 PA 282, MCL 333.27901 to 333.27904, these state authorized activities remain prohibited by federal law.

I understand that a Michigan marihuana facility 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 marihuana facility license and, if issued a license, choosing to establish and operate a marihuana facility 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 Bureau of Medical Marihuana Regulation and the Medical Marihuana Facility Licensing Board, 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 marihuana facility license and, if issued a license, my operation of a marihuana facility.

_____ _____
Supplemental Applicant Signature Date

_____
Supplemental Applicant Printed Name

_____ _____
Representative Signature (if applicable) Date

_____
Representative Printed Name & Professional License Number (if applicable)

Subscribed and sworn to by _____before me on _____.
(applicant name) (date)

_____ _____,
Notary Public Signature Notary Public Printed Name

State of _____, County of_____. Acting in the County Of _____, _____
(county) (state)

My commission expires: _____.

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

DISCLOSURE 1-SA – SUPPLEMENTAL APPLICANT ENTITY INFORMATION

Add Additional Pages if Necessary

Refer to the Application Instruction Booklet for instructions on how to complete this form at: www.michigan.gov/mmfl

Supplemental Applicant Name | Phone No. | Fax. No

Include the following documents with this disclosure:

- Official business registration document. (e.g., certificate of incorporation, operating agreement) (individual not req.)
- Copy of bylaws or other governing documents (individual not req.)
- Certificate of Good Standing
- Approval to Conduct Business Transactions in Michigan
- Any Trademark or Insignia Registered Documents (if applicable)
- Copy of hierarchical structure (if applicable)
- Authorizing Resolution (if applicable)
- Certificate of Assumed Name (if applicable)

(1) ENTITY STRUCTURE

- ☐ C Corporation
- ☐ S Corporation
- ☐ Individual/Sole Proprietorship
- ☐ Joint Venture
- ☐ Limited Liability Company (LLC)
- ☐ Partnership
- ☐ Trust
- ☐ Other: _____

(2) MICHIGAN RESIDENCY

How long has the applicant been a continuous resident of Michigan?

- ☐ 0-1 Years
- ☐ 2 Years or More

(3) GOVERNMENTAL AFFILIATION

Do any of the following apply to the supplemental applicant?

☐No ☐ Yes	Holds an elective office of a governmental unit of this state, another state, or the federal government
☐No ☐ Yes	Member of or employed by a regulatory body of a governmental unit of this or any state or the federal government
☐No ☐ Yes	Employed by a regulatory body of a governmental unit of this state
☐No ☐ Yes	Is a current or past member of the Medical Marihuana Facilities Licensing Board, or other person in MMFLA Sec. 301(12)

If yes explain: _____

(4) ENTITY ORGANIZATIONAL STRUCTURE

Please provide a copy of, or explain below, the entity's organizational structure (e.g., entity's chain of command)

(5) SUPPLEMENTAL APPLICANT'S PRIOR NAMES & ADDRESSES

Provide the following information for each prior name and address of the supplemental applicant for the past 3 years. For entities, indicate entity name. Individual supplemental applicants provide current name and address, and any prior address and prior name, if applicable, for the past 3 years. If there are no prior addresses, write "N/A". Add additional pages if necessary to this form.

Current Name	Address	City, State Zip	Date Began Use
Prior Name	Address	City, State Zip	Date Use Ceased
Prior Name	Address	City, State Zip	Date Use Ceased

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

DISCLOSURE 2A-SA - OWNERSHIP INTERESTS

Refer to the Application Instruction Booklet for instructions on how to complete this form at: www.michigan.gov/mmfl

Supplemental Applicant Name | Phone No. | Fax. No

A PREQUALIFICATION SUPPLEMENTAL APPLICANT PACKET must be completed for each ownership interest listed in this disclosure. Add additional pages as necessary providing the requested information in the manner listed below. The supplemental applicant may complete their disclosure by filling out an online application on the ACA citizen portal as a supplemental applicant.

