

## Adult-Use Marijuana Establishment Licensing Application Process

Cannabis Regulatory Agency

Phone:(517) 284-8599

Website: www.michigan.gov/CRA

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



## Main Applicant Entity Instructions Adult-Use Marijuana Establishment Licensing Application Process

This application must be completed in its entirety upon submission. If the Cannabis Regulatory Agency (CRA) identifies a deficiency in an application, the CRA will notify the applicant. The applicant must submit all missing information or proof that the deficiency has been corrected in its entirety to the CRA 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 CRA may result in the denial of the application.



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:

### Attestations Link to Attestations

- Attestation 1-A Acknowledgment, Agreement, & Consent
- Attestation 1-B Verification & Affidavit of Full Disclosure
- Attestation 1-C Authorization to Release Information
- Attestation 1-D Acknowledgment of Federal Law & Release of Liability
- Attestation 1-E Confirmation of Tax Compliance
- Acknowledgment of Attestations (signed and notarized)

### Entity Information Documents

- Copy of Governing Documents (e.g., Operating Agreement, Bylaws)
- Certificate of Good Standing
- Approval to Conduct Business Transactions in Michigan (if applicable)
- Certificate of Assumed Name (if applicable) (obtained from LARA Corporations Division)
- Copy of Organizational Structure (required for main entities; not required for supplemental entities) <u>Requirements/Example</u>
- Authorizing Resolution
- Social Equity Plan (required for main entities; not required for supplemental entities)

### **Regulation Documents**

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

### Tax Compliance Documents

• Copy of Notice of Tax Liability Due (if applicable)

### Litigation Documents

• Copy of Litigation Documentation (if applicable)

\*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.



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

Home	Medical Facility Licensing	Adult-Use Estal	blishment Licensing	Facility & Establ	ishment Complaints	Registry Cards
Advand	ced Search					
User	r Name or E-mail:		Password:		Login »	
🔲 Reme	ember me on this computer I've	forgotten my password	New Users: Register for	r an Account		



Adult-Use Marijuana Establishment Licensing Application Process

#### • Select Adult-Use Establishment Licensing.

Home	Med	ical Facility Lic	censing	Adult	-Use Establishment Licensing	g Facility & Establishment Complaints Registry Cards
Dashboa	ard	My Records	My Ac	count	Advanced Search	
Welcom	ne					
You are no	ow logg	ed in.				

• Select Create an Application.

Home	Medical Facility Licensing	Adult-Use Establishment Licensing	Facility & Establishment Complaints	Registry Cards
Create a	n Application Search Appl	ications		



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

1	Home Medical Facility Licensing Adult-Use Establishment Licensing Facility & Establishment Complaints Registry Cards
	Create an Application Search Applications
0	Online Application
W	Velcome 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 nours a day.
PI	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 »



- Select the arrow next to Adult-Use Step 1: Prequalification Application.
- Select Entity Registration.
- Select Continue Application.





## Main Applicant Entity Instructions Adult-Use Marijuana Establishment Licensing Application Process

• Select the adjacent box next to the license type(s) for which the main applicant entity intends to apply in step two. This selection is not permanent until step two of the application is submitted.

Step 1: Demographic Information > License Type

### License Types

#### LICENSE TYPE

Main Applicants: Indicate the license type(s) for which the entity intends to apply in step two. This selection is not permanent until step two of the application is completed. Supplemental Applicants: Select "yes" to the supplemental application question below.

Class A Marihuana Grower:	
Class B Marihuana Grower:	
Class C Marihuana Grower:	
Excess Marihuana Grower:	
Designated Consumption Establishment:	
Marihuana Event Organizer:	
Marihuana Microbusiness:	
Marihuana Processor:	
Marihuana Retailer:	
Marihuana Safety Compliance Facility:	
Marihuana Secure Transporter:	



Adult-Use Marijuana Establishment Licensing Application Process

- Select *No.* This is an application for the *main applicant entity*.
- Select Continue Application.

\*If at any time during this application process you need to stop, select the Save and Resume Later tab and return to complete the application at a later time.

Supplemental Application		
SUPPLEMENTAL APPLICATION Is this a supplemental application for prequalification:	? Ves No	
Save and resume later		Continue Application



Adult-Use Marijuana Establishment Licensing Application Process

• Select *Add New* to enter the *Main Applicant Entity's* demographic information.

Record Entity
Please provide the following information regarding the entity for which this application is being completed. Provide the contact information for the entity by selecting "Add New" to create a new contact.
Add New



- 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 mormation		
Entity Name:	Assumed Name:	
FEIN: •Phone:	*E-mail:	
Individual/Organization:		
Add Contact Address		
Showing 0-0 of 0 Address Type Address		
No records found.		
Continue Clear Discard Chang	ges	



- \*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.

▼ Cor	ntact Addresses	ess
To edi Requi	it a contact address, cl ired contact address ty	ick the address link. pe(s):Mailing
× 1	Contact address ad	ded successfully.
Shov	ving 1-1 of 1	
	Address Type	Address
	Mailing	
Co	ntinue Clea	ar Discard Changes



## Adult-Use Marijuana Establishment Licensing Application Process

#### Choose Select from Account.

Person Completing Application
Please provide the contact 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*.





- Is the Entity Applying Under the Social Equity Program? Select Yes or No.
  - If applying under the social equity program, all participants must first be determined eligible with the social equity program prior to filling out the main applicant entity application.
  - Do not complete the main applicant entity application until all social equity participants have been determined eligible with the social equity program.

