

Supplemental Applicant Entity Instructions

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

Supplemental 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.

Supplemental Applicant Entity 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:

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)
- Authorizing Resolution

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.**

Supplemental Applicant Entity Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- 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:

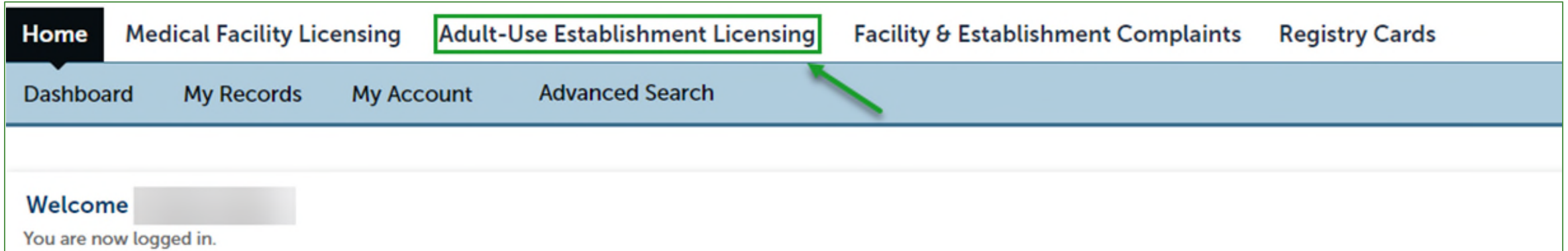
Login »

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

Supplemental Applicant Entity Instructions


Adult-Use Marijuana Establishment Licensing Application Process

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

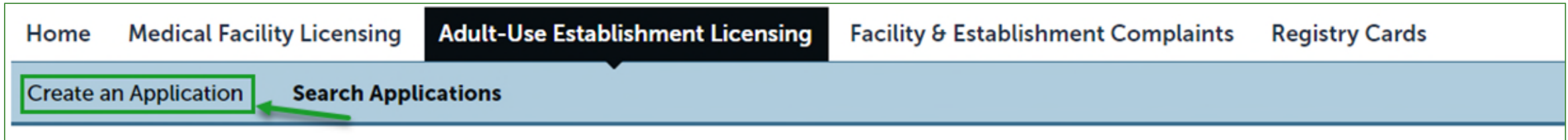


Home Medical Facility Licensing **Adult-Use Establishment Licensing** Facility & Establishment Complaints Registry Cards

Dashboard My Records My Account Advanced Search

Welcome 
You are now logged in.

- Select **Create an Application**.



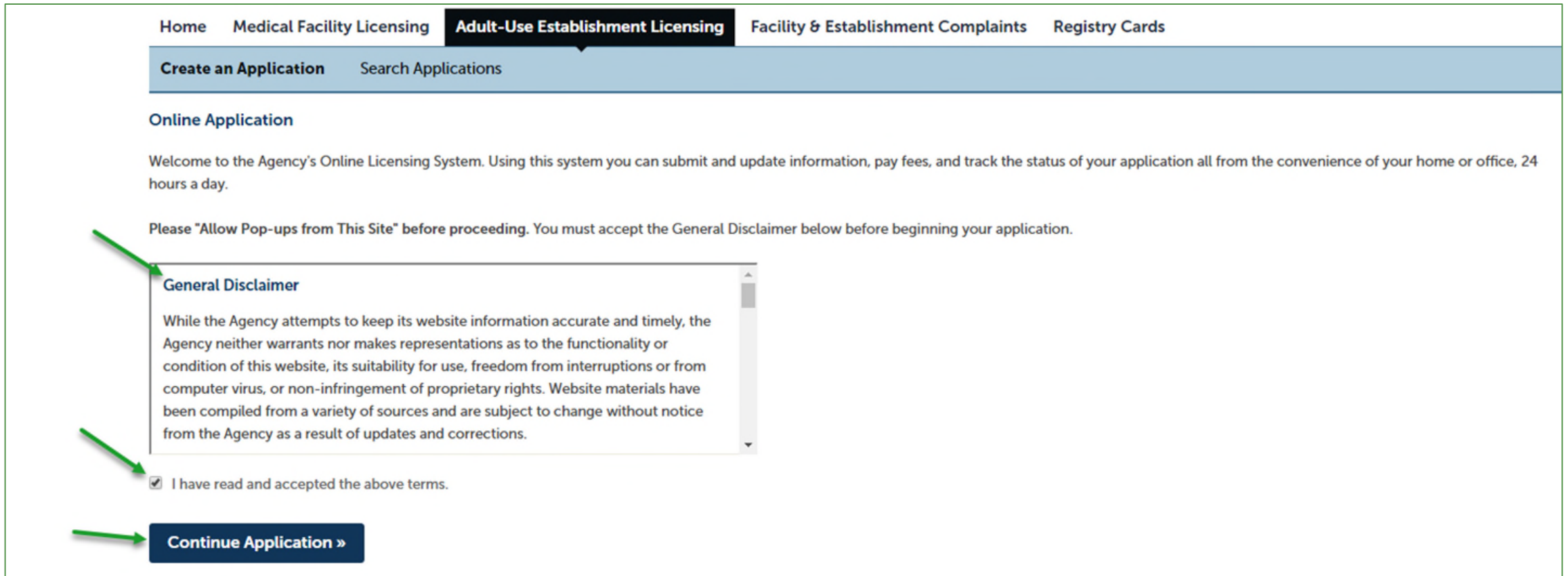
Home Medical Facility Licensing **Adult-Use Establishment Licensing** Facility & Establishment Complaints Registry Cards