Please list all persons who have any direct or indirect ownership interest in the supplemental applicant with regard to the proposed marihuana facility. If the person disclosed is an entity, disclose as follows:

1. For a trust - All beneficiaries
2. For a partnership and limited liability partnership - All partners
3. For a limited partnership and limited liability limited partnership – All general and limited partners
4. For a limited liability company (LLC) - All members, and managers
5. For a corporation - All corporate officers and directors and all stockholders

Individual Name	Address	Percentage of Interest	SSN/FEIN
Individual Name	Address	Percentage of Interest	SSN/FEIN
Individual Name	Address	Percentage of Interest	SSN/FEIN
Individual Name	Address	Percentage of Interest	SSN/FEIN
Individual Name	Address	Percentage of Interest	SSN/FEIN
Individual Name	Address	Percentage of Interest	SSN/FEIN
Entity Name	Address	Percentage of Interest	SSN/FEIN
Entity Name	Address	Percentage of Interest	SSN/FEIN
Entity Name	Address	Percentage of Interest	SSN/FEIN
Entity Name	Address	Percentage of Interest	SSN/FEIN
Entity Name	Address	Percentage of Interest	SSN/FEIN

NOTE:
The Bureau of Medical Marihuana Regulation may require additional individuals to submit personal disclosure forms based on information contained in this application or otherwise disclosed to the Board during the course of the background investigation.

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

DISCLOSURE 2B-SA - OWNERSHIP INTERESTS PUBLIC OFFICIALS

Questions on how to complete this form may be answered in the Instruction Book available at: www.michigan.gov/mmfl

Supplemental Applicant Name | Phone No. | Fax. No

A SUPPLEMENTAL APPLICANT PREQUALIFICATION PACKET must be completed for each individual listed in this disclosure that owns any financial interest in a supplemental applicant. Add additional pages as necessary providing the requested information in the manner listed below. The supplemental applicant may complete their disclosure by filling out an online application on the ACA citizen portal as an affiliate applicant.

Please list the names and titles of all public officials or officers of any unit of government, and the spouses, parents, and children of those public officials or officers, who, directly or indirectly:

1. Own any financial interest in a supplemental applicant.
2. Have any beneficial interest in a supplemental applicant.
3. Are the creditors of a supplemental applicant.
4. Hold any debt instrument issued by a supplemental applicant.
5. Hold or have any interest in any contractual or service relationship with the supplemental applicant.

Name of Public Official/Officer of Governmental Unit | Title

Is the interest that of the public official or officer of a governmental unit? ☐ Yes ☐ No

If yes, state the percentage/capacity of interest.

If no, provide the following information about the interest of the family member of the public official or officer:

Name of Family Member | **Relationship** | **Date of Birth**

Address | **Percentage/Capacity of Interest** | **SSN/FEIN**

Name of Family Member | **Relationship** | **Date of Birth**

Address | **Percentage/Capacity of Interest** | **SSN/FEIN**

Name of Family Member | **Relationship** | **Date of Birth**

Address | **Percentage/Capacity of Interest** | **SSN/FEIN**

NOTE: The Bureau of Medical Marihuana Regulation may require additional individuals to submit personal disclosure forms based on information contained in this application or otherwise disclosed to the Board during the course of the background investigation

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

DISCLOSURE 2D-SA - MARIHUANA BUSINESS OWNERSHIP INTERESTS

Refer to the Application Instruction Booklet for instructions on how to complete this form at: www.michigan.gov/mmfl

Supplemental Applicant Name | Phone No. | Fax. No

Add additional pages as necessary providing the requested information in the manner listed below.

Please disclose as follows:

1. If the supplemental applicant is an individual – Disclose any equity interest of the individual, the individual's spouse, parent or child in any other business that is directly or indirectly involved in the ***growing, processing, testing, transporting, or sale of marihuana.***

2. If the supplemental applicant is a corporation, partnership, or other business entity – Disclose any equity 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 marihuana.***

Marihuana Business Entity Name | State of incorporation or registration

Address | SSN/FEIN

Individual's Name | Relationship to applicant | Percentage of Entity Interest | SSN/FEIN

Marihuana Business Entity Name | State of incorporation or registration

Address | SSN/FEIN

Individual's Name | Relationship to applicant | Percentage of Entity Interest | SSN/FEIN

Marihuana Business Entity Name | State of incorporation or registration

Address | SSN/FEIN

Individual's Name | Relationship to applicant | Percentage of Entity Interest | SSN/FEIN

NOTE: The Bureau of Medical Marihuana Regulation may require additional individuals to submit personal disclosure forms based on information contained in this application or otherwise disclosed to the Board during the course of the background investigation

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

DISCLOSURE 2E-SA - OTHER INTERESTS

Refer to the Application Instruction Booklet for instructions on how to complete this form at: www.michigan.gov/mmfl

Supplemental Applicant Name | Phone No. | Fax. No

A PREQUALIFICATION SUPPLEMENTAL APPLICANT PACKET must be completed for each individual listed in this disclosure. Add additional pages as necessary providing the requested information in the manner listed below. The supplemental applicant may complete their disclosure by filling out an online application on the ACA citizen portal as a supplemental applicant.