Social Equity	
SOCIAL EQUITY  • Is the entity applying under the social equity program:	O Yes  ● No

- If the entity is applying under the social equity program, select Add a Row as needed to disclose all eligible social equity participant names and social equity participant numbers.
- Select Continue Application.

Social E	quity Partici	pant Informatio	n		
Social E	QUITY PARTIC	PANTS e question, you must provide	all social equity participant na	nes and social equity participant numbers below. Select "Add a Row" to add additional participants.	
Showing o	First	Middle	Last	Social Equity Participant Number	
					>
Add a Row	v 🛛 🔻 🛛 Edit S	elected Delete Sele	cted		
Save and	resume later				Continue Application



- Choose the drop-down arrow next to *Select*.
- Select the main applicant entity's *Entity Structure Type*.
- Select Continue Application.

Entity Structure			
ENTITY STRUCTURE			
Entity Structure:	Select C Corporation Joint Venture Limited Liability Company (LLC)		
Save and resume later	Limited Liability Limited Partnership (LLLP) Limited Liability Partnership (LLP) Limited Partnership (LP) Other Partnership	<b> </b>	Continue Application
	S Corporation Trust		



- Select *Add a Row* if the main applicant entity has used a prior name(s) within the past 3 years. To add multiple prior names, select *Add a Row* multiple times.
- If the main applicant entity has not used a prior name within the past 3 years, do not add a row.

Entity Prior Names				
PRIOR NAMES Provide any prior names used by the entity during the past 3 years. Add ad Showing 0-0 of 0	ditional rows if necessary.			
Entity Prior Name	Date Use Began	Date Use Ceased		
Add a Row Cedit Celected Delete Selected • Enter the main applicant entity's Prior Name. • Enter Date Use Began. • Enter Date Use Ceased. • Select Submit.	PRIOR NAMES Provide any prior names used by the entity Prior Name:	ntity during the past 3 years. Add additional rows if Date Use Began:	necessary. * Date Use Ceased:	, ×



- Select Add a Row if the main applicant entity has used any prior addresses within the past 3 years. To add multiple prior addresses, select Add a Row multiple times.
- If the main applicant entity has not used a prior address within the past 3 years, do not add a row.

Entity Prior Addresses						
<b>PRIOR ADDRESSES</b> Provide any prior addresses used by the entity during the past 3 years. Add additional ro	ows if necessary					
Showing 0-0 of 0						
Entity Prior Street Address	City	State	Zip	Date Use Began	Date Use Ceased	
No records found.         Add a Row       Edit Selected       Delete Selected         • Enter Entity Prior Street Address.       • Enter City.         • Enter City.       • Select State.         • Enter Zip Code.       • Enter Date Use Began.         • Enter Date Use Ceased.       • Select Submit.         • Select Continue Application.	PRIOR AD Provide any p * Entity Prior * Zip: Submit	DRESSES orior addresses use or Street Addres 1 4 4	d by the entit	v during the past 3 years. Add additional * City: 2 * Date Use Began: 5	rows if necessary. • State: Select • Date Use Ceased: 6	



## Main Applicant Entity Instructions Adult-Use Marijuana Establishment Licensing Application Process

• Associated parties that need to be disclosed differ depending upon the entity type of the applicant. Select the appropriate entity type link to view a detailed explanation of which associated parties need to be disclosed.

	Associated Parties	
Limited Liability Company Associated Parties	Select below for associated party disclosure instructions by entity type: Limited Liability Company (LLC) Publicly or Privately Held Corporation Trust Partnership or Limited Liability Partnership Limited Partnership or Limited Liability Limited Partnership Nonprofit Corporation Select here for "contact type" instructions	Corporations Associated Parties
Limited Liability Companies (LLCs) must disclose:	Required Contact Type Minimum Associated Individual 1	Publicly or Privately Held Corporations must disclose:
<ul> <li>All members (entities and individuals) that have direct or indirect ownership interest in this main or supplemental applicant entity         <ul> <li>Spouses of members (if the member holds a direct or indirect ownership interest of greater than 10% in the main applicant seeking licensure and/or exercises control over or participates in the management of the applicant)</li> </ul> </li> <li>All managers (for manager-managed LLCs)         <ul> <li>Spouses of all managers (for manager-managed LLCs)</li> <li>If this is the application for the main applicant entity seeking licensure, all managerial employees (employees who can control and direct the affairs of the marihuana business and/or can make policy concerning the marihuana business)</li> </ul></li></ul>	Add New Showing 0-0 of 0 Full Name Business Name Contact Type E-mail Action	<ul> <li>All corporate officers or persons with equivalent titles         <ul> <li>Spouses of all corporate officers or persons with equivalent titles</li> </ul> </li> <li>All directors         <ul> <li>Spouses of all directors</li> </ul> </li> <li>All shareholders holding a direct or indirect interest of greater than 5% in the main applicant seeking licensure             <ul> <li>Spouses of shareholders (if the shareholder holds a direct or indirect ownership interest of greater than 10% in the main applicant seeking licensure)</li> <li>If this is the application for the main applicant entity seeking licensure, all managerial employees (employees who can control and direct the affairs of the marihuana business and/or can make policy concerning the marihuana business)</li> </ul></li></ul>



- To disclose an associated party:
  - Select Add New.
  - Choose the appropriate *Contact Type* for the associated party.
    - For instructions regarding which contact type to choose, select the link as demonstrated in the below example.
  - Enter the demographic information of the associated party being disclosed.
- Repeat this process as many times as necessary to disclose all associated parties





## Adult-Use Marijuana Establishment Licensing Application Process

• After ALL associated parties have been disclosed, select Continue Application.

