

Marijuana Retailer Application Instructions

Adult-Use Marijuana Establishment Licensing Application Process



DO NOT 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

Marijuana Retailer Application Instructions

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 marijuana business location plan complying with Rule 8 in the Marijuana 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.**

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

[Home](#) [Medical Facility Licensing](#) [Adult-Use Establishment Licensing](#) [Facility & Establishment Complaints](#) [Registry Cards](#)

Advanced Search

User Name or E-mail:

Password:

Login »

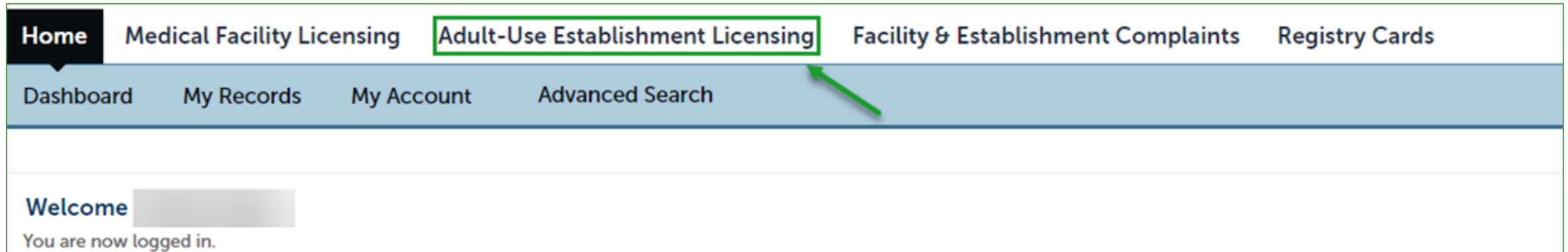
☐ Remember me on this computer [I've forgotten my password](#) **New Users:** [Register for an Account](#)

Marijuana Retailer Application Instructions

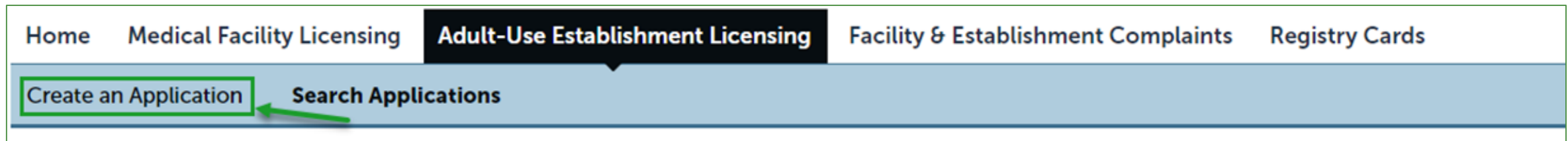
Adult-Use Marijuana Establishment Licensing Application Process



- Select **Adult-Use Establishment Licensing**.



- Select **Create an Application**.



Marijuana Retailer Application Instructions

Adult-Use Marijuana Establishment Licensing Application Process



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

[Home](#) [Medical Facility Licensing](#) **[Adult-Use Establishment Licensing](#)** [Facility & Establishment Complaints](#) [Registry Cards](#)

[Create an Application](#) [Search Applications](#)

Online Application

Welcome to the Agency's Online Licensing System. Using this system you can submit and update information, pay fees, and track the status of your application all from the convenience of your home or office, 24 hours a day.

Please "Allow Pop-ups from This Site" before proceeding. You must accept the General Disclaimer below before beginning your application.

General Disclaimer

While the Agency attempts to keep its website information accurate and timely, the Agency neither warrants nor makes representations as to the functionality or condition of this website, its suitability for use, freedom from interruptions or from computer virus, or non-infringement of proprietary rights. Website materials have been compiled from a variety of sources and are subject to change without notice from the Agency as a result of updates and corrections.

☒ I have read and accepted the above terms.

