

Adult-Use Marijuana Establishment Licensing Application Process

<u>DO NOT</u> SUBMIT THIS MARIJUANA ESTABLISHMENT LICENSE APPLICATION UNLESS YOUR MARIJUANA ESTABLISHMENT WILL BE READY TO PASS ALL PRE-LICENSURE INSPECTIONS WITHIN 60 DAYS OF SUBMISSION.

Failure to pass all pre-licensure inspections within 60 days may result in the denial of the license application.

This application must be completed in its entirety upon submission. If the Marijuana Regulatory Agency (MRA) identifies a deficiency in an application, the MRA will notify the applicant. The applicant must submit all missing information or proof that the deficiency has been corrected in its entirety to the MRA within 5 calendar days of the date the applicant received the notice of deficiency. The failure of an applicant to completely correct a deficiency within 5 days of notification by the MRA may result in the denial of the application.

Marijuana Regulatory Agency Phone:(517) 284-8599

Website: www.michigan.gov/mra Email: MRA-Adult-Use-Marijuana@Michigan.gov

Adult-Use Marijuana Establishment Licensing Application Process



Before initiating the application process, be advised the following documents are due at the time of application submission:

Establishment License Application Link to Attestations

- Attestation 2-A Acknowledgment & Consent to Investigations, Statute & Rule Compliance
- Attestation 2-B Interest & Experience Attestation
- Attestation 2-C Confirmation of Section 6 Compliance
- Attestation 2-D Confirmation of Insurance
- Acknowledgment of Attestations

Business Specifications

- Copy of Certificate of Use and Occupancy
- Copy of deed or lease agreement
- Copy of proof of financial responsibility (e.g., insurance policy, constant value bond)
- Copy of marihuana business location plan complying with Rule 8 in the Marihuana Licenses Rule Set (R 420.8)
- Copy of floor plan
- Copy of business plan, including but not limited to:
 - Technology plan
 - Marketing plan
 - Staffing plan
 - Inventory and recordkeeping plan
- DBA documentation (if applicable) (obtained at county-level)
- Certificate of Assumed Name (if applicable) (obtained from LARA Corporations Division)

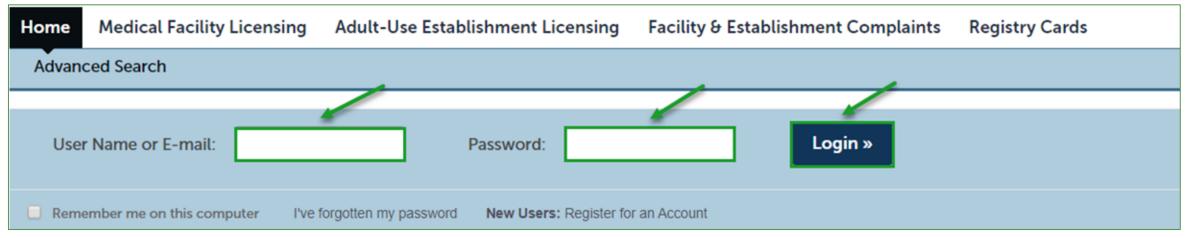
^{*}All applicable items on the checklist are required to be provided at the time of application submission.

^{*}Failure to submit any of the items may result in the denial of your application.



MDA

- Enter User Name or E-mail.
- Enter Password.
- Select *Login*.





Adult-Use Marijuana Establishment Licensing Application Process

• Select Adult-Use Establishment Licensing.

Home	Med	lical Facility Lic	ensing	Adult-	-Use Establishment Licen	nsing Facility 8	Establishment Complaint	ts Registry Cards
Dashboa	rd	My Records	My Aco	count	Advanced Search			
Welcome								
You are no	w logg	ed in.						