	rties							
elect below fo imited Liability ublicly or Prive rust	or associated p v Company (LLC ately Held Corp	oarty disclosur C) poration	e instructions by ent	ity type:				
artnership or l imited Partner Ionprofit Corp	Limited Liability ship or Limited oration	/ Partnership I Liability Limite	d Partnership					
elect <mark>here</mark> for	"contact type"	' instructions						
Required Conta Associated Indi	act Type Minimur ividual 1	n				/		
Add Noter								
Contact added	successfully.				- /			
Contact added	successfully.							
Contact added owing 1-6 of 6 Full Name	successfully. Business Name	Contact Type	E-mail	Action				
Contact added     owing 1-6 of 6     Full Name     Person Number     1	successfully. Business Name Entity 1, LLC	Contact Type Associated Entity Associated Individual	E-mail Fake@Fakeemail.com Fake@fakeemail.com	Action Edit Delete Edit Delete				
Contact added     iowing 1-6 of 6     Full Name     Person Number     1     Person Number     2	successfully. Business Name Entity 1, LLC	Contact Type Associated Entity Associated Individual Associated Individual	E-mail Fake@Fakeemail.com Fake@fakeemail.com Fakeemail@fakeemail.com	Action Edit Delete Edit Delete Edit Delete				
Contact added     iowing 1-6 of 6     Full Name     Person Number     1     Person Number     2     Spouse of     Person Number     1	successfully. Business Name Entity 1, LLC	Contact Type Associated Entity Associated Individual Associated Individual Spouse	E-mail Fake@Fakeemail.com Fake@fakeemail.com Fake@fake.com	Action Edit Delete Edit Delete Edit Delete Edit Delete				
Contact added lowing 1-6 of 6 Full Name Person Number 1 Person Number 2 Spouse of Person Number 1 Spouse of Person Number 2	successfully. Business Name Entity 1, LLC	Contact Type Associated Entity Associated Individual Associated Individual Spouse	E-mail Fake@Fakeemail.com Fake@fakeemail.com Fake@fake.com Fake@fakeemail.com	Action Edit Delete Edit Delete Edit Delete Edit Delete				



Adult-Use Marijuana Establishment Licensing Application Process

• Has the main applicant entity been subject to taxation during the last 12 months? Select Yes or No.

Subject to Taxation
SUBJECT TO TAXATION Has the entity been subject to taxation during the last 12 months: Yes  No

- If you answered yes to the above question, select *Add a Row* as many times as necessary to list all federal, state, local, and foreign jurisdictions in which the main applicant entity was subject to taxation during the last 12 months.
- If the main applicant entity has not been subject to taxation during the last 12 months, do not add a row.

Taxing Agencies					
TAXING AGENCIES If you answered yes to the above question, list all federal, state, local,	and foreign jurisdictions in which the e	entity was subject to taxation during the last 12	2 months. Add additional rows if necessary.		
Showing 0-0 of 0					
Taxing Agency		Type of Tax			
No records found. Add a Row T Edit Selected Delete Selected	Enter <i>Taxing Agency</i> . Enter <i>Type of Tax</i>	TAXING AGENCIES If you answered yes to the above question, the last 12 months. Add additional rows if ne * Taxing Agency: Ex. IRS	ist all federal, state, local, and foreign jurisdictions in which the entity cessary. * Type of Tax: <i>Ex. Federal income tax</i> 2	r was subject to taxation during	
•	Select Submit.	Submit			CRA 5358 - 21



## Adult-Use Marijuana Establishment Licensing Application Process

• Answer the tax compliance question as it pertains to the main applicant entity by selecting **Yes** or **No**.

Tax Compliance
TAX COMPLIANCE Has the entity 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:

- If you answered yes to the above question, select *Add a Row* as many times as necessary to disclose the requested information for each delinquent tax payment.
- If you answered no to the above question, do not add a row.

Tax Compliance				
TAX COMPLIANCE If you answered yes to the above question, provide the rea	quested information for each delinquent tax payment. Add addit	ional rows if necessary.		
Showing 0-0 of 0				
Taxing Agency	Type of Tax	Tax Year	Amount	
No records found.	elected TAX COMPLIANCE If you answered yes to the above necessary.	question, provide the requested information for each de	alinquent tax payment. Add additional rows if	¢
<ul> <li>Enter Taxin</li> <li>Enter Type</li> <li>Enter Tax Y</li> <li>Enter Delin</li> <li>Select Subr</li> </ul>	g Agency. of Tax. ear. quent Amount. nit. *Taxing Agency: *. IRS 1 *. Mount: *. \$1,000.00 4 Submit *Cancel	• Type of Tax: Ex. Federal income	• Tax Year: Ex. 2018	

 After disclosing the necessary information related to the main applicant entity's taxes, select
 Continue Application.

Continue Application

CRA 5358 - 22



Adult-Use Marijuana Establishment Licensing Application Process

• Select Yes or No to the three Government Regulation questions.

Government Regulation
GOVERNMENT REGULATION
Is the entity subject to regulation by a public agency in any (?) Yes O No jurisdiction:
Does the entity hold any commercial licenses (Not including the license they are currently applying for):
Has the entity ever applied for or 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:



## Main Applicant Entity Instructions Adult-Use Marijuana Establishment Licensing Application Process

- Select Add a Row as many times as necessary to disclose the main applicant entity's direct or indirect interest(s) in other marijuana business entities.
- If the main applicant entity does not have any other marijuana business interest(s), do not add a row.