Continue Application »

Marijuana Retailer Application Instructions

Adult-Use Marijuana Establishment Licensing Application Process



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

A screenshot of a web application interface for the Marijuana Retailer Application process. The interface is enclosed in a green rectangular border. At the top, there are two expandable sections: "Adult-Use Step 1: Prequalification Application" (indicated by a right-pointing triangle) and "Adult-Use Step 2: License Application" (indicated by a downward-pointing triangle). A green arrow points to the "Adult-Use Step 2: License Application" section. Below this section is a list of application types, each preceded by a radio button. The "Marijuana Retailer" option is selected, indicated by a filled radio button and a green box around the text. A green arrow points to the "Marijuana Retailer" option. Below the list is another expandable section, "Adult-Use Special License Application" (indicated by a right-pointing triangle). At the bottom of the interface is a dark blue button with the text "Continue Application" in white. A green arrow points to this button.

Marijuana Retailer Application Instructions

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.

Record Entity

If applying for a marijuana establishment license as an entity, provide demographic information for the entity by selecting "Add New" to create a new contact.

Add New

See pages 8-9

Or

Record Sole Proprietorship

If applying for a marijuana establishment license as a sole proprietor, provide demographic information for the sole proprietor by selecting "Add New" to create a new contact.

Add New

See pages 10-11

Marijuana Retailer Application Instructions

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.**

Contact Information

• Entity Name:

1

Assumed Name:

2

• FEIN:

3

• Phone:

4

• E-mail:

5

• Individual/Organization:

Organization

▼ Contact Addresses

6

Add Contact Address

To edit a contact address, click the address link.

Required contact address type(s):Mailing

Showing 0-0 of 0

Address Type	Address
No records found.	

Continue

Clear

Discard Changes

Marijuana Retailer Application Instructions

Adult-Use Marijuana Establishment Licensing Application Process



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 Information

Contact Address Information

* Address Type:
Mailing

* Address Line 1:
[Text Field]

* City:
[Text Field]

* State:
--Select--

* ZIP Code:
[Text Field]

Save and Close **Save and Add Another** **Clear** Discard Changes

Numbered callouts: 7 points to the Address Type dropdown, 8 points to the Address Line 1 text field, 9 points to the City text field, 10 points to the State dropdown, 11 points to the ZIP Code text field, and 12 points to the Save and Close button.

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

Contact Addresses

Add Contact Address

To edit a contact address, click the address link.
Required contact address type(s): Mailing

✓ **Contact address added successfully.**

Showing 1-1 of 1

Address Type	Address
Mailing	3142 Main St

Continue **Clear** Discard Changes

Numbered callout: 13 points to the Continue button.

Marijuana Retailer Application Instructions

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.**

A screenshot of the 'Contact Information' form in a web application. The form is titled 'Contact Information' in blue text at the top left, with a close button (X) at the top right. The form contains several input fields, each with a green circle containing a number indicating a step or callout. Callout 1 points to the 'First' name field. Callout 2 points to the 'Last' name field. Callout 3 points to the 'Date of Birth' field, which has a calendar icon to its right. Callout 4 points to the 'SSN' field. Callout 5 points to the 'Phone' field. Callout 6 points to the 'E-mail' field. Callout 7 points to the 'Doing Business As (DBA) Name' field. Callout 8 points to the 'Add Contact Address' button, which is highlighted with a green border and a green arrow. Below the 'Add Contact Address' button, there is a section for 'Contact Addresses' with a dropdown arrow. Below this, there is a table with columns 'Address Type' and 'Address'. The table shows 'Showing 0-0 of 0' and 'No records found.' At the bottom of the form, there are three buttons: 'Continue' (blue), 'Clear' (blue), and 'Discard Changes' (grey).