Please list all individuals who are officers, directors, or managerial employees of the supplemental applicant who have not otherwise been identified in a disclosure document.

Please list those persons who control, directly or indirectly, the supplemental applicant, and those persons who are controlled, directly or indirectly by the supplemental applicant or by a person who controls, directly or indirectly, the supplemental applicant who have not otherwise been identified in a disclosure document.

Individual Name	Address	Capacity	SSN/FEIN
Individual Name	Address	Capacity	SSN/FEIN
Individual Name	Address	Capacity	SSN/FEIN
Individual Name	Address	Capacity	SSN/FEIN
Individual Name	Address	Capacity	SSN/FEIN
Individual Name	Address	Capacity	SSN/FEIN
Individual Name	Address	Capacity	SSN/FEIN
Individual Name	Address	Capacity	SSN/FEIN
Individual Name	Address	Capacity	SSN/FEIN
Individual Name	Address	Capacity	SSN/FEIN

NOTE: The Bureau of Medical Marihuana Regulation may require additional individuals to submit personal disclosure forms based on information contained in this application or otherwise disclosed to the Board during the course of the background investigation

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

DISCLOSURE 3A-SA - FINANCIAL INFORMATION

Refer to the Application Instruction Booklet for instructions on how to complete this form at: www.michigan.gov/mmfl

Supplemental Applicant Name | Phone No. | Fax. No

Add additional pages as necessary providing the requested information in the manner listed below.

Include the following documents with this disclosure:

- CPA attested financial statement including foreign attested CPA statement or its equivalent, if applicable, documenting the sources and total amount of the supplemental applicant's capitalization to operate and maintain proposed marihuana facility, including any pecuniary interest, any deposit of value of the applicant, or made directly or indirectly to the supplemental applicant, or both.
- Copy of statements for each listed account for the past 3 years

Provide the following information for each bank, credit union, savings and loan association, stock brokerage firm, or other financial institution (foreign or domestic) in which the supplemental applicant or entity has or has had an account, including loans, over the last 3-year period. Provide this information regardless of whether such account was held in the name of the entity, a nominee of the entity or was otherwise under the direct or indirect control of the entity

Institution Name | Telephone | Name on the Account

Account Number | Type of Account/Loan | Balance

Institution Name | Telephone | Name on the Account

Account Number | Type of Account/Loan | Balance

Institution Name | Telephone | Name on the Account

Account Number | Type of Account/Loan | Balance

Institution Name | Telephone | Name on the Account

Account Number | Type of Account/Loan | Balance

Institution Name | Telephone | Name on the Account

Account Number | Type of Account/Loan | Balance

DISCLOSURE 3B-SA – REAL PROPERTY INTERESTS

Refer to the Application Instruction Booklet for instructions on how to complete this form at: www.michigan.gov/mmfl

Supplemental Applicant Name | Phone No. | Fax. No

Add additional pages as necessary providing the requested information in the manner listed below.

Include the following documents with this disclosure:

- Copies of any deed, lease, rent, real estate trusts, purchase agreements, any document related to the exchange of anything of value for the use of real property, institutional investors, or any other document related to the property disclosed

Provide the following information for any real property in which the supplemental applicant has an ownership interest or in which the supplemental applicant has an interest related to the use of real property.

Property Tax ID# | Owner of Record

Property Full Street Address | Type of Ownership or Use Interest

Property Tax ID# | Owner of Record

Property Full Street Address | Type of Ownership or Use Interest

Property Tax ID# | Owner of Record

Property Full Street Address | Type of Ownership or Use Interest

Property Tax ID# | Owner of Record

Property Full Street Address | Type of Ownership or Use Interest

Property Tax ID# | Owner of Record

Property Full Street Address | Type of Ownership or Use Interest

Property Tax ID# | Owner of Record

Property Full Street Address | Type of Ownership or Use Interest

Property Tax ID# | Owner of Record

Property Full Street Address | Type of Ownership or Use Interest

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

DISCLOSURE 4-SA - DEBT, INSOLVENCY, OR BANKRUPTCY ACTIONS

Refer to the Application Instruction Booklet for instructions on how to complete this form at: www.michigan.gov/mmfl

Supplemental Applicant Name | Phone No. | Fax. No

Add additional pages as necessary providing the requested information in the manner listed below.