Marijuana Business Interests				
MARIJUANA BUSINESS INTERESTS Provide the requested information for any interest that the entity has in any other corporation, p Add additional rows if necessary. Showing 0-0 of 0	partnership, or other business entity that is	s directly or indirectly involved in the	growing, processing, testing, transporting, or sale of m	arijuana.
Marihuana Business Entity Name	License Number	State of Issuance	Country of Issuance	
<ul> <li>Add a Row Ceft Selected</li> <li>Enter the Marijuana Business Entity Name in which the main applicant entity has business interest.</li> <li>Enter the License Number of the marijuana business entity in which the main applicant entity has business interest.</li> <li>Select the State of Issuance.</li> <li>Enter the Country of Issuance.</li> <li>Select Submit.</li> </ul>	MARIJUANA BUSINESS INTER Provide the requested information for a directly or indirectly involved in the grow • Marijuana Business Entity Nam 1 • Country of Issuance: Ex. Canada Submit	RESTS ny interest that the entity has in any other wing, processing, testing, transporting, or s ne: •License Number:	corporation, partnership, or other business entity that is ale of marijuana. Add additional rows if necessary. State of Issuance: Select 3 •	<b> </b>



- Select Add a Row as many times as necessary to disclose all commercial licenses or certificates held by the main applicant entity.
- If the main applicant entity does not hold any other commercial licenses or certificates, do not add a row.

Commercial Licenses or Certificates				
LICENSES OR CERTIFICATES Provide the requested information for all commercial licenses or certificate	s held by the entity. Add additional rows if	necessary.		
Showing 0-0 of 0 License or Certificate Type	Issuing Agency	License Number or Oth	er Identifying Number	
No records found.  Add a Row Edit Selected Delete Selected  • Enter the Commercial License o held by the main applicant entit	r Certificate Type	ES OR CERTIFICATES e requested information for a	Il commercial licenses or certificates held by the entity. Ad	Id additional rows if necessary.
<ul> <li>Enter the <i>Issuing Agency</i>.</li> <li>Enter the <i>License Number or Ot Number</i>.</li> <li>Select <i>Submit</i>.</li> </ul>	her Identifying	e or Certificate Type: or license	* Issuing Agency: Ex. Michigan Liquor Control Commission 2	* License Number or O Identifying Number: Ex. L-000006789



- Select Add a Row as many times as necessary to disclose all commercial licenses or certificates with which the main applicant entity has had an application or license denied, restricted, suspended, revoked, or not renewed.
- If the above does not apply to the main applicant entity, do not add a row.

Commercial Licenses or Certific	ates Denied, R	estricted, Suspended, Revo	ked, or Not Renewed		
LICENSES OR CERTIFICATES CONT. Provide the following information for all commercial lice Showing 0-0 of 0	enses or certificates with v	which the entity has had an application or licens	se denied, restricted, suspended, revoked	, or not renewed.	
License or Certificate Type	Issuing Agency	License Number or Other Identifying Nun	nber Action Taken	Date Action Taken	Reason for the Action
No records found. Add a Row Cedit Selected Delet Enter Licent Enter Issuin Enter Licent Identifying Enter Action Enter Date Enter Reas Select Subr	e Selected ase or Certificate ng Agency. ase Number or O g Number. on Taken. Action Taken. on for the Action mit.	e Type. Provide the following information for all restricted, suspended, revoked, or not • License or Certificate Type: Ex. Liquor license	CONT. I commercial licenses or certificates with which renewed. Issuing Agency: Ex. Michigan Liquor Control Commission Date Action Taken: 5	the entity has had an application License Nur Identifying N Ex. 1-0000067 Reason for t spell check	or license denied, mber or Other umber: 789 3 the Action: 6



## Main Applicant Entity Instructions Adult-Use Marijuana Establishment Licensing Application Process

- Select *Add a Row* as many times as necessary to 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 marihuana license or any commercial license or certificate previously disclosed on this application.
- If the above does not apply to the main applicant entity, do not add a row.

Pending Commercial License or Certificates PENDING LICENSES OR CERTS Disclose any application for a commercial license or certificate in this state or any other jurisdie or any commercial license or certificate previously disclosed on this application.	ction that is currently pending and for which a	determination has not been made. Do not include this currer	nt application for a marihuana license
Showing 0-0 of 0			
Commercial License or Certificate Type Applied For	Issuing Agency	Application Number or Other Identifying Number	
Managana da ana d			>
Enter the Commercial License or Certificate Type Applied For. Enter the Issuing Agency. Enter the Application Number or Other Identifying Number.	PENDING LICENSES OR CERT Disclose any application for a commerce determination has not been made. Do previously disclosed on this application • Commercial License or Certificate Type Applied For: Ex. Liquor license	TS cial license or certificate in this state or any other jurisdict not include this current application for a manhuana licens b. • Issuing Agency: Ex. Michigan Liquor Control Commission	ion that is currently pending and for which se or any commercial license or certificate Application Number or Othe Identifying Number: Ex. L-000006789
Select <b>Submit</b> .	Submit Cancel		

After disclosing the necessary information, select *Continue Application*.



**Continue Application** 



## Adult-Use Marijuana Establishment Licensing Application Process

• Has the main applicant entity been a party to any litigation during the past five years? Select Yes or No.

Litigation History	
LITIGATION HISTORY Has the entity 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):	

- Select Add a Row as many times as necessary to provide the requested information for all litigation related to the main applicant entity (e.g., fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker's compensation, discrimination, and tax laws and regulations), pending or concluded, for the past five years.
- If the above does not apply to the main applicant entity, do not add a row.