Marijuana Retailer Application Instructions

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 Information

Contact Address Information

* Address Type:
Mailing

* Address Line 1:

* City:

* State:
--Select--

* ZIP Code:

Save and Close **Save and Add Another** **Clear** Discard Changes

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

Contact Addresses

Add Contact Address

To edit a contact address, click the address link.
Required contact address type(s): Mailing

✓ **Contact address added successfully.**

Showing 1-1 of 1

Address Type	Address
Mailing	155 Main St

Continue **Clear** Discard Changes

Marijuana Retailer Application Instructions

Adult-Use Marijuana Establishment Licensing Application Process



- Choose **Select from Account**.

Person Completing Application

Provide demographic information for the person completing the online application by selecting "Select from Account" to use your existing contact.

Select from Account

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

Select Contact from Account

Person Completing Application

Select contact addresses for this contact to attach to the record.

Showing 1-1 of 1

<input type="checkbox"/>	Address Type	Address
<input checked="" type="checkbox"/>	Mailing	

1

2

Continue Discard Changes

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

Continue Application

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Adult-Use Marijuana Establishment Licensing Application Process



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**.

Establishment Address

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

Street No.:

Street Name:

Street Type:

Unit Type:

Unit No.:

City:

State:

Zip:

Clear

- Enter establishment **Location Zoning Category**.
- Select **Continue Application**.

Business Location Zoning Category

LOCATION ZONING CATEGORY

Provide the establishment location zoning category:

Save and resume later

Continue Application

Marijuana Retailer Application Instructions

Adult-Use Marijuana Establishment Licensing Application Process



- 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.

Establishment Ownership Information

OWNERSHIP INFORMATION
Provide the following information regarding ownership of the marihuana establishment to be licensed.

Showing 0-0 of 0

Property Tax ID Number	Owner of Record	Property Street Address	City	State	Zip	Type of Ownership or Use Interest
No records found.						

Add a Row **Edit Selected** **Delete Selected**

- Enter **Property Tax ID Number**.
- Enter **Owner of Record**.
- Enter **Property Street Address**.
- Enter **City**.
- Select **State**.
- Enter **ZIP Code**.
- Enter **Type of Ownership or Use Interest**.
- Click **Submit**.

OWNERSHIP INFORMATION
Provide the following information regarding ownership of the marihuana establishment to be licensed.

*Property Tax ID Number: ?

1

*Owner of Record: ?

2

*Property Street Address:

3

*City:

4

*State:

--Select-- 5

*Zip:

6

*Type of Ownership or Use Interest:
Ex. own, rent, land contract

7

Submit

Cancel

Marijuana Retailer Application Instructions

Adult-Use Marijuana Establishment Licensing Application Process



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

Estimated Income

ESTIMATED INCOME
Provide the projected or actual gross annual income in Michigan.

Estimated Income:

--Select--

--Select--
\$100,000 or less
\$100,001 - \$150,000
\$150,001 - \$200,000
\$200,001 - \$300,000
\$300,001 and above

Save and resume later

Continue Application

Marijuana Retailer Application Instructions

Adult-Use Marijuana Establishment Licensing Application Process



- 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.**

Municipality Information

MUNICIPALITY INFORMATION

Name of municipality in which the marihuana establishment will be located:

City of Municipality:

State of Municipality:

Zip Code of Municipality:

County of Municipality:

--Select--

--Select--

Save and resume later

Continue Application

Marijuana Retailer Application Instructions

Adult-Use Marijuana Establishment Licensing Application Process



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

Employee Information

EMPLOYEE INFORMATION

Number of employees who will work for this marihuana establishment (if unknown, estimate):

Save and resume later **Continue Application »**

Marijuana Retailer Application Instructions

Adult-Use Marijuana Establishment Licensing Application Process



- 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.

Attachment

Please attach the following documents:

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.