Include the following documents with this disclosure:

- Copy of any debt, insolvency, or bankruptcy order (if applicable)

Has the supplemental applicant filed, or had filed against it/him/her, a proceeding for bankruptcy or been involved in any formal process to adjust, defer, suspend or otherwise work out payment of a debt in the past seven years?

☐ No ☐ Yes If **yes** provide information in the following sections.
If **no**, you are done with this disclosure form.

Provide the following the following information related to the supplemental applicant's past or current debt, bankruptcy, or other insolvency proceeding.

Date of Filing	Name & Location of Court	Case No.	Disposition of Case
Date of Filing	Name & Location of Court	Case No.	Disposition of Case
Date of Filing	Name & Location of Court	Case No.	Disposition of Case
Date of Filing	Name & Location of Court	Case No.	Disposition of Case

Provide any additional information that will assist in verifying this information _

DISCLOSURE 5-SA - TAX & TAX COMPLIANCE

Refer to the Application Instruction Booklet for instructions on how to complete this form at: www.michigan.gov/mmfl

Supplemental Applicant Name | Phone No. | Fax. No

Add additional pages as necessary providing the requested information in the manner listed below.

Include the following documents with this disclosure:

- Copy of supplemental applicant's tax returns for the past 3 years
- Copy of supplemental applicant's W2s and/or 1099s for the past 3 years
- Notice of tax liability due in any jurisdiction (if applicable)

If the year of application is the first year of the applicant's entity, please check here: ☐

Supplemental Applicant FEIN or SSN	**Name on IRS Return**
Supplemental Applicant State Tax ID	**Name on State Return**

(1) Has the supplemental applicant filed all required federal, state, and local tax returns with the appropriate agencies for yourself or any business entity in which you have a financial or ownership interest for the last **7 years**?

☐ No ☐ Yes

If **NO**, explain: _____

(2) List all state, local, and foreign jurisdictions the supplemental applicant was subject to taxation for its business practices for the last **7 years** (add additional pages if necessary).

Taxing Agency | Type of Tax | Number of Years Filed

Taxing Agency | Type of Tax | Number of Years Filed

Taxing Agency | Type of Tax | Number of Years Filed

(3) Has there been filed against the supplemental applicant, or has the supplemental applicant been served with, a complaint or other notice, filed with any public body regarding the delinquent payment of any tax required under federal, state or local law?

☐ No ☐ Yes If you answered **yes**, provide the following information and attach a copy of the notice of outstanding or contested liability

Taxing Agency | Type of Tax | Tax Period (MM/YY) | Amount

Taxing Agency | Type of Tax | Tax Period (MM/YY) | Amount

Taxing Agency | Type of Tax | Tax Period (MM/YY) | Amount

Taxing Agency | Type of Tax | Tax Period (MM/YY) | Amount

The supplemental applicant may provide any additional information or explanation regarding the supplemental applicant's history of tax compliance that will assist in the processing of this application.

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

DISCLOSURE 6-SA - GOVERNMENT REGULATION

Refer to the Application Instruction Booklet for instructions on how to complete this form at: www.michigan.gov/mmfl

Supplemental Applicant Name | Phone No. | Fax. No

Add additional pages as necessary providing the requested information in the manner listed below.

Include the following documents with this disclosure:

- Copy of any other commercial license held by the supplemental applicant (if applicable)
- Copy of any comparable license (e.g., medical marihuana facility license from another jurisdiction) (if applicable)

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

☐ No ☐ Yes

Has the supplemental applicant ever applied for or has 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?

☐ No ☐ Yes

If you answered **yes** to either of the above questions, provide the following information pertaining to the supplemental applicant's history of regulatory compliance and interaction. If you answered **no**, you have completed this disclosure.

(1) Provide the name of all regulating public agencies with which the supplemental applicant has a licensure.

Name & Location of Public Agency | Type of Regulation | License No. or Other Identifying No.

Name & Location of Public Agency | Type of Regulation | License No. or Other Identifying No.

Name & Location of Public Agency | Type of Regulation | License No. or Other Identifying No.

(2) Provide the name of all regulating public agencies with which the supplemental applicant has had an application or licensure denied, restricted, suspended, revoked, or not renewed.