Litigation History					
LITIGATION HISTORY If you answered yes to the above question, pro laws and regulations), pending or concluded, for	ovide the requested information for all litigation related to or the past 5 years. Add additional rows if necessary.	the entity (e.g., fraud, environme	ntal, food safety, alcohol, tobacco, labor, empk	syment, worker's compensation, discrin	nination, and tax
Showing 0-0 of 0					
Name of Court	Location of Court	Case Caption	Docket/Case No.	Cause of Action	
Add a Row	Delete Selected	LITIGATION HISTORY If you answered yes to the above quest food safety, alcohol, tobacco, labor, em for the past 5 years. Add additional row	ion, provide the requested information for all litigation relate ployment, worker's compensation, discrimination, and tax liss if necessary.	ed to the entity (e.g., fraud, environmental, aws and regulations), pending or concluded,	>
	<ul> <li>Enter Name of Court.</li> <li>Enter Location of Court.</li> <li>Enter Case Caption.</li> <li>Enter Docket/Case No.</li> </ul>	Name of Court:     Ex. 18th District Court     Docket/Case No.:     Ex. 2018-123456-DM	Location of Court: Case Capt Ex. Westland, MI Cause of Action: Ex. Fraud, Negligence, Quiet title	ion: perties, Inc. v Michigan Marijuana, LLC 3	
	<ul> <li>Enter <i>Cause of Action</i>.</li> <li>Select <i>Submit</i>.</li> </ul>	Submit			



## Adult-Use Marijuana Establishment Licensing Application Process

• If the main applicant entity has any litigation that is currently initiated or pending, use the free form text box to provide a brief explanation regarding the allegations of the case.

Pending Litigation	
PENDING LITIGATION For any cases that are currently initiated or pending, provide a brief explanation regarding the allegations of the case:	spell check

• Utilize the free form text box to disclose any charges or government investigations, whether initiated, pending, or concluded, related to the entity's business operations unless they have been previously disclosed on this application.

Charges and Investigations	
CHARGES AND INVESTIGATIONS Disclose any charges and government investigations, whether initiated, pending, or concluded, related to the entity'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):	spell check

• After disclosing the necessary information, select *Continue Application*.





## 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.
  - For example, each attestation must be uploaded individually. Instead of uploading a single document containing all attestations, you must upload "Attestation 1-A", "Attestation 1-B", "Attestation 1-C", etc.

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

#### Attachment

#### Please attach the following documents: Attestations Link to Attestations -Attestation 1-A - Acknowledgment, Agreement, & Consent -Attestation 1-B - Verification & Affidavit of Full Disclosure -Attestation 1-C - Authorization to Release Information -Attestation 1-D – Acknowledgment of Federal Law & Release of Liability -Attestation 1-E - Confirmation of Tax Compliance -Acknowledgment of Attestations (signed and notarized) Entity Information Documents -Copy of Governing Documents (e.g., Operating Agreement, Bylaws) -Certificate of Good Standing -Approval to Conduct Business Transactions in Michigan (if applicable) -Certificate of Assumed Name (if applicable) (obtained from LARA Corporations Division) -Copy of Organizational Structure (required for main entities; not required for supplemental entities) Requirements/Example -Authorizing Resolution -Social Equity Plan (required for main entities; not required for supplemental entities) Regulation Documents -Copy of Marijuana Licenses (if applicable) File Upload × -Summary of Facts and Circumstances Concerning License Denial, Restriction, Revocat Tax Compliance Documents -Copy of Notice of Tax Liability Due (if applicable) 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;m are disallowed file types to upload. Litigation Documents -Copy of Litigation Documentation (if applicable) \*All applicable items on the checklist are required to be provided at the time of 2 \*Failure to submit any of the required items may result in the denial of your ap 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;msc;msp;mst;php;pif;scr;sct;shb;sys;vl Name Type Size Latest Update No records found. Add Continue <



## Main Applicant Entity 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 Attestation 1-A PDF should be named "Attestation 1-A".

^	Name	Date modified	Туре	Size
	Attestation 1-A	9/17/2019 10:23 AM	Adobe Acrobat D	29 KB
3				
IC.				
т, <sub>т</sub>				
File name	e: Attestation 1-A	~	All Files (*.*)	~
		4	Open	Cancel

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





- 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 Attestation 1-A, you must select the "Attestation 1-A" type.
- Select Save.
- You must repeat the process depicted for Attestation 1-A for all applicable documents on the checklist.