Create an Application Search Applications

Supplemental Applicant Entity 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 »

Supplemental Applicant Entity Instructions

Adult-Use Marijuana Establishment Licensing Application Process

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



The screenshot shows a web interface for the application process. A green arrow points to a dropdown menu labeled "Adult-Use Step 1: Prequalification Application". Another green arrow points to the "Entity Registration" radio button, which is highlighted with a green box. Below it are two other radio buttons: "Sole Proprietor Registration" and "Supplemental Individual Registration". Further down, there are two more options: "Adult-Use Step 2: License Application" and "Adult-Use Special License Application". At the bottom, a green arrow points to a dark blue button labeled "Continue Application".

Supplemental Applicant Entity Instructions












Adult-Use Marijuana Establishment Licensing Application Process

- Do not select a license type as this is a supplemental applicant entity applying in support of the main applicant entity. Continue the application without checking a box.

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.

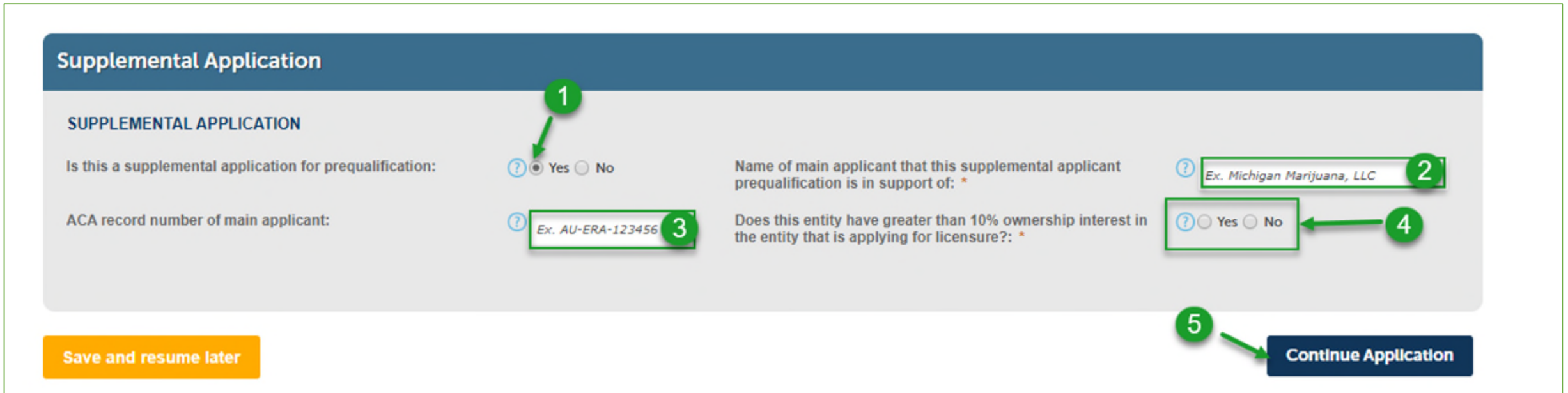
Class A Marijuana Grower:	 <input type="checkbox"/>
Class B Marijuana Grower:	 <input type="checkbox"/>
Class C Marijuana Grower:	 <input type="checkbox"/>
Excess Marijuana Grower:	 <input type="checkbox"/>
Designated Consumption Establishment:	 <input type="checkbox"/>
Marijuana Event Organizer:	 <input type="checkbox"/>
Marijuana Microbusiness:	 <input type="checkbox"/>
Marijuana Processor:	 <input type="checkbox"/>
Marijuana Retailer:	 <input type="checkbox"/>
Marijuana Safety Compliance Facility:	 <input type="checkbox"/>
Marijuana Secure Transporter:	 <input type="checkbox"/>

Supplemental Applicant Entity Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- Select **Yes** as this is a **Supplemental Applicant Entity**.
- Enter the name of the **Main Applicant** that this supplemental application is in support of. The main applicant is the entity or sole proprietor seeking to hold the state license.
- Enter the **ACA Record Number of the Main Applicant**. The main applicant's ACA record number is emailed to the main applicant upon application submission.
- Select **Yes** if the supplemental applicant entity has greater than 10% ownership in the main applicant or select **No** if the supplemental applicant entity has 10% or less ownership interest in the main applicant.
- Select **Continue Application**.

*If at anytime 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.



The screenshot shows the 'Supplemental Application' form with the following fields and callouts:

- 1**: Points to the 'Is this a supplemental application for prequalification:' question, where the 'Yes' radio button is selected.
- 2**: Points to the 'Name of main applicant that this supplemental applicant prequalification is in support of:' text input field, containing 'Ex. Michigan Marijuana, LLC'.
- 3**: Points to the 'ACA record number of main applicant:' text input field, containing 'Ex. AU-ERA-123456'.
- 4**: Points to the 'Does this entity have greater than 10% ownership interest in the entity that is applying for licensure?:' question, where the 'Yes' radio button is selected.
- 5**: Points to the 'Continue Application' button.