Name & Location of Public Agency | Type of Regulation | License No. or Other Identifying No.

Name & Location of Public Agency | Type of Regulation | License No. or Other Identifying No.

Name & Location of Public Agency | Type of Regulation | License No. or Other Identifying No.

(3) For each application or licensure that has been denied, restricted, suspended, revoked, or not renewed, provide the following: a summary, the date each action was taken, and the reason for each action.

Name & Location of Public Agency | Type of Regulation | License No. or Other Identifying No.

Action Taken | Reason for the Action

Provide a summary of the facts and circumstances concerning the denial, restriction, suspension, or nonrenewal.

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

DISCLOSURE 7-SA - CRIMINAL HISTORY

Refer to the Application Instruction Booklet for instructions on how to complete this form at: www.michigan.gov/mmfl

All questions on this form must be answered completely and truthfully. Incomplete or omitted information may result in application delay or denial.

NOTE: Fingerprints will be required as part of this disclosure. After submission of prequalification documents, await further instruction from the department on when and where to be fingerprinted.

Supplemental Applicant Name _____ Phone No. _____ Fax. No _____

Add additional pages as necessary providing the requested information in the manner listed below.

Include the following documents with this disclosure:

- Evidence of charge/dismissal/conviction/expungement (if applicable)
- Copy of parole or probation information (if applicable)

Has the supplemental applicant been indicted for, charged with, arrested for, convicted of, pled guilty or nolo contendere to, or forfeited bail under the laws of any jurisdiction (state, federal, or foreign) concerning any felony criminal offense or a misdemeanor involving a controlled substance, dishonesty, theft, or fraud, not including traffic violations, regardless of whether the offense has been reversed on appeal, reduced, expunged, set aside, pardoned or otherwise?

☐ No ☐ Yes

Has the supplemental applicant been found responsible for violating a local ordinance in any state involving a controlled substance, dishonesty, theft, or fraud that substantially corresponds to a misdemeanor in that state, whether the offense has been reversed on appeal, reduced, expunged, set aside, pardoned or otherwise?

☐ No ☐ Yes

If you answered **yes** to either or both of the above questions, the supplemental applicant must complete the following questions. If you answered **no**, the following sections are not required.

(1) The questions below related to criminal offenses, either felony or misdemeanor, under the laws of any jurisdiction (federal, state or local). Answer each question as it pertains to the applicant

As to any criminal offense in the laws of any jurisdiction, has the supplemental applicant ever:

No	Yes		No	Yes	
☐	☐	been arrested	☐	☐	pled nolo contendere (no contest)
☐	☐	been charged	☐	☐	forfeit bail concerning an offense
☐	☐	been indicted	☐	☐	had a criminal record expunged
☐	☐	been convicted	☐	☐	been incarcerated

(2) Please provide the following information for all arrests, charges, indictments, and convictions (add additional pages if necessary).

Offense Arrest/Charge/Indictment/Conviction	Date	Arresting Agency	Name & Location of Court	Case Caption	Case or Docket Number	Disposition

(3) Please provide length, location of, and date of release from any corresponding incarceration

NOTE: The Bureau of Medical Marihuana Regulation may require additional individuals to submit personal disclosure forms based on information contained in this application or otherwise disclosed to the Board during the course of the background investigation.

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

DISCLOSURE 8-SA - LITIGATION HISTORY

Add additional pages if necessary

Refer to the Application Instruction Booklet for instructions on how to complete this form at: www.michigan.gov/mmfl

Supplemental Applicant Name	Phone No.	Fax. No.

Is the supplemental applicant currently a party to any civil lawsuits involving its business practice?

☐ No ☐ Yes

Has the supplemental applicant been a party to any other litigation during the past seven years?

☐ No ☐ Yes

In the previous ten years, has the supplemental applicant been accused of internal misconduct?

☐ No ☐ Yes

In the previous ten years, has an ultimate decision been issued adverse to the supplemental applicant or any of its officers, executives, or managers that would have or could have a current or future effect in the entity?

☐ No ☐ Yes

In the previous ten years, has an ultimate decision been issued adverse to the supplemental or any of its officers, executives, or managers that could reasonably be expected to reflect upon the current or future financial responsibility or ability of the entity or the character, reputation, or integrity of the entity or any of its officers, executives or managers?

☐ No ☐ Yes

If you answered **YES** to any of the above questions, you are required to complete the following information.