The maximum file size allowed is 500 MB.

ade;adp;bat;chm;cmd;com;cpl;exe;hta;htm;html;ins;isp;jar;js;jse;lib;lnk;mde;mht;mhtml;mhc;msp;mst;php;piif;scr;sct;shb;sys;vb;vbe;vbs;vxd;wsc;wsf;wsh

This application type requires you to submit the following types of documents. Subject to the collected information, you may be required to submit additional documents. The following documents are required for this application type: Floor Plan, Deed/Lease Agreement, Attestation 2-A, Attestation 2-B, Attestation 2-C, Attestation 2-D, Certificate of Use and Occupancy, Proof of Financial Responsibility, and Marihuana Business Location Plan

Name	Type	Size	Latest Update	Action
No records found.				

Add

File Upload

The maximum file size allowed is 500 MB.

ade;adp;bat;chm;cmd;com;cpl;exe;hta;htm;html;ins;isp;jar;js;jse;lib;lnk;mde;mht;mhtml;mhc;msp;mst;php;piif;scr;sct;shb;sys;vb;vbe;vbs;vxd;wsc;wsf;wsh

This application type requires you to submit the following types of documents. Subject to the collected information, you may be required to submit additional documents. The following documents are required for this application type: Floor Plan, Deed/Lease Agreement, Attestation 2-A, Attestation 2-B, Attestation 2-C, Attestation 2-D, Certificate of Use and Occupancy, Proof of Financial Responsibility, and Marihuana Business Location Plan

Continue

Add

Remove All

Cancel

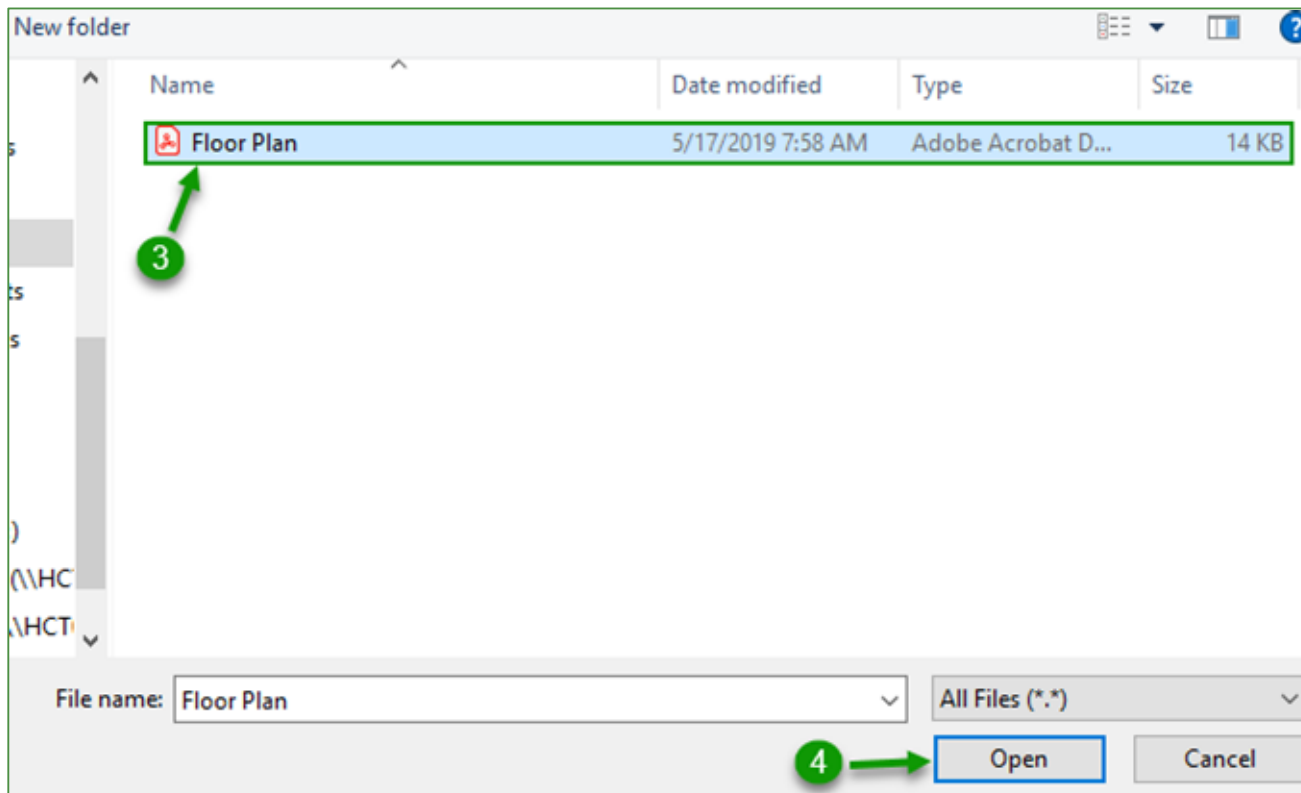
- To attach documents, Select **Add** on the attachments page.
- Select **Add** on the file upload pop out window. Please see next page to continue.