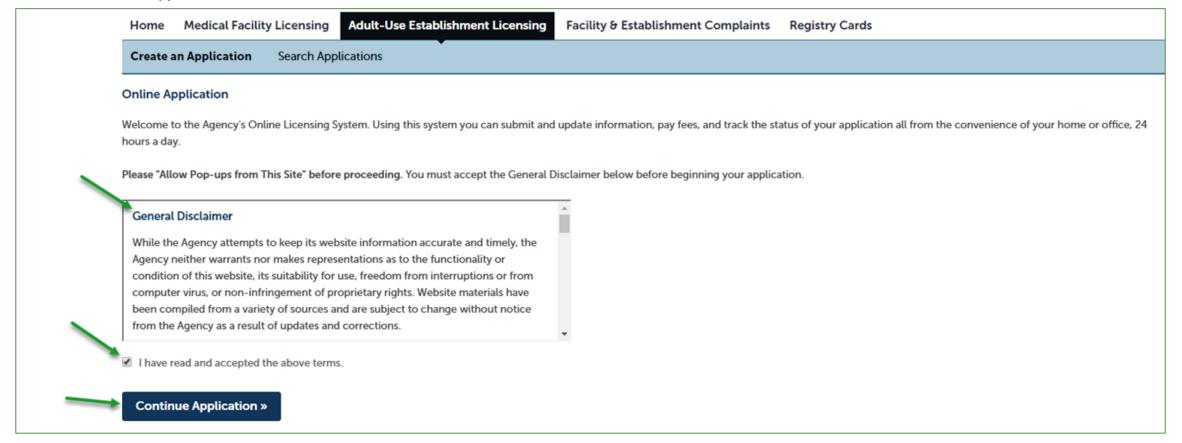
• Select *Create an Application*.

Home	Medical Facility Licensing	Adult-Use Establishment Licensing	Facility & Establishment Complaints	Registry Cards				
Create an Application Search Applications								



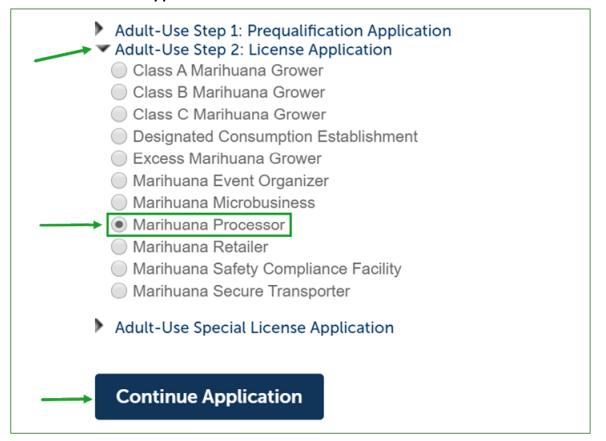


- Read the General Disclaimer.
- Check the box stating I have read and accepted the above terms.
- Select **Continue Application**.





- Select the arrow next to Adult-Use Step 2: License Application.
- Select Marijuana Processor.
- Select Continue Application.

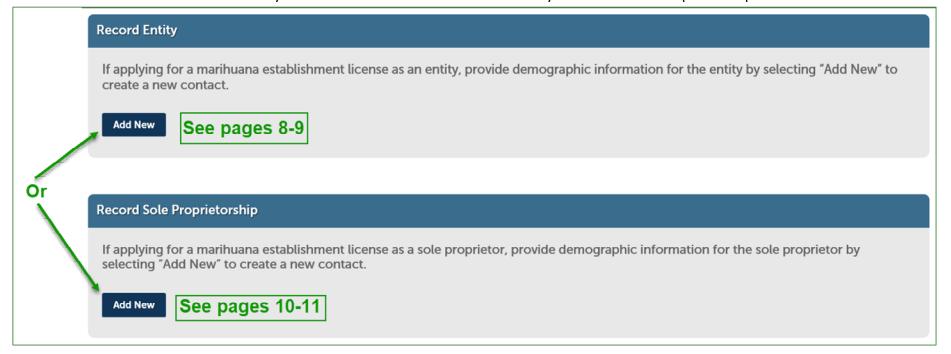


Adult-Use Marijuana Establishment Licensing Application Process



- For a main applicant entity seeking to hold a marijuana establishment state license, provide demographic information for the main applicant entity by selecting **Add New.**
 - See pages 8-9 for a main applicant entity.
- For a main applicant individual (sole proprietor) seeking to hold a marijuana establishment state license, provide demographic information for the main applicant individual (sole proprietor) by selecting **Add New**.
 - See pages 10-11 for a main applicant individual (sole proprietor).

Note: you must *Add New* for either Record Entity OR Record Sole Proprietorship.