(1) Please provide the following for all litigation related to the supplemental applicant's business practices, pending or concluded, for the past 7 years. (attach additional pages as necessary)

Case Caption	Docket/Case No.	Court	Location
Case Caption	Docket/Case No.	Court	Location
Case Caption	Docket/Case No.	Court	Location

For any cases that are currently pending, provide the case caption, the cause of action, and a brief explanation regarding the allegations of the case. (add additional pages if necessary)

Agency Use Only _____
Application ID

Bureau of Medical Marihuana Regulation
P.O. Box 30205 Lansing, MI 48909
Telephone: (517) 284-8599

MARIHUANA FACILITY LICENSE APPLICATION

This facility license application and requested supporting documentation is the SECOND of two steps in the application process for consideration for a marihuana facility license.

Please refer to the Application Instruction Booklet for instructions on how to complete all forms in the applications process and the manner in which your forms and documents must be arranged and submitted at: www.michigan.gov/mmfl

All questions on this form must be answered **completely** and **truthfully.** Any incomplete information may result in an application being delayed or denied. If using pen, use BLUE or BLACK ink only and print clearly. Make a copy of your completed forms before submitting as they will not be returned or copied for you. Please refer to the Application Instruction Booklet for assistance in filling out this application located at www.michigan.gov/mmfl.

Please review this checklist for the documents you will need to submit with your completed application form

Municipality Information
- ☐ Copy of Municipality's Authorizing Ordinance or Resolution
- ☐ Copy of Municipal Approval Notice

Business Specifications
- ☐ Copy of Marihuana Facility Plan Complying with Rule 8
- ☐ Copy of Technology Plan (3rd party integrating software with METRC)
- ☐ Copy of Deed or Lease Agreement
- ☐ Copy of Marketing Plan (advertising, propaganda, etc.)
- ☐ Copy of Inventory & Recordkeeping Plan

Proof of Financial Responsibility
- ☐ Copy of Insurance Policy, Bond, or Securities for Facility

Employees
- ☐ Copy of Staffing Plan

Attestations
- ☐ G - Acknowledgment and Consent to Investigations, Statute & Rule Compliance (notarized)
- ☐ H - Applicant's Interest & Experience Attestation (notarized)
- ☐ I - Confirmation of Sec. 205 Compliance (notarized)

Prior to licensure the applicant must pass all prelicensure inspections and comply with all other licensure requirements in the Act and Emergency Rules and provide proof as requested.

VALIDATION—FOR DEPARTMENT USE ONLY	VALIDATION AREA
BMMR App ID:	
Application Fee:	
Total Fees:	
Approval Signature:	

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

PERSON COMPLETING APPLICATION

Please provide the following information for the individual who will act as the primary contact to the Bureau of Medical Marihuana Regulation for this license.

Name (Last, First, Middle)	**Affiliation with Applicant**
Mailing Address	**Business Name** (if applicable)
City **State** **Zip Code**	**Phone:**
Attorney License No. (if applicable)	**Fax:**
CPA License No. (if applicable)	**Email Address**

BUSINESS PREMISES & MUNICIPALITY INFORMATION

Please provide the following information regarding the entity seeking a marihuana facility license.

Applicant Name (as appears on official business document)	**Doing Business As** (d/b/a as used in conducting business. Attach copy of filed assumed name certificate) (if applicable)
Entity Physical Address	**FEIN/SSN**
City **State** **Zip Code**	**Entity Phone:**
Entity Mailing Address	**Entity Email Address**
City **State** **Zip Code**	
Name of Local Governing Municipality	**Municipal Authority Address**
Contact Name for Municipality	**Municipality Phone Number**
Date of Municipal Application (if applicable)	**Municipality Fax Number:**
County of Business	**Business Location Zoning Category** (e.g., agriculture, commercial)

A. The applicant is **required** to notify the municipality that it is applying for a state medical marihuana facility license. Has the applicant notified the above municipality via certified mail, or will it do so within 10 days of this application?

☐ No ☐ Yes

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

(1) APPLICATION FOR LICENSE TYPE:

☐ Grower Class A
☐ Grower Class B
☐ Grower Class C
☐ Processor
☐ Provisioning Center
☐ Secured Transporter
☐ Safety Compliance Facility

Secure Transporter: Provide proof of auto insurance, vehicle registration, and registration as a commercial motor vehicle as applicable for any transporting vehicles used to transport marihuana product.

