



**DO NOT** SUBMIT A DESIGNATED CONSUMPTION ESTABLISHMENT LICENSE APPLICATION UNLESS YOUR DESIGNATED CONSUMPTION ESTABLISHMENT WILL BE READY TO PASS AN INSPECTION WITHIN 60 DAYS OF APPLICATION SUBMISSION

Failure to pass an inspection within 60 days of application submission may result in the denial of your license application.

DESIGNATED CONSUMPTION ESTABLISHMENT LICENSE APPLICATION
<p><i>Designated Consumption Establishment License Application</i></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Page 1: Demographic Information</li><li><input type="checkbox"/> Page 2: Attestation 3-A – Acknowledgment &amp; Consent to Investigations, Statute &amp; Rule Compliance</li><li><input type="checkbox"/> Page 3: Attestation 3-B – Proof of Possession of Premises &amp; Written Permission from Owner of Premises</li><li><input type="checkbox"/> Page 4: Attestation 3-C – Confirmation of Section 6 Compliance</li><li><input type="checkbox"/> Page 5: Attestation 3-D – Confirmation of Insurance</li><li><input type="checkbox"/> Page 6: Acknowledgment of Attestations</li><li><input type="checkbox"/> Page 7: Disclosures: (1) Business Specifications, (2) Municipality Information, (3) Employee Information</li></ul>
<p><i>Supporting Documents</i></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Copy of designated consumption establishment plan</li><li><input type="checkbox"/> Copy of floor plan</li><li><input type="checkbox"/> Copy of marijuana business location plan</li><li><input type="checkbox"/> Copy of business plan, including but not limited to:<ul style="list-style-type: none"><li><input type="checkbox"/> Marketing plan</li><li><input type="checkbox"/> Staffing plan</li><li><input type="checkbox"/> Documented employee training that addresses all components of the responsible operations plan</li><li><input type="checkbox"/> Proposed hours of operation</li></ul></li><li><input type="checkbox"/> Copy of deed or lease agreement</li><li><input type="checkbox"/> Copy of responsible operations plan</li><li><input type="checkbox"/> Copy of marijuana product &amp; waste management plan</li><li><input type="checkbox"/> Copy of proof of financial responsibility (e.g., insurance policy, constant value bond)</li><li><input type="checkbox"/> Copy of Certificate of Use and Occupancy</li><li><input type="checkbox"/> DBA documentation (if applicable) (obtained at county-level)</li><li><input type="checkbox"/> Certificate of Assumed Name (if applicable) (obtained from LARA Corporations Division)</li></ul>

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.



Adult-Use Licensing  
 Marijuana Regulatory Agency  
 P.O. Box 30205 Lansing, MI 48909  
 Telephone: (517) 284-8599  
[MRA-AdultUseLicensing@Michigan.gov](mailto:MRA-AdultUseLicensing@Michigan.gov)

### DESIGNATED CONSUMPTION ESTABLISHMENT INFORMATION

Please provide the following information regarding the designated consumption establishment seeking a state license.

<b>Applicant Name</b> (as appears on official business documents)	<b>Assumed Name/DBA</b> (Attach copy of filed assumed name certificate, if applicable)
<b>Mailing Address</b>	<b>FEIN/SSN</b>
<b>City</b> <b>State</b> <b>Zip Code</b>	<b>Phone</b>
<b>E-mail Address</b>	<b>Business Location Zoning Category</b> (e.g., agriculture, commercial, residential)

### PERSON COMPLETING APPLICATION

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

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

<b><u>VALIDATION - FOR DEPARTMENT USE ONLY</u></b>
<b>MRA RECEIPT</b>



**ATTESTATION 3-A**

**ACKNOWLEDGMENT & CONSENT TO INVESTIGATIONS, STATUTE & RULE COMPLIANCE**

**(To be completed and submitted by the applicant)**

On behalf of \_\_\_\_\_, I \_\_\_\_\_,  
Name of Main Applicant Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

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

I hereby acknowledge that the Marijuana Regulatory Agency (Agency) may require supplemental materials to carry out its statutory duties. I agree to submit such supplemental materials as requested 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 attest that the application information related to the governing municipality for the marijuana establishment which is the subject of this application is complete and accurate. Further, I attest that the use of the premises described therein complies with all covenants, easements, restrictions, and other matters of record including the use provisions of any applicable zoning ordinance and all other governmental requirements.