Adult-Use Marijuana Establishment Licensing Application Process

Attestation 1-A - Acknowledgment, Agreement, & Consent         -Attestation 1-A - Acknowledgment of Full Disclosure         -Attestation 1-C - Authorization to Release Information         -Attestation 1-C - Authorization to Release Information         -Attestation 1-C - Authorization to Release Information         -Attestation 1-C - Confirmation of Tax Compliance         -Acknowledgment of Attestations (signed and notarized)         Entity Information Documents (e.g., Operating Agreement, Bylaws)         -Certificate of Good Standing         -Approval to Conduct Business Transactions in Michigan (if applicable)         -Corpy of Organizational Structure (required for main entities; not required for supplemental entities) Requirements/Example         -Authorizing Resolution         -Social Equity Plan (required for main entities; not required for supplemental entities) Requirements/Example         -Social Equity Plan (required for main entities; not required for supplemental entities)         -Copy of Marijuana Licenses (if applicable)         -Social Equity Plan (required for applicable)         -Social Equity Plan (required for applicable)         -Authorizing Besolution         -Copy of Attigation Documents         -Copy of Litigation Documents         -Copy of Litigation Documents         -Attonic and Example American (if applicable)         *All the abubin any of the required interms may result in the denial of your	Please attach th	e following docur	ments:			
Thilly Information Documents         -Copy of Gooverning Documents (e.g., Operating Agreement, Bylaws)         -Approval to Conduct Business Transactions in Michigan (if applicable)         -Certificate of Assumed Name (if applicable) (obtained from LARA Corporations Division)         -Copy of Organizational Structure (required for main entities; not required for supplemental entities) Requirements/Example         -Authorizing Resolution         -Social Equity Plan (required for main entities; not required for supplemental entities)         Regulation Documents         -Copy of Marijuana Licenses (if applicable)         -Summary of Facts and Circumstances Concerning License Denial, Restriction, Revocation, Suspension, or Nonrenewal (if applicable)         -Summary of Litigation Documents         -Copy of Utigation Documents         -Copy of Litigation Documents         -Copy of Litigation Documents         -Copy of Litigation Documents         -Copy of Litigation Documents         -Mathematine iter allowed is 500 MB.         deadptatchmendeconceptexe.Mathematine(ingiguig-igies/Bitkendecontermitentmercompresent:phypel/screact-thispec-theydexecuter.endered file types to uploat         Name       Ype       Size         Attestation 1-A 1407 MB       0205/2021       Actions +         Attestation 1-B.docx       Attestation 1-B       1412 MB       0205/2021       Actions +	Attestations Link -Attestation 1-A -Attestation 1-B -Attestation 1-C -Attestation 1-D -Attestation 1-E -Acknowledgme	<ul> <li>Attestations</li> <li>Acknowledgment</li> <li>Verification &amp; Affi</li> <li>Authorization to I</li> <li>Acknowledgment</li> <li>Confirmation of T</li> <li>ent of Attestations (s</li> </ul>	t, Agreement, & Co idavit of Full Disclo Release Informatio t of Federal Law & Fax Compliance igned and notarize	onsent sure n Release of Liability ed)		
Nereadipublic viewschlachtmichtmichtmichtmichtmichtmichtmichtmi	Entity Informati -Copy of Governi -Certificate of Go -Approval to Con -Certificate of As -Copy of Organiz -Authorizing Res- -Social Equity Pla Regulation Doc -Copy of Marijua -Summary of Fac Tax Compliance	on Documents ing Documents (e.g., ood Standing duct Business Trans sumed Name (if app izational Structure (re olution n (required for main <u>uments</u> na Licenses (if applic ts and Circumstance <u>Documents</u>	, Operating Agreer lactions in Michiga licable) (obtained f equired for main er entities; not requi cable) es Concerning Lice if applicable)	nent, Bylaws) n (if applicable) from LARA Corporations utities; not required for s red for supplemental en ense Denial, Restriction,	Division) upplemental entities) Requ tities) Revocation, Suspension, c	iirements/Example or Nonrenewal (if applicabl
Name         Type         Size         Latest Update         Action           Attestation 1-A.docx         Attestation 1-A         14.07 KB         02/05/2021         Actions ▼           Attestation 1-B.docx         Attestation 1-B         14.12 KB         02/05/2021         Actions ▼           Attestation 1-C.docx         Attestation 1-C         14.13 KB         02/05/2021         Actions ▼           Attestation 1-D.docx         Attestation 1-D         14.13 KB         02/05/2021         Actions ▼           Attestation 1-E.docx         Attestation 1-E         14.14 KB         02/05/2021         Actions ▼           Itestation 1-E.docx         Attestation 1-E         14.14 KB         02/05/2021         Actions ▼	-Copy of Notice ( <i>itigation Docu</i> ) -Copy of Litigatic All applicable if Failure to subn	m <u>ents</u> on Documentation (i tems on the check hit any of the requ	f applicable) klist are required iired items may r	to be provided at the esult in the denial of	time of application su your application.	bmission.
Attestation 1-Adocx       Attestation 1-A       14.07 KB       02/05/2021       Actions ▼         Attestation 1-B.docx       Attestation 1-B       14.12 KB       02/05/2021       Actions ▼         Attestation 1-C.docx       Attestation 1-C       14.13 KB       02/05/2021       Actions ▼         Attestation 1-D.docx       Attestation 1-D       14.13 KB       02/05/2021       Actions ▼         Attestation 1-E.docx       Attestation 1-D       14.13 KB       02/05/2021       Actions ▼         Attestation 1-E.docx       Attestation 1-E       14.14 KB       02/05/2021       Actions ▼	-Copy of Notice of Litigation Docul -Copy of Litigatic *All applicable if *Failure to subm The maximum file size all ade;adp;bat;chm;cm;cco	ments n Documentation (i tems on the check nit any of the requ wed is 500 MB. ncplexe.hts.htm.htmlins.is	f applicable) klist are required lired items may r pjarjsjse;8b;trk;mde;mht	to be provided at the esult in the denial of mhtml:msc;msp;mst;php;pif;scr;s	time of application su your application.	bmission.