Marijuana Retailer Application Instructions

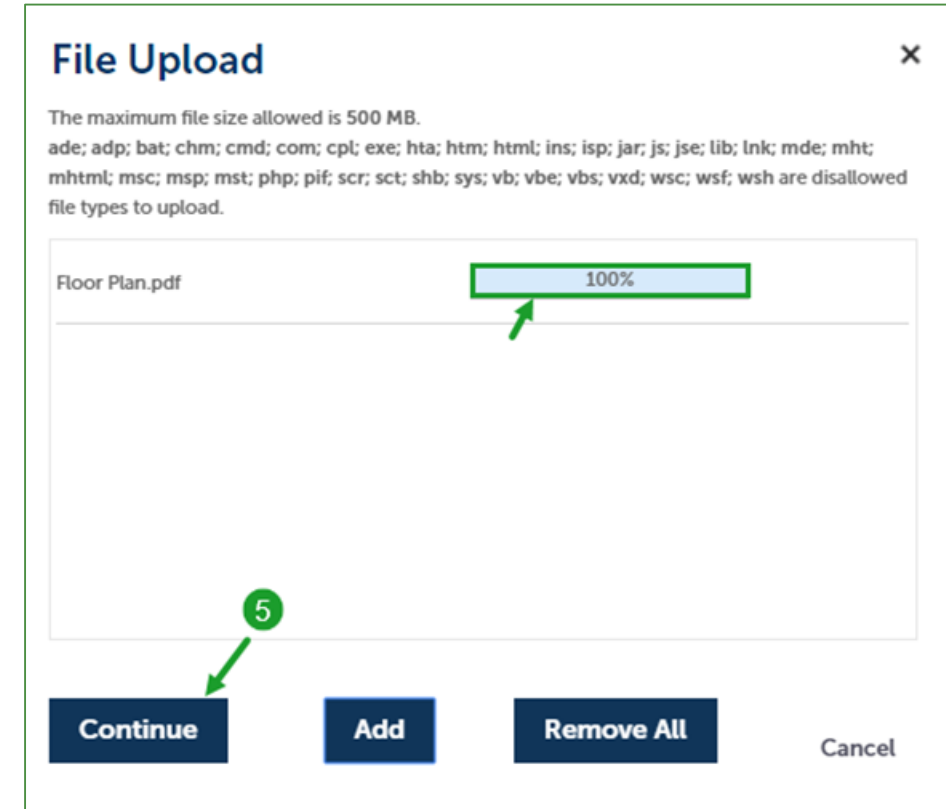
Adult-Use Marijuana Establishment Licensing Application Process



- **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**.



Marijuana Retailer Application Instructions

Adult-Use Marijuana Establishment Licensing Application Process



- Select document **Type**.
 - 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**.
- **You must repeat the process depicted for the Floor Plan for all applicable documents on the checklist.**

The screenshot displays a web form for uploading documents. The form includes a dropdown menu for selecting the document type, a file upload area, a description field, and a list of document types. A green arrow labeled '6' points from the 'Floor Plan' option in the dropdown menu to the 'Type' dropdown. A green arrow labeled '7' points from the 'Floor Plan' option in the dropdown menu to the 'Floor Plan' option in the list of document types. A green arrow labeled '8' points from the 'Save' button to the 'spell check' text.