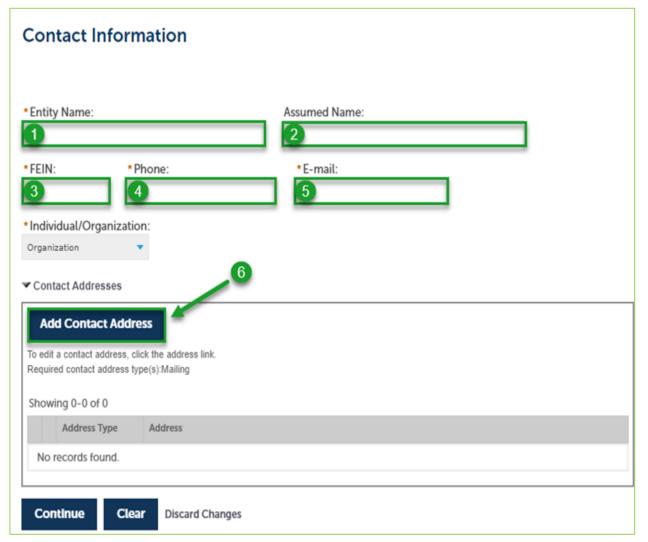
Adult-Use Marijuana Establishment Licensing Application Process



For a main applicant entity:

Main applicant individuals (sole proprietors) skip to page 10.

- Enter Main Applicant Entity name.
- Enter **Assumed Name** if operating publicly with a name other than the main applicant entity name. Separate multiple assumed names with commas.
- Enter Federal Employer Identification Number (FEIN).
- Enter Phone Number.
- Enter E-mail Address.
- Select *Add Contact Address*. Another window will open. **Please see next page to continue.**

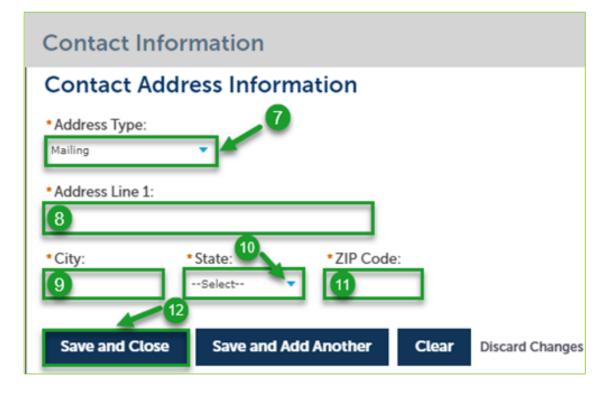


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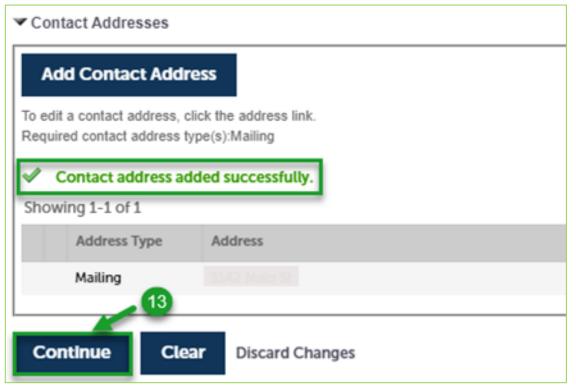


For a main applicant entity:

- *Mailing Address type is required.
- Enter Street Address.
- Enter *City*.
- · Select to add State.
- Enter ZIP Code.
- Select Save and Close.



- Contact Address Added Successfully message will appear.
- Select Continue.



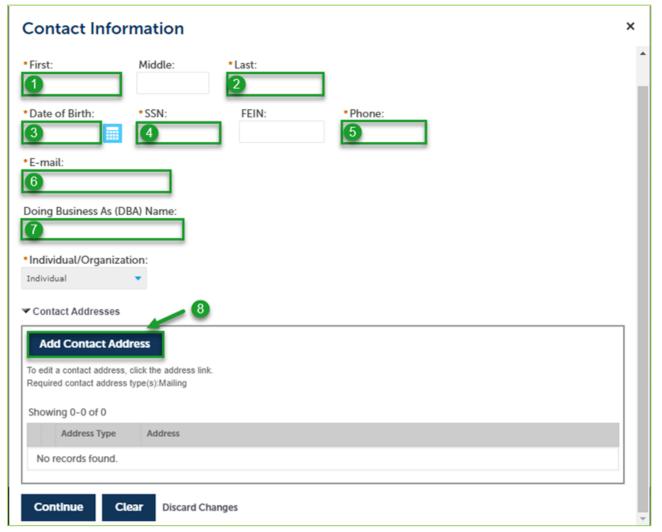
Adult-Use Marijuana Establishment Licensing Application Process



For a main applicant individual (sole proprietor):

Main applicant entities skip to page 12.