Attestation 1-B.docx       Attestation 1-B       1412 KB       02/05/2021       Actions ▼         Attestation 1-C.docx       Attestation 1-C       1413 KB       02/05/2021       Actions ▼         Attestation 1-D.docx       Attestation 1-D       1413 KB       02/05/2021       Actions ▼         Attestation 1-E.docx       Attestation 1-E       1414 KB       02/05/2021       Actions ▼	-Copy of Notice ( Litigation Docul -Copy of Litigatic *All applicable if *Failure to subn The maximum file size all deadpobat.chm.cmd.com Name	<u>ments</u> in Documentation (i tems on the check nit any of the requi weed is 500 MB. ncpl.exe.hts.htm.htmlins.is Type	f applicable) klist are required ired items may r pjarjsjse;fib;Ink;mde;mht Size	to be provided at the esult in the denial of mhtml:msc;msp;mst;php;pif;scr;s Latest Update	time of application su your application. ctahb;sss;vb;vbs;vbs;vsd;wsc;wsf;wsi Action	bmission.
Attestation 1-C.docx     Attestation 1-C     14.13 KB     02/05/2021     Actions ▼       Attestation 1-D.docx     Attestation 1-D     14.13 KB     02/05/2021     Actions ▼       Attestation 1-E.docx     Attestation 1-E     14.14 KB     02/05/2021     Actions ▼	-Copy of Notice ( <u>Litigation Docu</u> -Copy of Litigatic *All applicable if *Failure to subm The maximum file size alk adeadp.bat.chm.cmd.cor Name Attestation 1-Adocx	The clubicly buck on Documentation (in terms on the check hit any of the required weed is 500 MB. ncplexe.hts.htm.html;ins.is Type Attestation 1-A	f applicable) klist are required ired items may r pjarjsjsefib;Inkmdo;mht Size 14.07 KB	to be provided at the esult in the denial of mhtmlmsc;msp;mst;php;pif;scr;s Latest Update 02/05/2021	time of application su your application. clahb;ss;vb;vb;vb;vb;vb;vb;vb;vb;vb;vb;vb;vb;vb;	bmission.
Attestation 1-D. docx     Attestation 1-D     14.13 KB     02/05/2021     Actions •       Attestation 1-E. docx     Attestation 1-E     14.14 KB     02/05/2021     Actions •	-Copy of Notice ( <u>itigation Docu</u> ) -Copy of Litigatic tall applicable if Failure to subn he maximum file size allo decadp.bat.chm.cmd.cor Name Attestation 1-Adocx Attestation 1-B.docx	ments on Documentation (i terns on the check nit any of the requi www.sis.500.MB. ncpl.exe.hta.htmchtml.ins.is Type Attestation 1-A Attestation 1-B	f applicable) klist are required ired items may r pjarjsjsejib;Ink;mde;mht Size 14.07 KB 14.12 KB	to be provided at the esult in the denial of mhtmlmsc;msp;mst;php;pif;sc;s Latest Update 02/05/2021 02/05/2021	e time of application su your application. ctahbays,vb,vbs,vbs,vxd,wsc,wsf,ws Action Actions Actions	bmission.
Attestation 1-E         14.14 KB         02/05/2021         Actions ▼           < Prev	-Copy of Notice ( <u>Litigation Docu</u> -Copy of Litigatic *All applicable if *Failure to subn The maximum file size allo decadgebat chrocent, cor Name Attestation 1-Adocx Attestation 1-B.docx Attestation 1-C.docx	ments on Documentation (i terms on the check nit any of the requi www.sis500.MB. ncpl.exe.hta.htmchtml;ins.is Type Attestation 1-A Attestation 1-B Attestation 1-C	f applicable) klist are required ired items may r pjarjsjss;lib;Ink;mde;mht Size 14.07 KB 14.12 KB 14.12 KB 14.13 KB	to be provided at the esult in the denial of mhtmlmsc;msp;mst;php;pif;sc;s Latest Update 02/05/2021 02/05/2021 02/05/2021	e time of application su your application. ctahbays,vb,vbs,vbs,vsd,wsc,wsf,ws Action Actions Actions Actions	bmission.
< Prov 1 2 3 Next>	-Copy of Notice ( <u>Litigation Docu</u> -Copy of Litigatic *All applicable if *Failure to subm The maximum file size alk ade_adg.bat.chm.cmd.cor Name Attestation 1-Adocx Attestation 1-Adocx Attestation 1-C.docx Attestation 1-D.docx	ments on Documentation (i terms on the check nit any of the requi weed is 500 MB. rcplexechtachtrichtmicins. Type Attestation 1-A Attestation 1-B Attestation 1-C Attestation 1-D	f applicable) klist are required ired items may r pjarjsjsejib;Ink;mde;mht Size 14.07 KB 14.12 KB 14.12 KB 14.13 KB	to be provided at the esult in the denial of mhtmlmsc;msp;mst;php;pif;sc;s Latest Update 02/05/2021 02/05/2021 02/05/2021	e time of application su your application. clahb;as;vb;vbs;vbs;vd;ws;ws;ws; Action Actions Actions Actions Actions Actions	bmission.
	-Copy of Notice 4 -Copy of Litigation -Copy of Litigation *All applicable if *Failure to subm The maximum file size all ade; adg; bat; chm; cm; cont Name Attestation 1-Adocx Attestation 1-Adocx Attestation 1-Adocx Attestation 1-D.docx Attestation 1-D.docx	ments on Documentation (i terns on the check hit any of the requi weed is 500 MB. nccplexe.hts.htmchtml;ins.is Type Attestation 1-A Attestation 1-B Attestation 1-B Attestation 1-D Attestation 1-E	f applicable) klist are required klist diterns may r pjarjisjesliktinkmde,mht Size 14.07 KB 14.12 KB 14.13 KB 14.13 KB 14.13 KB	to be provided at the esult in the denial of mhtml:msc;msp;mst;php;pif;scr;s Latest Update 02/05/2021 02/05/2021 02/05/2021 02/05/2021	time of application su your application. ctshb;sys;vb;vbs;vsd;wsc;wsf;wsi Action Actions - Actions - Actions - Actions - Actions - Actions -	bmission.
	-Copy of Notice 4 -Copy of Litigation -Copy of Litigation *All applicable if *Failure to subbn The maximum file size all ade; adp, bat; chm, cmt, con Name Attestation 1-Adocx Attestation 1-Adocx Attestation 1-Adocx Attestation 1-Cdocx Attestation 1-Edocx	ments on Documentation (i terns on the check nit any of the requi weed is 500 MB. ncptexenta.htm.htmlincis Type Attestation 1-A Attestation 1-B Attestation 1-C Attestation 1-D Attestation 1-E	f applicable) klist are required ired items may r pjarjsjesliktnicmde;mht Size 14.07 KB 14.12 KB 14.13 KB 14.13 KB 14.13 KB	to be provided at the esult in the denial of mhtmLmsc,msp.mst.php.pi/Lscr,s Latest Update 02/05/2021 02/05/2021 02/05/2021 02/05/2021 02/05/2021 02/05/2021 02/05/2021	time of application su your application. tcshbsysybybeybsystdywscywsfyws Actions A	bmission.
	-Copy of Notice 4 <u>Litigation Docuu</u> -Copy of Litigatic *All applicable i *Failure to subn The maximum file size alia adecadpbatchmcmtcool Name Attestation 1-Adocx Attestation 1-Adocx Attestation 1-Cdocx Attestation 1-Edocx	ments on Documentation (i terns on the check nit any of the requ weed is 500 MB. ncpt.exe.fha.htm.htmlins.is Type Attestation 1-A Attestation 1-A Attestation 1-B Attestation 1-C Attestation 1-D Attestation 1-E	f applicable) klist are required ired items may r pjarjsjesliktnicmde;mht Size 14.07 KB 14.12 KB 14.13 KB 14.13 KB 14.13 KB	to be provided at the esult in the denial of mhtmLmsc,msp.mst.php.pif.scr,s Latest Update 02/05/2021 02/05/2021 02/05/2021 02/05/2021 02/05/2021 02/05/2021 02/05/2021	time of application su your application. tabbays,vb,vbe,vbe,ved,wsc,wst,ws Action Actions	bmission.