At the bottom left, there is a 'Save and resume later' button.

Supplemental Applicant Entity Instructions


Adult-Use Marijuana Establishment Licensing Application Process

- Select **Add New** to enter the **Supplemental 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



Supplemental Applicant Entity Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- Enter the **Supplemental Applicant Entity** name.
- Enter **Assumed Name** if operating publicly with a name other than the supplemental applicant entity name. Separate multiple assumed names with commas.
- Enter **Federal Employer Identification Number (FEIN)**.
- Enter **Phone Number**.
- Enter **Email 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

Add Contact Address

6

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

Supplemental Applicant Entity Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- ***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

7

*Address Line 1:

8

*City:

9

*State:

--Select--

10

*ZIP Code:

11

12

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	

13

Continue

Clear

Discard Changes

Supplemental Applicant Entity Instructions

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**.

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	

Continue

Discard Changes

Supplemental Applicant Entity Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- ***Is the Entity Applying Under the Social Equity Program?*** Select **No**. *This question only pertains to main applicant entities.
- Select ***Continue Application***

Social Equity

SOCIAL EQUITY

*Is the entity applying under the social equity program:

☐ Yes ☒ No

Social Equity Participant Information

SOCIAL EQUITY PARTICIPANTS

If you answered yes to the above question, you must provide all social equity participant names and social equity participant numbers below. Select "Add a Row" to add additional participants.

Showing 0-0 of 0

First	Middle	Last	Social Equity Participant Number
No records found.			

Add a Row

Edit Selected

Delete Selected

Save and resume later

Continue Application

Supplemental Applicant Entity Instructions

Adult-Use Marijuana Establishment Licensing Application Process

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

Entity Structure

ENTITY STRUCTURE

Entity Structure:

--Select--

--Select--
C Corporation
Joint Venture
Limited Liability Company (LLC)
Limited Liability Limited Partnership (LLLP)
Limited Liability Partnership (LLP)
Limited Partnership (LP)
Other
Partnership
S Corporation
Trust

Save and resume later

Continue Application

Supplemental Applicant Entity Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- Select **Add a Row** if the supplemental 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 supplemental 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 additional rows if necessary.

Showing 0-0 of 0

Entity Prior Name	Date Use Began	Date Use Ceased
No records found.		

Add a Row
Edit Selected
Delete Selected

- Enter the supplemental entity's **Prior Name**.
- Enter **Date Use Began**.
- Enter **Date Use Ceased**.
- Select **Submit**.

PRIOR NAMES
Provide any prior names used by the entity during the past 3 years. Add additional rows if necessary.

*Entity Prior Name:

*Date Use Began:

*Date Use Ceased:

Submit Cancel

Supplemental Applicant Entity Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- Select **Add a Row** if the supplemental 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 supplemental applicant entity has not used a prior address in the past 3 years, do not add a row.

Entity Prior Addresses

PRIOR ADDRESSES
Provide any prior addresses used by the entity during the past 3 years. Add additional rows if necessary.

Showing 0-0 of 0

Entity Prior Street Address	City	State	Zip	Date Use Began	Date Use Ceased
No records found.					

PRIOR ADDRESSES
Provide any prior addresses used by the entity during the past 3 years. Add additional rows if necessary.

*Entity Prior Street Address:

*City:

*State:

*Zip:

*Date Use Began:

*Date Use Ceased:

- Enter **Entity Prior Street Address**.
- Enter **City**.
- Enter **State**.
- Enter **Zip Code**.
- Enter **Date Use Began**.
- Enter **Date Use Ceased**.
- Select **Submit**.
- Select **Continue Application**.

Supplemental 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.

Limited Liability Company

Associated Parties

Limited Liability Companies (LLCs) must disclose:

- All members (entities and individuals) that have direct or indirect ownership interest in this main or supplemental applicant entity
 - 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)
- All managers (for manager-managed LLCs)
 - Spouses of all managers (for manager-managed LLCs)
- 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)

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

Required Contact Type	Minimum
Associated Individual	1

Add New

Showing 0-0 of 0

Full Name	Business Name	Contact Type	E-mail	Action
Showing 0-0 of 0				

Corporations

Associated Parties

Publicly or Privately Held Corporations must disclose:

- All corporate officers or persons with equivalent titles
 - Spouses of all corporate officers or persons with equivalent titles
- All directors
 - Spouses of all directors
- All shareholders holding a direct or indirect interest of greater than 5% in the main applicant seeking licensure
 - Spouses of shareholders (if the shareholder holds a direct or indirect ownership interest of greater than 10% in the main applicant seeking licensure)
- 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)

Supplemental Applicant Entity Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- 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**

Select Contact Type

2

Type:

- Select--
- Associated Entity
- Associated Individual
- Spouse
- Ten Percent or Less Entity
- Ten Percent or Less Individual

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

Required Contact Type	Minimum
Associated Individual	1

Add New 1

Showing 0-0 of 0

Full Name	Business Name	Contact Type	E-mail
No records found.			

Contact Information

3

*First: Middle: *Last:

*SSN: *Date of Birth:

*E-mail:

*Individual/Organization: Individual

▼ Contact Addresses

Add Contact Address

To edit a contact address, click the address link.