- Enter Sole Proprietor's *First Name*.
- Enter Sole Proprietor's Last Name.
- Enter Sole Proprietor's **Date of Birth (DOB)**.
- Enter Sole Proprietor's Social Security Number (SSN).
- Enter Sole Proprietor's **Phone Number**.
- Enter Sole Proprietor's *E-mail Address*.
- Enter Sole Proprietor's *Doing Business As (DBA)*, if applicable.
- Select *Add Contact Address*. Another window will open. **Please see next** page to continue.

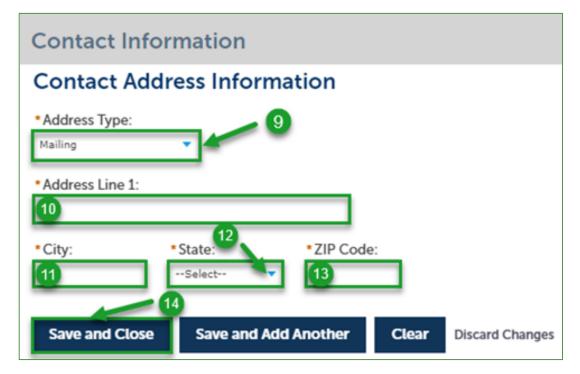


Adult-Use Marijuana Establishment Licensing Application Process

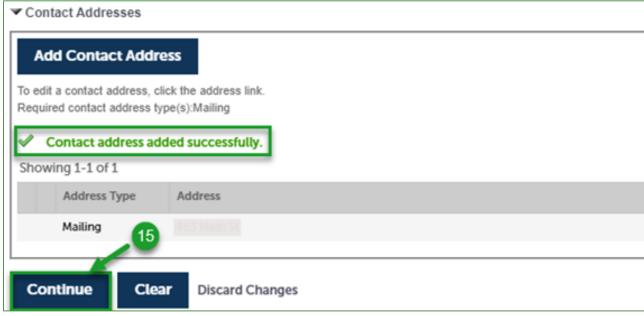


For a main applicant individual (sole proprietor):

- *Mailing Address type is required.
- Enter Street Address.
- Enter *City*.
- Select to add State.
- Enter ZIP Code.
- Select Save and Close.



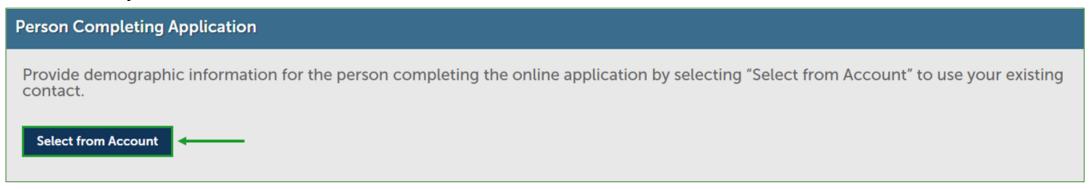
- Contact Address Added Successfully message will appear.
- Select Continue.







• Choose Select from Account.



- Select the box for Mailing Address.
- Select Continue.



 After entering the demographic information for the main applicant and the person completing the application, select *Continue Application*.



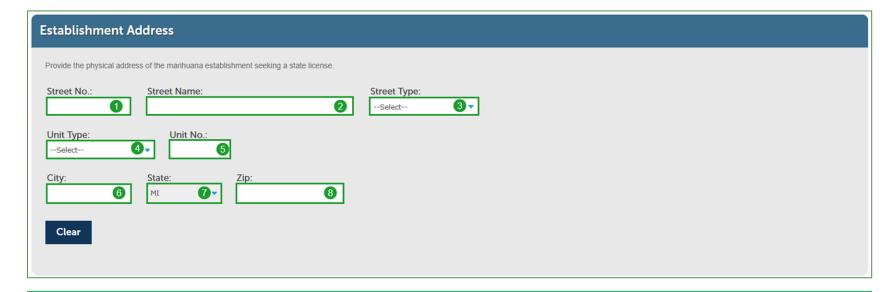




Provide the physical address of the marijuana establishment seeking a state license.