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



## Adult-Use Marijuana Establishment Licensing Application Process

- *Check* the box certifying that you understand:
  - The Cannabis Regulatory Agency will begin reviewing this application for prequalification when a nonrefundable application payment is submitted.
  - An email notification will be sent to the person completing the application containing instructions that detail how and when a main applicant entity should submit payment.
- Select Continue Application.

### PAYMENT ACKNOWLEDGMENT

#### PAYMENT ACKNOWLEDGMENT

I understand that the Marijuana Regulatory Agency will begin reviewing this application for prequalification when a nonrefundable application payment is submitted. Further, I understand that an email notification will be sent to the person completing the application containing instructions that detail how and when a main applicant should submit payment. Please note that payment is not required for the submission of supplemental applications.

By selecting this checkbox, I certify that I have read and understand the above instructions that accompany this application:		
Save and resume later	$\rightarrow$	Continue Application



## Main Applicant Entity Instructions Adult-Use Marijuana Establishment Licensing Application Process

- After reviewing the main applicant entity 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.

PAYMENT ACKNOWLEDGMENT	
PAYMENT ACKNOWLEDGMENT By selecting this checkbox, I certify that I have read and understand Yes the above instructions that accompany this application:	Edit
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.	2021
Save and resume later Continue A	plication



Adult-Use Marijuana Establishment Licensing Application Process

• The main applicant entity application has now been submitted. Retain a copy of the record number.

Home	Medical Facility	Licensing	Adult-Use Esta	blishment Licensing	Facility & Establishment Complaints	Registry Cards	
Create an	Application	Search Applic	ations				
Entity Reg	istration						
1	2	2	4	s Review		6 Record Issuance	
$\sim$	Your application	has been succ	essfully submitted				
$\odot$	Please print you	r record and ret	ain a copy for you	r records.			
Thank you for Your Recor	r using our online se d Number is AU-	rvices. ERA-000468.					



### Adult-Use Marijuana Establishment Licensing Application Process

- The person completing the application and the main applicant entity will receive the below email containing:
  - The prequalification application number of the main applicant entity.
  - The application name.
  - Instructions regarding how and when to submit payment.
  - Instructions regarding how to track the status of submitted applications in real time.

Dear Entity 1, LLC

You have submitted a main application for prequalification. The application number is below. Make sure to retain this number for your records.

Prequalification Application Number: AU-ERA-000468 Application Name: Entity 1, LLC

#### IMPORTANT INFORMATION REGARDING PAYMENT AND APPLICATION REVIEW

- DO NOT submit payment until ALL supplemental prequalification applications have been submitted. If payment is received before all supplemental applications are submitted, a notice of deficiency will be sent stating that you have 5 days to submit all supplemental applications or your application may be denied. General Overview Application Process
- The Cannabis Regulatory Agency will begin to process your application once a \$3000 prequalification application payment is received. <u>Payment</u> <u>Instructions</u>

You can view the main application status under the MY RECORDS tab on the citizen portal. Application Statuses

Thank you,

Cannabis Regulatory Agency Adult-Use Licensing (517) 284-8599 CRA-AdultUseLicensing@michigan.gov www.michigan.gov/cra



Adult-Use Marijuana Establishment Licensing Application Process

Cannabis Regulatory Agency Phone:(517) 284-8599 Website: www.michigan.gov/cra Email: CRA-Adult-Use-Marijuana@Michigan.gov