(2) BUSINESS SPECIFICATIONS

A. Business Open Date: ____/____/_____ (***Required.*** Business' first date at this location. If new to MI, use first date of business in MI. If unknown, estimate)
MM DD YEAR

B. Proof of Ownership/Lease Agreement: Provide supplemental documentation establishing:

(1) Applicant's Ownership of Premises to Be Licensed (e.g., deed); OR
(2) Lease Agreement with Landlord and Tenant Signatures

C. Estimated Income: Provide the projected or actual gross annual income in Michigan. (check one box)

☐ $100,001-$150,000 ☐ $150,001 - $200,000 ☐ $200,001 – 300,000 ☐ $300,001 and above

D. Submit a marihuana facility plan: The applicant must submit a marihuana facility plan providing information required in Emergency Rule 8(2)(a) through (i).

E. Technology Plan: Provide an explanation below or supplemental documentation demonstrating the applicant's technology plan including (1) any third-party systems being used to interface with METRC and (2) systems and procedures for internal loss/theft/destruction reporting.

F. Marketing Plan: Provide a description and supplemental documentation detailing applicant's advertisement and marketing plan.

G. Inventory & Recordkeeping Plan

Provide an explanation below, or supplemental documentation demonstrating applicant's plan for acquiring, storing, and transporting medical marihuana products. Also provide a description for how inventory records will be maintained (attach additional pages if necessary).

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

(3) EMPLOYEE INFORMATION

Please answer the following questions and provide supporting documentation to support answers and descriptions.

A. How many employees in total will work for this facility: _____ (if unknown, estimate)

B. How many managerial employees will work for this facility: _____(if unknown, estimate)

C. Do you plan to hire independent contractors (people you will report on a 1099 form)? ☐ Y es ☐ No

D. **Staffing Plan**: Provide a description below of the staffing plan for this facility including: (1) Job Descriptions, (2) Hiring Procedures, (3) Employee Training, (4) Storage of Employee Records, (5) Day to Day Operations (including operation hours), and (6) Patient Education Plans. Provide supporting documentation to illustrate applicant's staffing plan.

(4) PROOF OF FINANCIAL RESPONSIBILITY

Provide the following information **and** supporting documentation demonstrating proof of financial responsibility for liability for bodily injury resulting from manufacture, distribution, transportation, or sale of adulterated marihuana or marihuana-infused product. The amount must not be less than $100,000.00.

Complete the following information for any insurance, bond, cash, or security held for this purpose by the applicant.

☐ **CASH** (on hand or held in account)

Name (Last, First, Middle)	**Amount Reserved**
Financial Institution Name & Address (if applicable)	**Account Name & Number** (if applicable)

☐ **SECURITIES**

Secured Party Name / Secured Entity Name	**Amount/Description of Security Interest**
Address of Secured Party	
Name & Address of Debtor	**Restrictions on Transfer of Security** (if applicable)

☐ **INSURANCE POLICY**

Insurance Policy Number	**Effective Date**
Insurance Company Name	**Insured Party Name**
Insurance Company Address	**Insured Party/Facility Address**

☐ **CONSTANT VALUE BOND** (on hand or held in account)

Bond Number	**Effective Date**
Bonding Company Name & Address	

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

ATTESTATION G

(Use BLUE or BLACK ink ONLY)

ACKNOWLEDGMENT & CONSENT TO INVESTIGATIONS, STATUTE & RULE COMPLIANCE

(To be completed and signed by entity/individual seeking licensure)

Do not sign until notary is present

I, _____ (applicant) being first duly sworn upon oath, affirmation, or depose state, that the above information is complete and accurate.

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

I hereby acknowledge that the Bureau of Medical Marihuana Regulation (Bureau) and the Licensing Board 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 marihuana facility 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.

As required under the Medical Marihuana Facilities Licensing Act, 2016 PA 281 (MMFLA) Sec.401(1)(k), I attest that I have notified the appropriate and municipality identified in this application by registered mail that I have applied for a state marihuana facility license or will so notify within 10 days of the application submission date.

I hereby consent to investigations of the physical premises intended to be licensed for the purposes of rule and regulation compliance, facility safety and security, and integrity of marihuana facility operation integrity. I understand that failing to cooperate with an investigation process the Bureau 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.

_____
Applicant Signature

_____
Date

Subscribed and sworn to by _____before me on _____.
(applicant name) (date)

_____ _____,
Notary Public Signature Notary Public Printed Name

State of _____, County of_____. Acting in the County Of _____, _____
(county) (state)

My commission expires: _____.

