Adult-Use Licensing | Licensing Division
Cannabis Regulatory Agency
P.O. Box 30205 Lansing, MI 48909
Telephone: (517) 284-8599
CRA-AdultUseLicensing@Michigan.gov

SOLE PROPRIETOR PREQUALIFICATION

☐ $3,000 Application Fee

☐ Sole Proprietor Prequalification Application
- ☐ Page 1: Demographic Information
- ☐ Page 2: Attestation 1-A – Acknowledgment, Agreement, & Consent
- ☐ Page 3: Attestation 1-B – Verification & Affidavit of Full Disclosure
- ☐ Page 4: Attestation 1-C – Authorization to Release Information
- ☐ Page 5: Attestation 1-D – Acknowledgment of Federal Law & Release of Liability
- ☐ Page 6: Attestation 1-E – Confirmation of Tax Compliance
- ☐ Page 7: Acknowledgment of Attestations (signed and notarized)
- ☐ Page 8: Disclosure S-1 – Sole Proprietor Information
- ☐ Page 9: Disclosure S-2 – Tax & Tax Compliance
- ☐ Pages 10-11: Disclosure S-3 – Government Regulation
- ☐ Pages 12-13: Disclosure S-4 – Civil & Criminal Litigation History

☐ Supporting Documents

Identity Documents
- ☐ Copy of Government Issued ID
- ☐ DBA Documentation (if applicable) (obtained at county-level)
- ☐ Social Equity Plan

Regulation Documents
- ☐ Copy of Marijuana Licenses (if applicable)
- ☐ Summary of Facts and Circumstances Concerning License Denial, Restriction, Suspension, Revocation, or Nonrenewal (if applicable)

Tax/Financial Documents
- ☐ W2s and/or 1099s for Most Recent Year (if no W2s or 1099s exist, submit an explanation)
- ☐ Copy of Notice of Tax Liability Due (if applicable)

Civil & Criminal Litigation History
- ☐ Copy of Criminal History Documents (if applicable)
- ☐ Copy of Litigation Documents (if applicable)

☐ Supplemental Applications (if applicable)

Spouses of sole proprietors and any managerial employees of sole proprietors are each required to submit a prequalification application.

All applicable items on the checklist are <u>required</u> to be provided at the time of application submission.
Failure to submit any of the required items may result in the denial of your application.

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DEMOGRAPHIC INFORMATION

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

Sole Proprietor Name (as appears on government issued ID)	**Doing Business As** (attach copy of filed DBA documentation, if applicable)
Mailing Address	**Social Security Number** **Date of Birth** (mm/dd/yyyy)
City **State** **Zip Code**	**Phone** **E-mail Address**

PERSON COMPLETING APPLICATION

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

Name (First, Middle, Last)	**Date of Birth** (mm/dd/yyyy)
Mailing Address	**Phone**
City **State** **Zip Code**	**E-mail Address**

ASSOCIATED INDIVIDUALS

Please list the spouse of the sole proprietor and all managerial employees. **The below individuals are required submit Supplemental Individual Prequalification applications.** Add additional pages if necessary.

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

SOCIAL EQUITY INFORMATION

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

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

VALIDATION - FOR DEPARTMENT USE ONLY	
CRA RECEIPT	**REVENUE SERVICES VALIDATION** CODE: 51160

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ATTESTATION 1-A
ACKNOWLEDGMENT, AGREEMENT & CONSENT

(To be completed and submitted by the applicant)

I, _____,
Name of Sole Proprietor

acknowledge that I am the person responsible for submitting this application and supporting documents.

I hereby acknowledge that the Cannabis Regulatory Agency (Agency) may require supplemental materials in order to carry out its statutory duties. I hereby agree to submit such supplemental materials as requested by the Agency in a timely manner. I understand that if the Agency identifies a deficiency in an application, the Agency shall notify the applicant and the applicant shall submit the missing information or proof that the deficiency has been corrected to the agency within 5 days of the date the applicant received the deficiency notice. I acknowledge that failure to provide requested disclosures and documentation or to correct any notice of deficiency within 5 days of its receipt may result in the **denial** of an application.

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

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

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

I hereby acknowledge that the finding of prequalification status for a pending application is valid for two years after the Agency issues a notice of prequalification status unless otherwise determined by the agency. I understand that after two years have expired, I may be required to submit a new application and pay a new nonrefundable application fee.

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ATTESTATION 1-B
VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE

Add additional pages of this form as necessary to account for multiple additional contact persons.