I hereby consent to investigations of compliance, regular inspections, examinations, searches, seizures, and auditing of books and records as provided in MRTMA Section 7 and the MRTMA Administrative Rules.

I understand that in failing to cooperate with an investigation process, the Agency may impound, seize, assume physical control of, or remove from the premises all books, ledgers, documents, writings, photocopies, correspondence, records, and videotapes, including electronically stored records, money receptacles, or equipment in which the records are stored. Failure to assist in an investigation may also result in denial, suspension, revocation, or restriction of a license. I understand that sanctions may be imposed for violations on a licensee while licensed or after the marijuana license has expired.

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



**ATTESTATION 3-B**

**PROOF OF POSSESSION OF PREMISES & WRITTEN PERMISSION FROM OWNER OF PREMISES**

**(To be completed by the applicant and owner of premises, and submitted by the applicant)**

Do not sign until notary is present

**PART A (to be completed by the applicant):**

On behalf of \_\_\_\_\_, I \_\_\_\_\_,  
Name of Main Applicant Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

possess the premises where the proposed designated consumption establishment will be located. I have attached proof of possession to this application.

\_\_\_\_\_  
 Signature of Individual Authorized to Sign on Behalf of Main Applicant

\_\_\_\_\_  
 Establishment Street Address

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Establishment City, State, Zip Code

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_.  
(Authorized Individual Name) (Date)

\_\_\_\_\_  
 (Notary Public Signature)

\_\_\_\_\_  
 (Notary Public Printed Name)

State of \_\_\_\_\_, County of \_\_\_\_\_. Acting in the county of \_\_\_\_\_, \_\_\_\_\_.  
(county) (state)

My commission expires: \_\_\_\_\_.

**PART B (to be completed by the owner of the premises):**

I, \_\_\_\_\_ (owner of the premises),  
 approve of the applicant's use of the designated consumption establishment for marijuana consumption on the premises in question.

\_\_\_\_\_  
 Owner of Premises Signature

\_\_\_\_\_  
 Date

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_.  
(Owner of Premises Name) (Date)

\_\_\_\_\_  
 (Notary Public Signature)

\_\_\_\_\_  
 (Notary Public Printed Name)

State of \_\_\_\_\_, County of \_\_\_\_\_. Acting in the county of \_\_\_\_\_, \_\_\_\_\_.  
(county) (state)

My commission expires: \_\_\_\_\_.



**ATTESTATION 3-C**  
**CONFIRMATION OF SECTION 6 COMPLIANCE**  
**(To be completed and submitted by the applicant)**

Proposed Establishment Name: \_\_\_\_\_

Proposed Establishment Address: \_\_\_\_\_

Proposed Establishment Type: \_\_\_\_\_

Municipality of Proposed Establishment: \_\_\_\_\_

Name of Municipal Clerk/Designee: \_\_\_\_\_

Phone Number of Municipal Clerk/Designee: \_\_\_\_\_

Email Address of Municipal Clerk/Designee: \_\_\_\_\_

Mailing Address of Municipal Clerk/Designee: \_\_\_\_\_

On behalf of \_\_\_\_\_, I \_\_\_\_\_,  
Name of Main Applicant Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

am authorized to sign this attestation on behalf of the proposed marijuana establishment identified above and attest to and confirm the following:

1. The municipality in which the proposed establishment is to be located has not adopted an ordinance prohibiting adult-use marijuana establishments.
2. I am in compliance with all ordinances the municipality has adopted relating to marijuana establishments, including zoning regulations.
3. I will report to the Marijuana Regulatory Agency (MRA) any changes that occur with municipal ordinances or zoning regulations that relate to the proposed marijuana establishment.
4. I will report to the MRA any municipal establishment approvals.
5. I will report to the MRA any violations of a municipal or zoning regulation.