Showing 0-0 of 0

Address Type	Address
No records found.	

Adding a Contact Address is optional

Continue Clear Discard Changes

Select the appropriate contact type for the entity or individual being disclosed

<h4>Spouse</h4> <p>Select the "Spouse" contact type to disclose individuals whose only association with the applicant entity is that they are the spouse of another individual being disclosed</p>	<p>--Select--</p> <ul style="list-style-type: none"> Associated Entity Associated Individual Spouse Ten Percent or Less Entity Ten Percent or Less Individual
<h4>Ten Percent or Less</h4> <p>Select the "Ten Percent or Less Entity" or "Ten Percent or Less Individual" contact types to disclose entities or individuals that have ten percent or less ownership interest in the main applicant seeking licensure and do not exercise control over or participate in the management of this main or supplemental applicant</p>	<p>--Select--</p> <ul style="list-style-type: none"> Associated Entity Associated Individual Spouse Ten Percent or Less Entity Ten Percent or Less Individual
<h4>Associated</h4> <p>Select the "Associated Entity" or "Associated Individual" contact types for all other entities or individuals being disclosed</p>	<p>--Select--</p> <ul style="list-style-type: none"> Associated Entity Associated Individual Spouse Ten Percent or Less Entity Ten Percent or Less Individual

Supplemental Applicant Entity Instructions

Adult-Use Marijuana Establishment Licensing Application Process

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

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

Required Contact Type	Minimum
✓ Associated Individual	1

[Add New](#)

✓ Contact added successfully.

Showing 1-6 of 6

Full Name	Business Name	Contact Type	E-mail	Action
	Entity 1, LLC	Associated Entity	Fake@Fakeemail.com	Edit Delete
Person Number 1		Associated Individual	Fake@fakeemail.com	Edit Delete
Person Number 2		Associated Individual	Fakeemail@fakeemail.com	Edit Delete
Spouse of Person Number 1		Spouse	Fake@fake.com	Edit Delete
Spouse of Person Number 2		Spouse	Fake@fakeemail.com	Edit Delete
Person Number 3		Ten Percent or Less Individual		Edit Delete

[Save and resume later](#)

[Continue Application](#)

Supplemental Applicant Entity Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- Has the supplemental 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 supplemental applicant entity was subject to taxation during the last 12 months.
- If the supplemental 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 entity was subject to taxation during the last 12 months. Add additional rows if necessary.

Showing 0-0 of 0

Taxing Agency	Type of Tax
No records found.	

- Enter **Taxing Agency**.
- Enter **Type of Tax**.
- Select **Submit**.

TAXING AGENCIES

If you answered yes to the above question, list all federal, state, local, and foreign jurisdictions in which the entity was subject to taxation during the last 12 months. Add additional rows if necessary.

•Taxing Agency: 1

•Type of Tax: 2

Supplemental Applicant Entity Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- Answer the tax compliance question as it pertains to the supplemental 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: Yes No 

- 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 requested information for each delinquent tax payment. Add additional rows if necessary.

Showing 0-0 of 0

Taxing Agency	Type of Tax	Tax Year	Amount
No records found.			

Add a Row 
Edit Selected
Delete Selected

TAX COMPLIANCE

If you answered yes to the above question, provide the requested information for each delinquent tax payment. Add additional rows if necessary.

*Taxing Agency:

Ex. IRS 1

*Type of Tax:

Ex. Federal income 2

*Tax Year:

Ex. 2018 3

*Amount:

Ex. \$1,000.00 4

Submit
Cancel

- Enter **Taxing Agency**.
- Enter **Type of Tax**.
- Enter **Tax Year**.
- Enter **Delinquent Amount**.
- Select **Submit**.

- After disclosing all necessary information related to the supplemental applicant entity's taxes, select **Continue Application**.


Continue Application

Supplemental Applicant Entity Instructions


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 jurisdiction:

 ☐ Yes ☐ No

Does the entity hold any commercial licenses (Not including the license they are currently applying for):

☐ Yes ☐ No

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:

☐ Yes ☐ No

Supplemental Applicant Entity Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- Select **Add a Row** as many times as necessary to disclose the supplemental applicant entity's direct or indirect interest(s) in other marijuana business entities.
- If the supplemental 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, partnership, or other business entity that is directly or indirectly involved in the growing, processing, testing, transporting, or sale of marijuana. Add additional rows if necessary.

Showing 0-0 of 0

Marihuana Business Entity Name	License Number	State of Issuance	Country of Issuance
No records found.			

- Enter the **Marijuana Business Entity Name** in which the supplemental applicant entity has business interest.
- Enter the **License Number** of the marijuana business entity in which the supplemental applicant entity has business interest.
- Select the **State of Issuance**.
- Enter the **Country of Issuance**.
- Select **Submit**.

MARIJUANA BUSINESS INTERESTS

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

* Marijuana Business Entity Name: 1
 * License Number: 2
 State of Issuance: 3

* Country of Issuance: 4

Supplemental Applicant Entity Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- Select **Add a Row** as many times as necessary to disclose all commercial licenses or certificates held by the supplemental applicant entity.
- If the supplemental 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 certificates held by the entity. Add additional rows if necessary.

Showing 0-0 of 0

License or Certificate Type	Issuing Agency	License Number or Other Identifying Number
No records found.		