* Type:

--Select--

File:

Floor Plan.pdf

100%

Description:

spell check

Save Add Remove All

--Select--

- Acknowledgment of Attestations
- Attestation 2-A
- Attestation 2-B
- Attestation 2-C
- Attestation 2-D
- Business Plan
- Certificate of Assumed Name
- Certificate of Use and Occupancy
- DBA Documentation
- Deed/Lease Agreement
- Floor Plan**
- Marihuana Business Location Plan
- NCS - Financial Institution Release and Authorization for Information
- Other
- Proof of Financial Responsibility
- Public Contact Form

Marijuana Retailer Application Instructions

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

Attachment

Please attach the following documents:

[Establishment License Application Link to Attestations](#)

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- 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 marijuana business location plan complying with Rule 8 in the Marijuana 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.

The maximum file size allowed is 500 MB.
ade;adp;bat;chm;cmd;com;cp;exe;hta;htm;html;ins;isp;jar;jse;lib;lnk;mde;mht;mhtml;mssc;mss;php;pdf;psd;scr;scs;shb;sys;vb;vbe;vbs;vxd;wsc;wsf;wsh are disallowed file types to upload.
This application type requires you to submit the following types of documents. Subject to the collected information, you may be required to submit additional documents prior to approval.
Floor Plan, Deed/Lease Agreement, Attestation 2-A, Attestation 2-B, Attestation 2-C, Attestation 2-D, Certificate of Use and Occupancy, Proof of Financial Responsibility, Acknowledgment of Attestations, Business Plan, Marijuana Business Location Plan

Name	Type	Size	Latest Update	Action
Page 2 - Attestation 2-A - Acknowledgment & Consent to Investigations, Statute...pdf	Attestation 2-A	191.29 KB	04/01/2020	Actions ▾
Page 3 - Attestation 2-B - Interest & Experience Attestation.pdf	Attestation 2-B	252.92 KB	04/01/2020	Actions ▾
Page 6 - Acknowledgment of Attestations.pdf	Acknowledgment of Attestations	214.68 KB	04/01/2020	Actions ▾
Page 5 - Attestation 2-D - Confirmation of Insurance.pdf	Attestation 2-D	280.47 KB	04/01/2020	Actions ▾
Page 4 - Attestation 2-C - Confirmation of Section 6 Compliance_11.12.19.pdf	Attestation 2-C	207.58 KB	04/01/2020	Actions ▾

Add

Save and resume laterContinue Application

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- 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.

I certify that I have read and understand the instructions that accompany this application and that the statements made as part of this application are true, complete, and correct and that no material information has been omitted. By checking the box below, I understand and agree that I am electronically signing and filing this application.

☒ By checking this box, I agree to the above certification.

Date: 09/18/2019

[Save and resume later](#) [Continue Application](#)

Marijuana Retailer Application Instructions

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

[Home](#) [Medical Facility Licensing](#) **[Adult-Use Establishment Licensing](#)** [Facility & Establishment Complaints](#) [Registry Cards](#)

Create an Application Search Applications

Marihuana Retailer

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-RA-000144.

Marijuana Retailer Application Instructions

Adult-Use Marijuana Establishment Licensing Application Process



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

Dear Entity 1, LLC,

You have successfully submitted your application for licensure. Below is the application record number and name. Make sure to retain this number for your records.

License Application Number: AU-RA-000144

Application Name: Entity 1, LLC

You can also view the application for licensure status under the MY RECORDS tab on the citizen portal.

Thank you,

Marijuana Regulatory Agency

Adult-Use Licensing

(517) 284-8599

MRA-AdultUseLicensing@michigan.gov

www.michigan.gov/MRA

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Marijuana Regulatory Agency

Phone:(517) 284-8599

Website: www.michigan.gov/mra

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