- Enter establishment Street Number.
- Enter establishment Street Name.
- Select establishment Street Type.
- Select *Unit Type*, if applicable.
- Enter *Unit Number*, if applicable.
- Enter establishment *City*.
- MI is required for State
- Enter establishment **ZIP Code**.

- Enter Establishment Location Zoning Category.
- Select Continue Application.

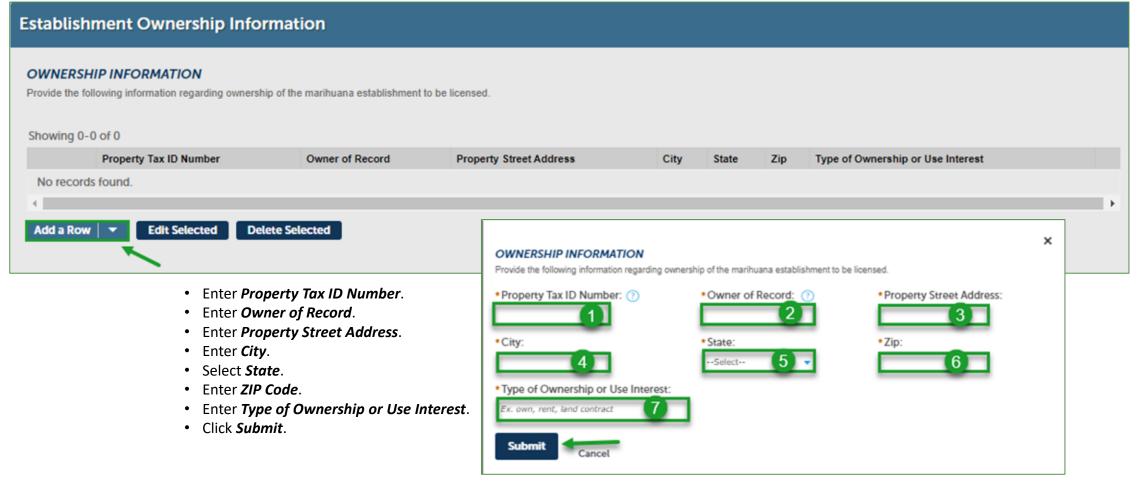








• Select **Add a Row** to provide information regarding the ownership of the marijuana establishment to be licensed. Please note, this table pertains to the ownership of the physical marijuana establishment as opposed to the ownership of the main applicant.







- Use the drop-down box to select the *Estimated Income* of the proposed marijuana establishment.
- Select Continue Application.



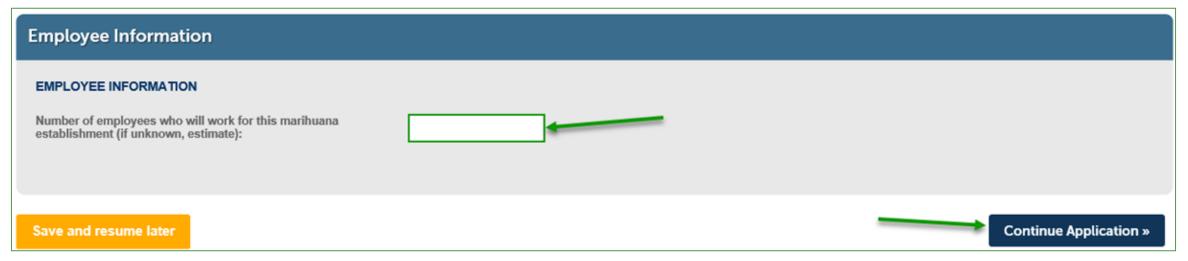


- Enter Name of municipality in which the marijuana establishment will be located.
- Enter City of Municipality.
- Select State of Municipality.
- Enter Zip Code of Municipality.
- Select County of Municipality.
- Select **Continue Application**.