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


LICENSES OR CERTIFICATES

Provide the requested information for all commercial licenses or certificates held by the entity. Add additional rows if necessary.

* License or Certificate Type: **1**

* Issuing Agency: **2**

* License Number or Other Identifying Number: **3**

Submit  **Cancel**

Supplemental Applicant Entity Instructions

Adult-Use Marijuana Establishment Licensing Application Process

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

Commercial Licenses or Certificates Denied, Restricted, Suspended, Revoked, or Not Renewed

LICENSES OR CERTIFICATES CONT.

Provide the following information for all commercial licenses or certificates with which the entity has had an application or license denied, restricted, suspended, revoked, or not renewed.

Showing 0-0 of 0

License or Certificate Type	Issuing Agency	License Number or Other Identifying Number	Action Taken	Date Action Taken	Reason for the Action
No records found.					

Add a Row

Edit Selected

Delete Selected

- Enter **License or Certificate Type**.
- Enter **Issuing Agency**.
- Enter **License Number or Other Identifying Number**.
- Enter **Action Taken**.
- Enter **Date Action Taken**.
- Enter **Reason for the Action**.
- Select **Submit**.

LICENSES OR CERTIFICATES CONT.

Provide the following information for all commercial licenses or certificates with which the entity has had an application or license denied, restricted, suspended, revoked, or not renewed.

* License or Certificate Type:

* Issuing Agency:

* License Number or Other Identifying Number:

* Action Taken:

* Date Action Taken:

* Reason for the Action:

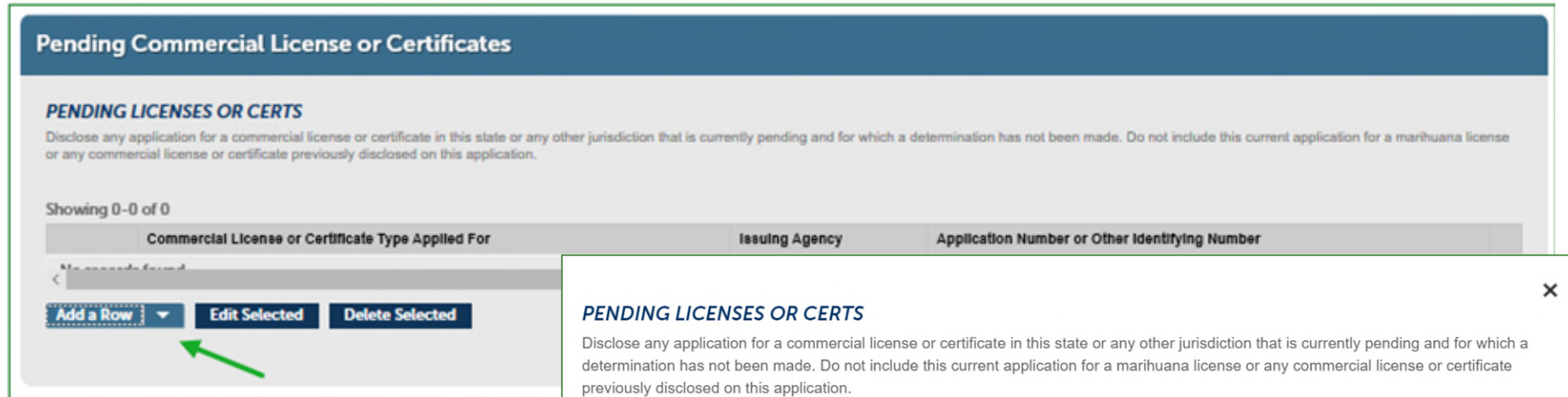
spell check

Submit Cancel

Supplemental 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 marijuana license or any commercial license or certificate previously disclosed on this application.
- If the above does not apply to the supplemental applicant entity, do not add a row.



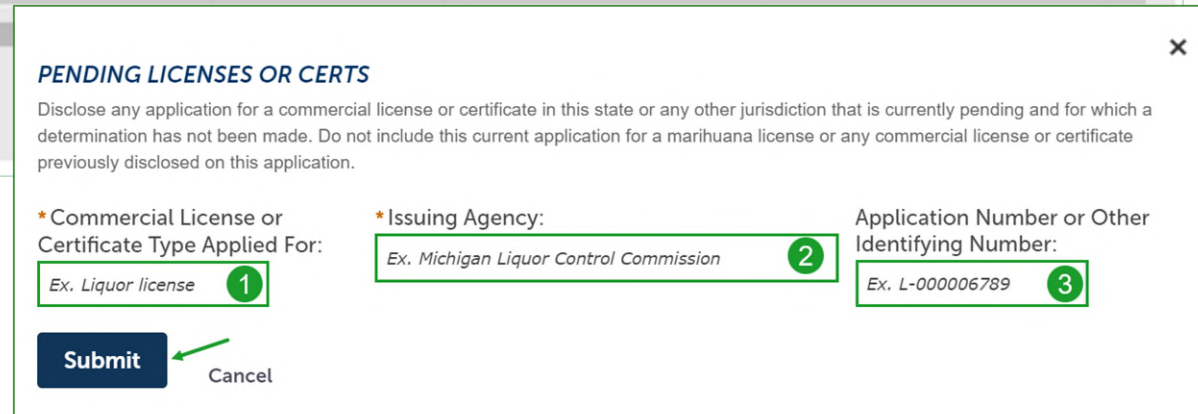
Pending Commercial License or Certificates

PENDING LICENSES OR CERTS
 Disclose any application for a commercial license or certificate in this state or any other jurisdiction that is currently pending and for which a determination has not been made. Do not include this current application for a marijuana license or any commercial license or certificate previously disclosed on this application.