PART A (to be completed by the adult-use applicant):

I, _____,
Name of Sole Proprietor

confirm the following:

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

1. I authorize_____to be a contact person for the Cannabis Regulatory Agency (Agency). I understand that this person will have access to records and material submitted to the Agency for the purposes of this application. Further, I understand that this person will retain access and receive communication from the Agency regarding the applicant/licensee until the applicant/licensee submits an official request to remove this person's access and cease communication with this person. Please provide the information for this contact person below.

   E-mail Address: _____ Phone Number: _____

   Accela Citizen Access Login User ID (if applicable): _____

2. I authorize the person listed as the Person Completing Application within the demographic section of the application to be a contact person for the Agency. I understand that this person will have access to records and material submitted to the Agency for the purposes of this application. Further, I understand that this person will retain access and receive communication from the Agency regarding the applicant/licensee until the applicant/licensee submits an official request to remove this person's access and cease communication with this person.

3. I affirm that the information contained in this application is true, complete, and accurate to the best of my knowledge and belief.

4. Except as reported in this application, I have no agreements or understandings with any person or entity and no present intent to hold as agent, nominee, or otherwise any interest in the application.

5. Except as reported in this application, I have no agreements or understanding with any person or entity and no present intent to pay any sums of money or give anything of value as, including but without limitation, a finder's fee or commission to any person or entity related to the interest in this application.

6. I understand that I have an ongoing obligation to notify the Agency should the entity enter into any such agreement contemplated by this attestation.

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ATTESTATION 1-C
AUTHORIZATION TO RELEASE INFORMATION

(To be completed and submitted by the applicant)

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

I, _____,
Name of Sole Proprietor

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

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

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

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

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

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

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ATTESTATION 1-D
ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF LIABILITY

(To be completed and submitted by the applicant)

I, _____,
Name of Sole Proprietor

hereby acknowledge and affirm the following:

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

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

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

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

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ATTESTATION 1-E
CONFIRMATION OF TAX COMPLIANCE

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

PART A (to be completed by the applicant before submitting to the Department of Treasury):

I, _____,
Name of Sole Proprietor

understand that I am submitting this Attestation in compliance with the MRTMA and the Administrative Rules. I affirm that if I have been making sales, I am registered and remitting sales and excise taxes to the Michigan Department of Treasury, as required. Additionally, I am not more than one year delinquent in the payment of taxes required under federal, state, or local law.

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

_____ _____
Signature of Sole Proprietor Date

_____
Sole Proprietor SSN

Return Address for Completed Form:

_____
Name

_____
Representative Name (if applicable)

_____
Return Email Address or Mailing Address

_____
Phone Number

Treasury Phone: 517-636-0066 | Treasury Email: Treas-MI-Marijuana-Tax@michigan.gov

PART B (to be completed by a designee of the Michigan Department of Treasury and returned to the applicant):

I,_____(designee) of the Michigan Department of Treasury, hereby confirm to the Cannabis Regulatory Agency (Agency) that the applicant for a state license as named above in Part A:

☐ does not have a federal employer identification number, social security number, or federal individual tax identification number, therefore, Treasury cannot verify the applicant has no delinquency in payments.

☐ is not delinquent with the payment of taxes required under state law.

☐ is delinquent in the payment of any tax required under state law. The payment ☐ has ☐ has not been delinquent for one or more years.

_____ _____
Signature of Treasury Designee Date

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ACKNOWLEDGMENT OF ATTESTATIONS

(To be completed and submitted by the applicant)

Do not sign until notary is present

I, _____,
Name of Sole Proprietor

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

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

Further, I affirm, under the penalties of perjury, that the information set forth in this application and all supporting documents is true, complete, and correct, and that no material information has been omitted.

_____ _____
Signature of Sole Proprietor Date

Subscribed and sworn to by_____before me on_____.
(Sole Proprietor Name) (Date)

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

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

My commission expires:_____.

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DISCLOSURE S-1 – SOLE PROPRIETOR INFORMATION

_____

(1) SOLE PROPRIETOR PRIOR NAMES

Provide any prior name used by the sole proprietor during the past 3 years, if applicable. Add additional pages if necessary.

Prior Name	Date Use Began	Date Use Ceased

(2) SOLE PROPRIETOR PRIOR ADDRESSES

Provide any prior address used by the sole proprietor during the past 3 years, if applicable. Add additional pages if necessary.

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

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DISCLOSURE S-2—TAX & TAX COMPLIANCE

_____

(1) TAXING AGENCIES

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

Taxing Agency	Type of Tax (E.g., Federal income tax, state income tax, sales tax)

(2) TAX COMPLIANCE

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

☐ Yes ☐ No

If you answered **yes**, provide the requested information for each delinquent tax payment and provide all applicable required supporting documents (e.g., copy of notice of tax liability due). Add additional pages if necessary.