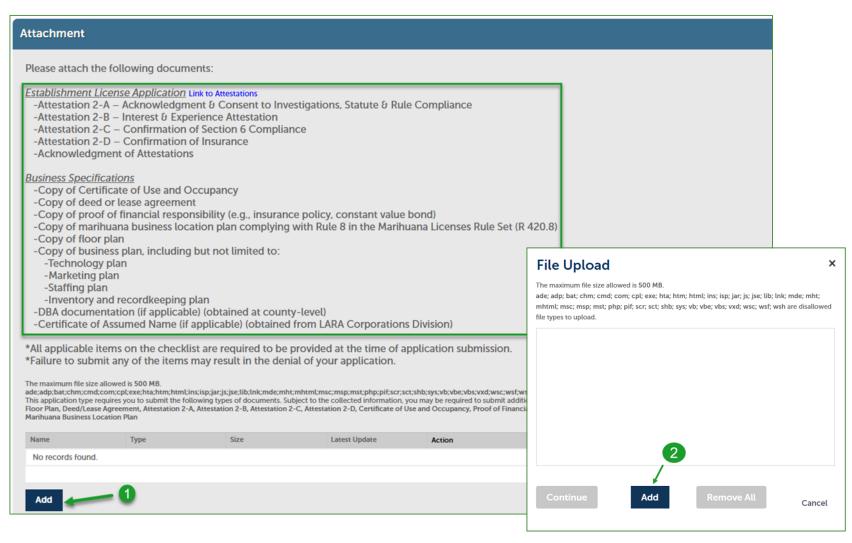
- Enter the number of employees who will work for this marijuana establishment (if unknown, estimate).
- Select *Continue Application*.





- All applicable items on the checklist are required to be provided at the time of application submission.
- Failure to submit any of the applicable checklist items may result in the denial of your application.
- Each document in the checklist must be uploaded individually; documents cannot be combined and uploaded as a single PDF.

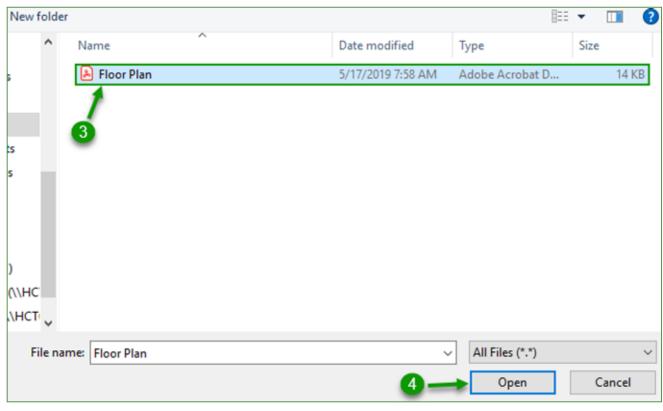
- To attach documents, Select Add on the attachments page.
- Select Add on the file upload pop out window. Please see next page to continue.



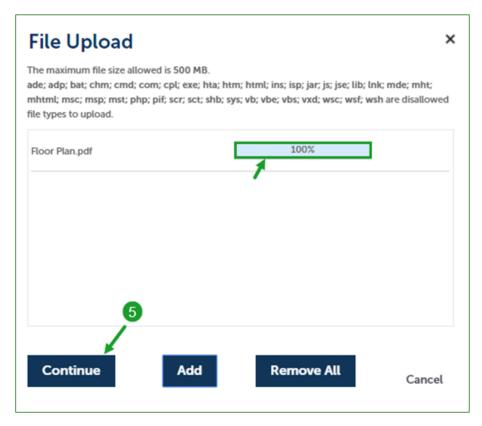




- Select and Open the file(s) you wish to upload.
 - Attachments should be uploaded in PDF format.
 - Files should be named according to their document type. For example, the Floor Plan PDF should be named "Floor Plan".



• Confirm the file(s) are 100% uploaded and select Continue.