Showing 0-0 of 0

Commercial License or Certificate Type Applied For	Issuing Agency	Application Number or Other Identifying Number
No records found		

- Enter the **Commercial License or Certificate Type** applied for.
- Enter the **Issuing Agency**.
- Enter the **Application Number or Other Identifying Number**.
- Select **Submit**.



PENDING LICENSES OR CERTS
 Disclose any application for a commercial license or certificate in this state or any other jurisdiction that is currently pending and for which a determination has not been made. Do not include this current application for a marijuana license or any commercial license or certificate previously disclosed on this application.

* Commercial License or Certificate Type Applied For: 1

* Issuing Agency: 2

Application Number or Other Identifying Number: 3

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



Supplemental Applicant Entity Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- Has the supplemental 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):

☐ Yes
 ☐ No

- Select **Add a Row** as many times as necessary to provide the requested information for all litigation related to the supplemental applicant entity (e.g., fraud, environmental, food safety, alcohol, 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 supplemental applicant entity, do not add a row.

Litigation History

LITIGATION HISTORY

If you answered yes to the above question, provide the requested information for all litigation related to the 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 5 years. Add additional rows if necessary.

Showing 0-0 of 0

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

Add a Row

Edit Selected

Delete Selected

- Enter **Name of Court**.
- Enter **Location of Court**.
- Enter **Case Caption**.
- Enter **Docket/Case Number**.
- Enter **Cause of Action**.
- Select **Submit**.

LITIGATION HISTORY

If you answered yes to the above question, provide the requested information for all litigation related to the 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 5 years. Add additional rows if necessary.

* Name of Court:

Ex. 18th District Court

* Location of Court:

Ex. Westland, MI

* Case Caption:

Ex. ABC Properties, Inc. v Michigan Marijuana, LLC

* Docket/Case No.:

Ex. 2018-123456-DM

* Cause of Action:

Ex. Fraud, Negligence, Quiet title

Submit

Cancel

Supplemental Applicant Entity Instructions

Adult-Use Marijuana Establishment Licensing Application Process


- If the supplemental 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.***



Supplemental Applicant Entity 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.
 - 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)
- Summary of Facts and Circumstances Concerning License Denial, Restriction, Revocation

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 required 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;msc;mst;mst;php;plf;scr;sct;shb;sys;vb

Name	Type	Size	Latest Update	Actions
No records found.				

Add

1

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;msc;mst;mst;php;plf;scr;sct;shb;sys;vb