\_\_\_\_\_  
Authorized Individual Signature

\_\_\_\_\_  
Date



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## ATTESTATION 3-D CONFIRMATION OF INSURANCE

**(To be completed by the applicant and an authorized representative or designee of the insurance or surety company, and submitted by the applicant)**

Do not sign until notary is present

**PART A (to be completed by the applicant):**

On behalf of \_\_\_\_\_, I \_\_\_\_\_,  
Name of Main Applicant Name & Title of Individual Authorized to Sign on Behalf of Main Applicant  
 understand that I am submitting this attestation in accordance with the Administrative Rules.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Establishment Name/Insured Party Name

\_\_\_\_\_  
 Establishment Address/Insured Party Address

**PART B (to be completed by an authorized representative or designee of the insurance or surety company):**

I, \_\_\_\_\_, of \_\_\_\_\_,  
Name of Representative/Designee Name of Insurance or Surety Company Authorized to do Business in this State

hereby attest to the Marijuana Regulatory Agency (Agency) that the applicant for a state license as named above in part A, has liability coverage for bodily injury to lawful users resulting from the manufacture, distribution, transportation, or sale of adulterated marijuana or adulterated marijuana-infused products in an amount not less than \$100,000.00 and that no products liability exclusion exists in the liability coverage issued to the applicant and/or licensee that would exclude the coverage mandated in the Administrative Rules.

I further attest that:

The policy number for the above-referenced insurance policy is \_\_\_\_\_, with an effective date of \_\_\_\_\_, and expiration date of \_\_\_\_\_. The declaration page of the above-referenced policy is attached hereto.

The bond number for the above-referenced constant value bond is \_\_\_\_\_, with an effective date of \_\_\_\_\_, and expiration date of \_\_\_\_\_. A copy of the bond is attached hereto.

The policy or surety bond listed above covers the following locations (list all locations covered by the policy or bond):

\_\_\_\_\_

\_\_\_\_\_  
 Representative or Designee Signature

\_\_\_\_\_  
 Company Address

\_\_\_\_\_  
 Date

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_.  
(Representative/Designee Name) (Date)

\_\_\_\_\_  
 (Notary Public Signature)

\_\_\_\_\_  
 (Notary Public Printed Name)

State of \_\_\_\_\_, County of \_\_\_\_\_. Acting in the county of \_\_\_\_\_,  
(county) (state)

My commission expires: \_\_\_\_\_.



**ACKNOWLEDGMENT OF ATTESTATIONS**  
**(To be completed and submitted by the applicant)**

Do not sign until notary is present

On behalf of \_\_\_\_\_, I \_\_\_\_\_,  
Name of Main Applicant Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

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

- Attestation 3-A: Acknowledgment & Consent to Investigations, Statute & Rule Compliance
- Attestation 3-B: Proof of Possession of Premises & Written Permission from Owner of Premises
- Attestation 3-C: Confirmation of Section 6 Compliance
- Attestation 3-D: Confirmation of Insurance

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 Individual Authorized to Sign on Behalf of Main Applicant Date

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_.  
(Authorized Individual Name) (Date)

\_\_\_\_\_  
(Notary Public Signature) (Notary Public Printed Name)

State of \_\_\_\_\_, County of \_\_\_\_\_. Acting in the county of \_\_\_\_\_,  
(county) (state)

My commission expires: \_\_\_\_\_.



**(1) BUSINESS SPECIFICATIONS**

**A. Establishment Ownership Information:** Provide the following information regarding ownership of the marijuana establishment to be licensed:

Property Tax ID Number	Owner of Record
Property Street Address	Type of Ownership or Use Interest (e.g., own, rent, land contract)

**(2) MUNICIPALITY INFORMATION**

**A.** Name of municipality in which the marijuana establishment will be located: \_\_\_\_\_

**B.** City, state, and zip code of municipality: \_\_\_\_\_

**C.** County of municipality: \_\_\_\_\_

**(3) EMPLOYEE INFORMATION**

**A.** Number of employees who will work for this marijuana establishment: \_\_\_\_\_ (if unknown, estimate)