Taxing Agency	Type of Tax	Tax Year	Amount

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DISCLOSURE S-3 - GOVERNMENT REGULATION

Is the sole proprietor subject to government regulation in any jurisdiction (e.g., Does the sole proprietor hold any license, certificate, permit, etc., that is regulated by a department of a local, state, federal, or foreign government)?

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

(1) MARIJUANA BUSINESS INTERESTS

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

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

(2) COMMERCIAL LICENSES OR CERTIFICATES

Provide the requested information for all non-marijuana commercial licenses or certificates held by the sole proprietor. Add additional pages if necessary.

License or Certificate Type	License Number or Other Identifying Number	Issuing Agency

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DISCLOSURE S-3 - GOVERNMENT REGULATION, CONTINUED

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

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

#	License or Certificate Type	License Number or Other Identifying Number	Issuing Agency
1			
	Action Taken	**Reason for Action**	**Date Action Taken**
#	**License or Certificate Type**	**License Number or Other Identifying Number**	**Issuing Agency**
2			
	Action Taken	**Reason for Action**	**Date Action Taken**
#	**License or Certificate Type**	**License Number or Other Identifying Number**	**Issuing Agency**
3			
	Action Taken	**Reason for Action**	**Date Action Taken**

(4) PENDING LICENSES OR CERTIFICATES

Disclose any application for a commercial license or certificate in this state or any other jurisdiction that is currently pending and for which a determination has not been made. Do not include this current application for a marijuana license or any commercial license or certificate previously disclosed on this application. Add additional pages if necessary.

License or Certificate Type	Issuing Agency	Application Number or Other Identifying Number

(5) GOVERNMENT EMPLOYMENT

Do any of the following apply to the sole proprietor?

☐ Yes ☐ No Employee, advisor, or consultant of the Cannabis Regulatory Agency.

☐ Yes ☐ No Holds an elective office of a governmental unit of this state, another state, or the federal government.

☐ Yes ☐ No Member of or employed by a regulatory body of a governmental unit of this state, another state, or the federal government.

If you answered yes to any of the above questions, provide an explanation. If you are an elected officer of or employee of a federally recognized Indian tribe or an elected precinct delegate, please include this information in the explanation:

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DISCLOSURE S-4 – CIVIL & CRIMINAL LITIGATION HISTORY

_____

(1) LITIGATION HISTORY

Has the sole proprietor been a party to any litigation during the past five years (e.g., fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker's compensation, discrimination, and tax laws and regulations)?

☐ Yes ☐ No

If you answered **yes**, provide the requested information for all litigation related to the sole proprietor (e.g., fraud, environmental, food safety, labor, employment, worker's compensation, discrimination, and tax laws and regulations) pending or concluded, for the past 5 years. Add additional pages if necessary.

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

(2) PENDING LITIGATION

For any cases that are currently initiated or pending, provide a brief explanation regarding the allegations of the case. Add additional pages if necessary.

_____

_____

_____

_____

_____

_____

(3) GOVERNMENT CHARGES & INVESTIGATIONS

Disclose any charges and government investigations, whether initiated, pending, or concluded, related to the sole proprietor's business operations unless they have been previously disclosed on this application (e.g., fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker's compensation, discrimination, and tax laws and regulations). Add additional pages if necessary.

_____

_____

_____

_____

_____

_____

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

(4) CRIMINAL LITIGATION

Has the sole proprietor been convicted of any crime under the laws of any jurisdiction?

☐ Yes ☐ No If you answered **yes**, provide the requested information for all convictions related to the sole proprietor. Add additional pages if necessary.

#	Name of Offense	Felony, Misdemeanor, Local Ordinance	Date	Arresting Agency
1				
	Name & Location of Court		**Docket/Case Number**	**Jurisdiction**
#	**Name of Offense**	**Felony, Misdemeanor, Local Ordinance**	**Date**	**Arresting Agency**
2				
	Name & Location of Court		**Docket/Case Number**	**Jurisdiction**
#	**Name of Offense**	**Felony, Misdemeanor, Local Ordinance**	**Date**	**Arresting Agency**
3				
	Name & Location of Court		**Docket/Case Number**	**Jurisdiction**
#	**Name of Offense**	**Felony, Misdemeanor, Local Ordinance**	**Date**	**Arresting Agency**
4				
	Name & Location of Court		**Docket/Case Number**	**Jurisdiction**
#	**Name of Offense**	**Felony, Misdemeanor, Local Ordinance**	**Date**	**Arresting Agency**
5				
	Name & Location of Court		**Docket/Case Number**	**Jurisdiction**
#	**Name of Offense**	**Felony, Misdemeanor, Local Ordinance**	**Date**	**Arresting Agency**
6				
	Name & Location of Court		**Docket/Case Number**	**Jurisdiction**