Continue

Add

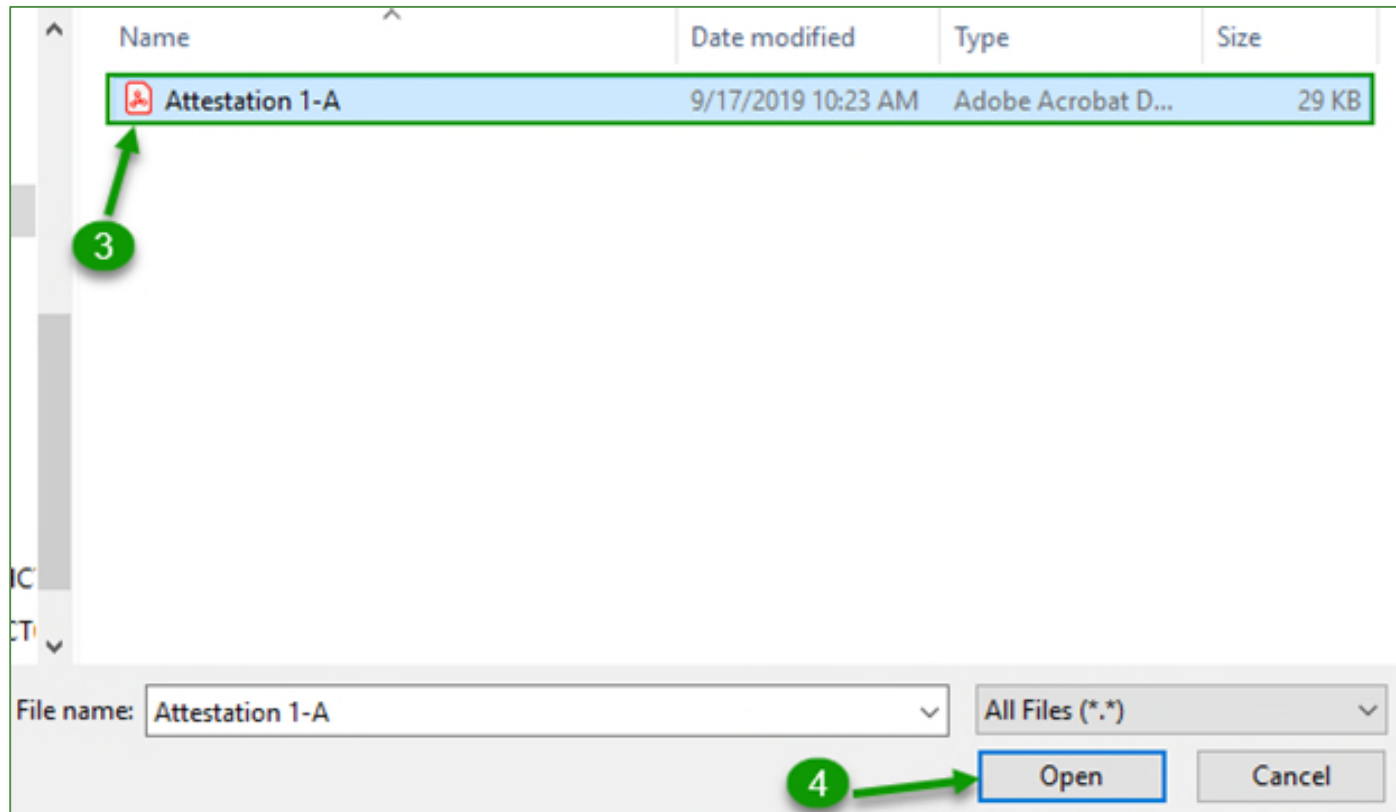
Remove All

2

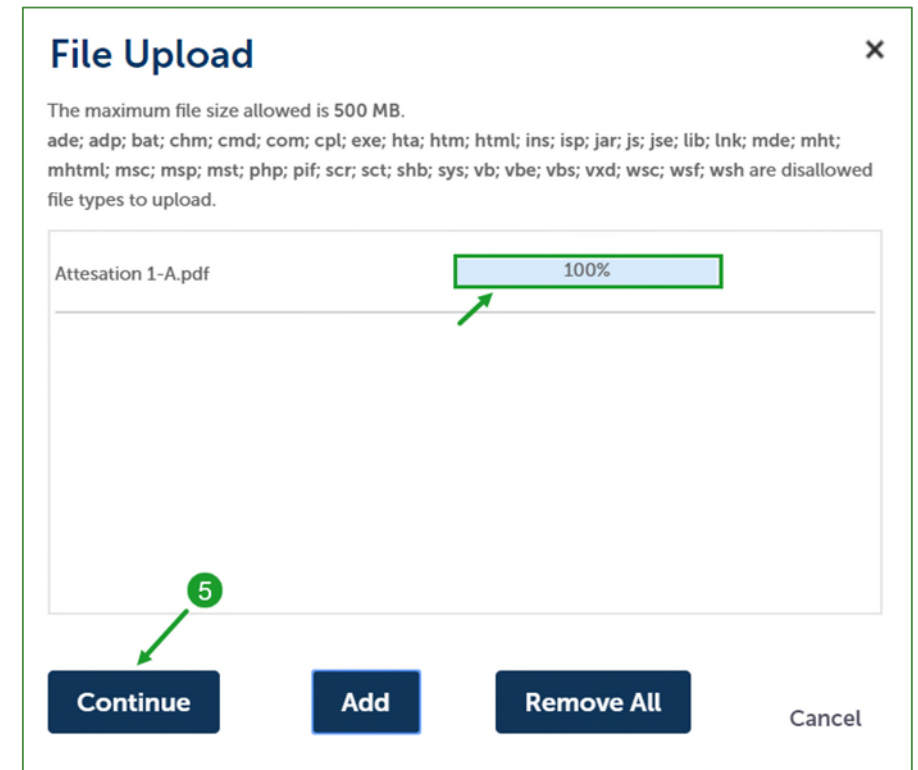
Supplemental Applicant Entity Instructions

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".