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Select document Type

Save

Add

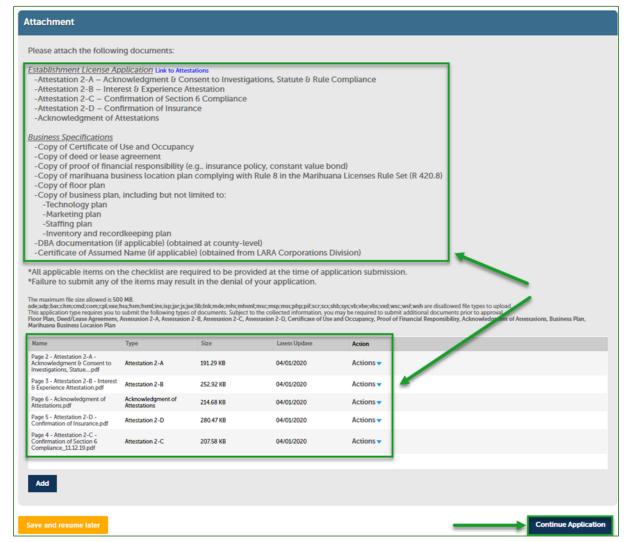
Remove All

- All documents on the checklist have a corresponding type. You must choose the corresponding document type for each document that is uploaded. For example, when uploading the Floor Plan, you must select the "Floor Plan" type.
- Select Save. --Select--You must repeat the process depicted for the Floor Plan for all applicable documents on the checklist. Acknowledgment of Attestations Attestation 2-A Attestation 2-B Attestation 2-C * Type: Attestation 2-D Business Plan --Select--Certificate of Assumed Name 6 Certificate of Use and Occupancy DBA Documentation File: Deed/Lease Agreement Floor Plan.pdf Floor Plan 100% Marihuana Business Location Plan NCS - Financial Institution Release and Authorization for Information Description: Other Proof of Financial Responsibility Public Contact Form spell check

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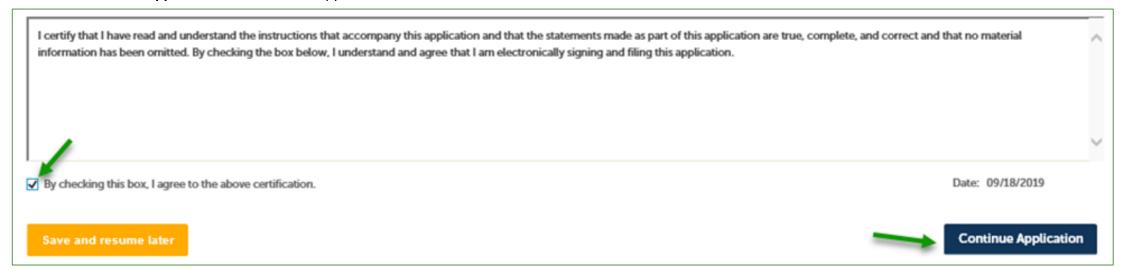
 After all applicable documents have been uploaded and their corresponding document types have been selected and saved, select Continue Application.







- After reviewing the marijuana establishment state license application, *Check* the box to electronically sign and file the application thus certifying that the application is true, complete, correct, and that no material information has been omitted.
- Select *Continue Application* to submit the application.





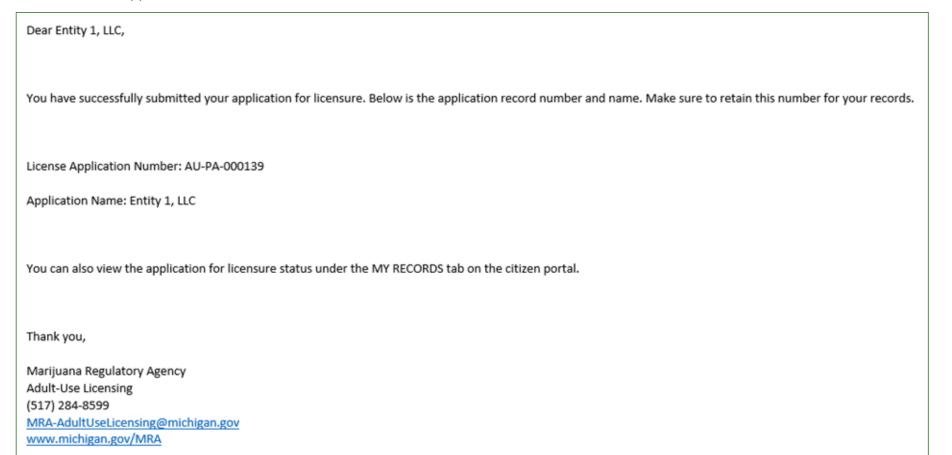


• The marijuana establishment state license application has now been submitted. Retain a copy of the record number.

Home M	edical Facility	Licensing	Adult-Use Establishment Licensing		Facility & Establishment Complaints	Registry Cards		
Create an Application Search Applications								
Marihuana Processor								
1	2	3	4	5 Review		6 Record Issuance		
Your application has been successfully submitted. Please print your record and retain a copy for your records.								
Thank you for using our online services. Your Record Number is AU-PA-000139.								



- The person completing the application and the main applicant will receive the below email containing:
 - The license application number.
 - The application name.



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Marijuana Regulatory Agency Phone: (517) 284-8599

Website: www.michigan.gov/mra

Email: MRA-Adult-Use-Marijuana@Michigan.gov