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

ATTESTATION H

(Use BLUE or BLACK ink ONLY)

APPLICANT'S INTEREST & EXPERIENCE ATTESTATION

(To be completed by the applicant)

Do not sign until notary is present

I, _____ (applicant) being first duly sworn upon oath, affirmation, or depose state, that the above information is complete and accurate.

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 secure transporter or safety compliance facility. I attest that my investors do not have any interest in a secure transporter or safety compliance facility. I further acknowledge that I am not a registered primary caregiver as defined in the Medical Marihuana Act, 2008 Initiated Law 1 (MMA) Sec. 3(k); MCL § 333.26423(3)(k). I attest that I will not employee an individual who is simultaneously a primary caregiver. I further attest that I am or will employ an individual who has a minimum of 2 years' experience as a registered primary caregiver.

I attest and affirm that if I am applying for a PROCESSOR license that I do not have any interest in a secure transporter or safety compliance facility. I attest that my investors do not have any interest in a secure transporter or safety compliance facility. I further acknowledge that I am not a registered primary caregiver as defined in the MMA Sec. 3(k); MCL § 333.26423(3)(k). I attest that I will not employee an individual who is simultaneously a primary caregiver. I further attest that I am or will employ an individual who has a minimum of 2 years' experience as a registered primary caregiver.

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, provisioning center, or safety compliance facility. I further acknowledge that I am not a registered primary caregiver as defined in the Medical Marihuana Act, 2008 Initiated Law 1 (MMA) Sec. 3(k); MCL § 333.26423(3)(k).

I attest and affirm that if I am applying for a PROVISIONING CENTER license that I do not have any interest in a secure transporter or safety compliance facility. I attest that my investors do not have any interest in a secure transporter or safety compliance facility.

I attest and affirm that if I am applying for a SAFETY COMPLIANCE FACILITY license, that I do not have any interest in a grower, secure transporter, processor, or provisioning center. I attest that my investors do not have any interest in a grower, secure transporter, processor, or provisioning center. 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 marihuana facility

I hereby understand that if I am found to be noncompliant with these requirements, as set forth in the Medical Marihuana Facility Licensing Act (MMFL), 2016 P.A. 281 Sec. 501 *et. seq.*, I may be subject to disciplinary action or risk loss of licensure.

_____
Applicant Signature

_____
Date

Subscribed and sworn to by _____before me on _____.
(applicant name) (date)

_____ _____,
Notary Public Signature Notary Public Printed Name

State of _____, County of_____. Acting in the County Of _____, _____
(county) (state)

My commission expires: _____.

ATTESTATION I

(Use BLUE or BLACK ink ONLY)

CONFIRMATION OF SEC. 205 COMPLIANCE

(To be signed by the municipal clerk or their designee and submitted by the applicant)

Do not sign until notary is present

PART A:

I, _____ (clerk/designee) of _____ (municipality), hereby attest to the Bureau of Medical Marihuana Regulation (Bureau) that the applicant for a state operating license as named below in part B, is in compliance with the municipal ordinance requirement of section 205 of the Medical Marihuana Facilities Licensing Act, 2016 PA 281 (MMFLA) and as provided in the LARA-BMMR, Emergency Administrative Rules filed with the Secretary of State on December 4, 2017.

I further attest that:

1. The municipality has adopted an ordinance under section 205 of the MMFLA and a copy of the local ordinance is attached.
2. Attached is a description of the limitations on the number of each type of marihuana facility (if applicable).
3. Attached is a copy of any zoning regulations. In the following space is the description of any zoning regulations that apply to the proposed marihuana facility within the municipality.
4. Attached is a description of any violation of the local ordinance or zoning regulations committed by the applicant named below, but only if those violations relate to activities licensed under this act or the Michigan medical marihuana act. (if applicable)

_____ _____ _____

Clerk (or designee) Municipality Date

Subscribed and sworn to by _____before me on _____.

(Clerk or designee) (date)

_____ _____

Notary Public Signature Notary Public Printed Name

State of _____, County of_____. Acting in the County of _____, _____

My commission expires: _____.

PART B:

I, the applicant, understand that I am submitting this Attestation I in compliance with Section 205 of the MMFLA and the Emergency Administrative Rules.

_____ _____

Applicant Signature Date

_____

Title