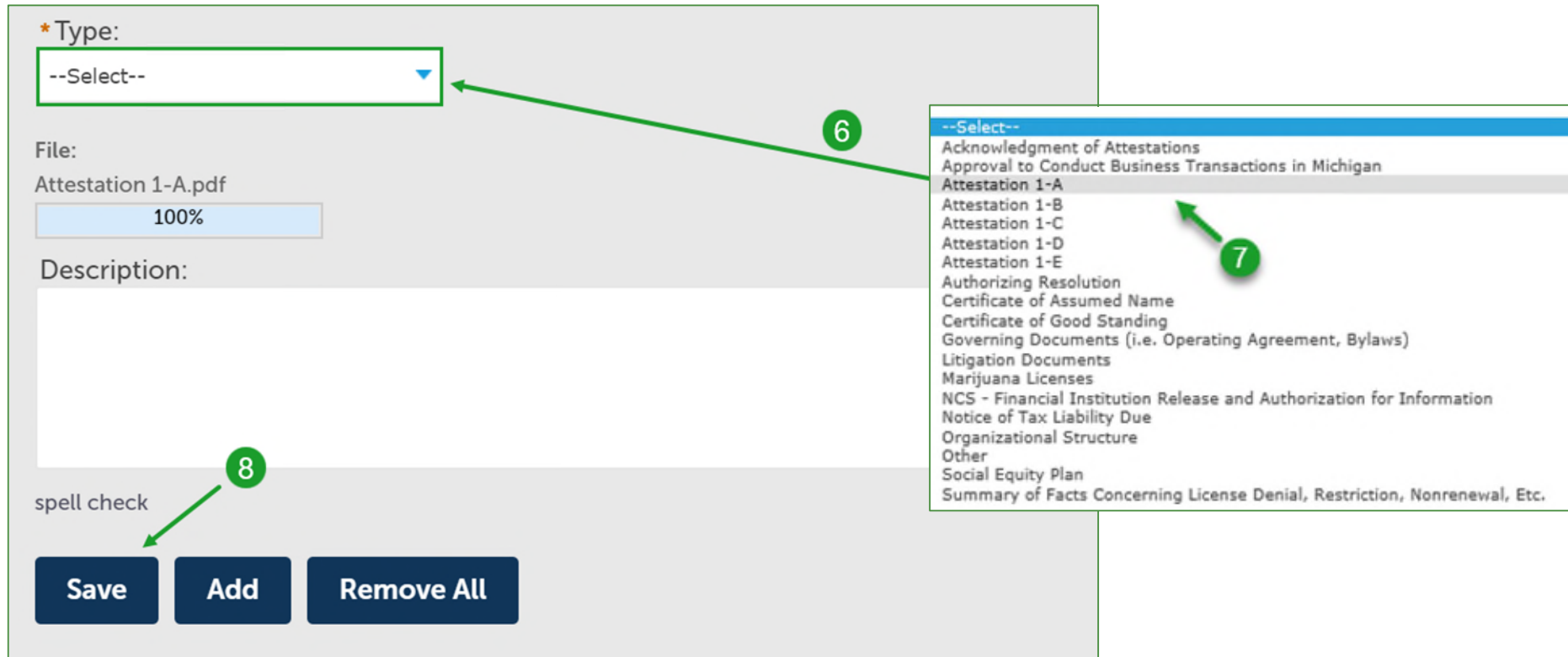
- Confirm the file(s) are 100% uploaded and select **Continue**.



Supplemental Applicant Entity 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 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.**



The screenshot shows a document upload form with the following elements:

- *Type:** A dropdown menu with "--Select--" and a blue arrow. A green box highlights this dropdown, with a green arrow labeled **6** pointing to it.
- File:** The text "Attestation 1-A.pdf" is displayed above a blue progress bar showing "100%".
- Description:** A large, empty text area.
- spell check**: A label with a green arrow labeled **8** pointing to the "Save" button.
- Buttons:** Three dark blue buttons labeled "Save", "Add", and "Remove All".
- Dropdown Menu:** A separate window shows the list of document types. A green arrow labeled **7** points to "Attestation 1-A" in the list.

The list of document types in the dropdown menu is as follows:

--Select--
Acknowledgment of Attestations
Approval to Conduct Business Transactions in Michigan
Attestation 1-A
Attestation 1-B
Attestation 1-C
Attestation 1-D
Attestation 1-E
Authorizing Resolution
Certificate of Assumed Name
Certificate of Good Standing
Governing Documents (i.e. Operating Agreement, Bylaws)
Litigation Documents
Marijuana Licenses
NCS - Financial Institution Release and Authorization for Information
Notice of Tax Liability Due
Organizational Structure
Other
Social Equity Plan
Summary of Facts Concerning License Denial, Restriction, Nonrenewal, Etc.

Supplemental Applicant Entity Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- 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:

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)
- 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 required items may result in the denial of your application.

The maximum file size allowed is 500 MB.
 ade,adp,bat,chn,cmd,com,cpl,exe,hta,htm,html,jar,jse,jsp,jst,lib,lnk,mde,mht,mhtml,msc,msp,mst,php,pif,scr,scs,shb,sys,vbs,vbe,vbs,vxd,wsc,wsf,wsn are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
Attestation 1-A.docx	Attestation 1-A	14.07 KB	02/10/2021	Actions ▾
Attestation 1-B.docx	Attestation 1-B	14.12 KB	02/10/2021	Actions ▾
Attestation 1-C.docx	Attestation 1-C	14.13 KB	02/10/2021	Actions ▾
Attestation 1-D.docx	Attestation 1-D	14.13 KB	02/10/2021	Actions ▾
Attestation 1-E.docx	Attestation 1-E	14.14 KB	02/10/2021	Actions ▾

< Prev

1

2

3

 Next >

Add

Save and resume later

Continue Application

Supplemental Applicant Entity Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- **Check** the box certifying that you understand payment is not required for the submission of supplemental entity applications.
- 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](#) [Continue Application](#)

Supplemental Applicant Entity Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- After reviewing the supplemental 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 [Edit](#)

By selecting this checkbox, I certify that I have read and understand Yes the above instructions that accompany this 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: 02/10/2021

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

Supplemental Applicant Entity Instructions

Adult-Use Marijuana Establishment Licensing Application Process


- The supplemental entity 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](#)

Entity Registration

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-ERA-000473.

Supplemental Applicant Entity Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- The person completing the application will receive the below email detailing:
 - The prequalification application number of the supplemental applicant entity.
 - The application name.
 - Instructions regarding how to track the status of submitted applications in real time.

Dear Entity 2, LLC,

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

Prequalification Application Number: AU-ERA-000473

Application Name: Entity 2, LLC

You can view the 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



Supplemental Applicant Entity Instructions

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