

Supplemental Applicant Individual Instructions

Adult-Use Marijuana Establishment Licensing Application Process

Cannabis Regulatory Agency

Phone: (517) 284-8599

Website: www.michigan.gov/CRA

Email: CRA-Info@Michigan.gov

Supplemental Applicant Individual 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.

Cannabis Regulatory Agency

Phone: (517) 284-8599

Website: www.michigan.gov/CRA

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

Supplemental Applicant Individual 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)

Identity Documents

- Copy of government issued ID

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

- W2s and/or 1099s for most recent year (if no W2s or 1099s exist, submit an explanation)
- Copy of notice of tax liability due (if applicable)

Criminal and Civil Litigation History

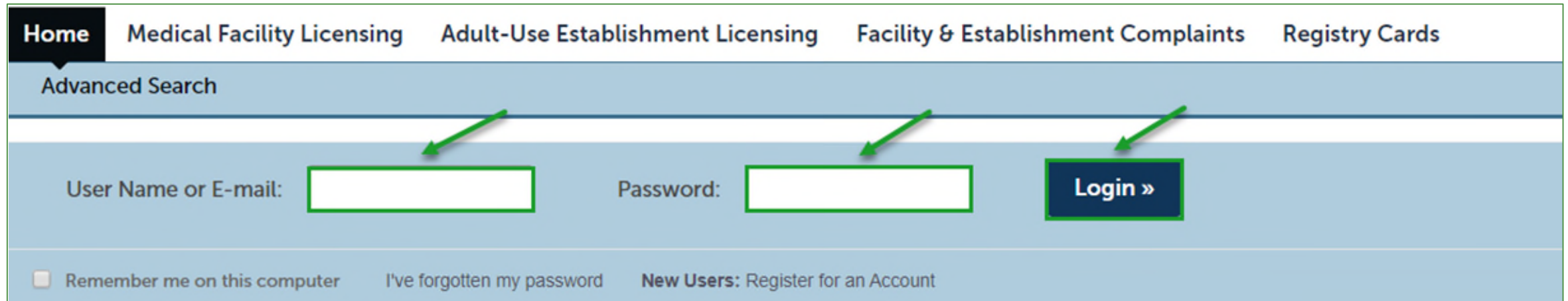
- Copy of criminal history documents (if applicable)
- Copy of litigation documents (if applicable)

***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 Individual Instructions

Adult-Use Marijuana Establishment Licensing Application Process

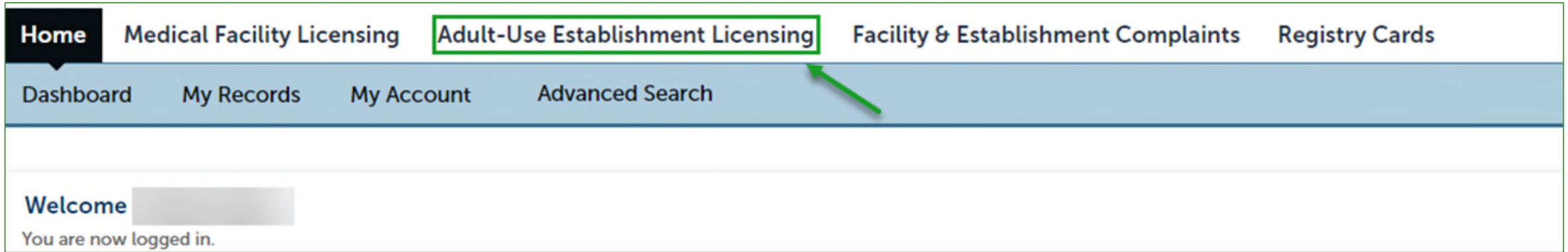
- Enter **User Name or E-mail**.
- Enter **Password**.
- Select **Login**.

A screenshot of a web application's login page. The page has a light blue background. At the top, there is a navigation bar with five items: "Home" (highlighted in a dark blue box), "Medical Facility Licensing", "Adult-Use Establishment Licensing", "Facility & Establishment Complaints", and "Registry Cards". Below the navigation bar is a section labeled "Advanced Search". The main content area contains a login form with three elements: a text input field labeled "User Name or E-mail:", a text input field labeled "Password:", and a dark blue button labeled "Login »". Three green arrows point from the top of the page down to each of these three elements. At the bottom of the form, there is a checkbox labeled "Remember me on this computer", a link "I've forgotten my password", and a link "New Users: Register for an Account".

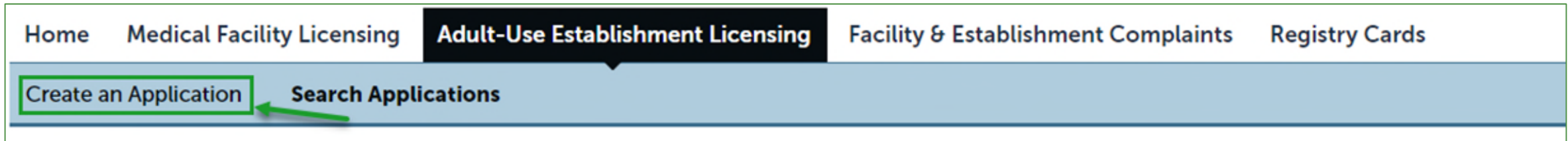
Supplemental Applicant Individual Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- Select *Adult-Use Establishment Licensing*.

A screenshot of the website's navigation menu. The top row contains five items: "Home" (highlighted with a black background), "Medical Facility Licensing", "Adult-Use Establishment Licensing" (highlighted with a green border), "Facility & Establishment Complaints", and "Registry Cards". The second row contains four items: "Dashboard", "My Records", "My Account", and "Advanced Search". Below the menu, there is a "Welcome" message followed by a greyed-out user name and the text "You are now logged in." A green arrow points from the "Adult-Use Establishment Licensing" menu item down to the "Advanced Search" item in the second row.

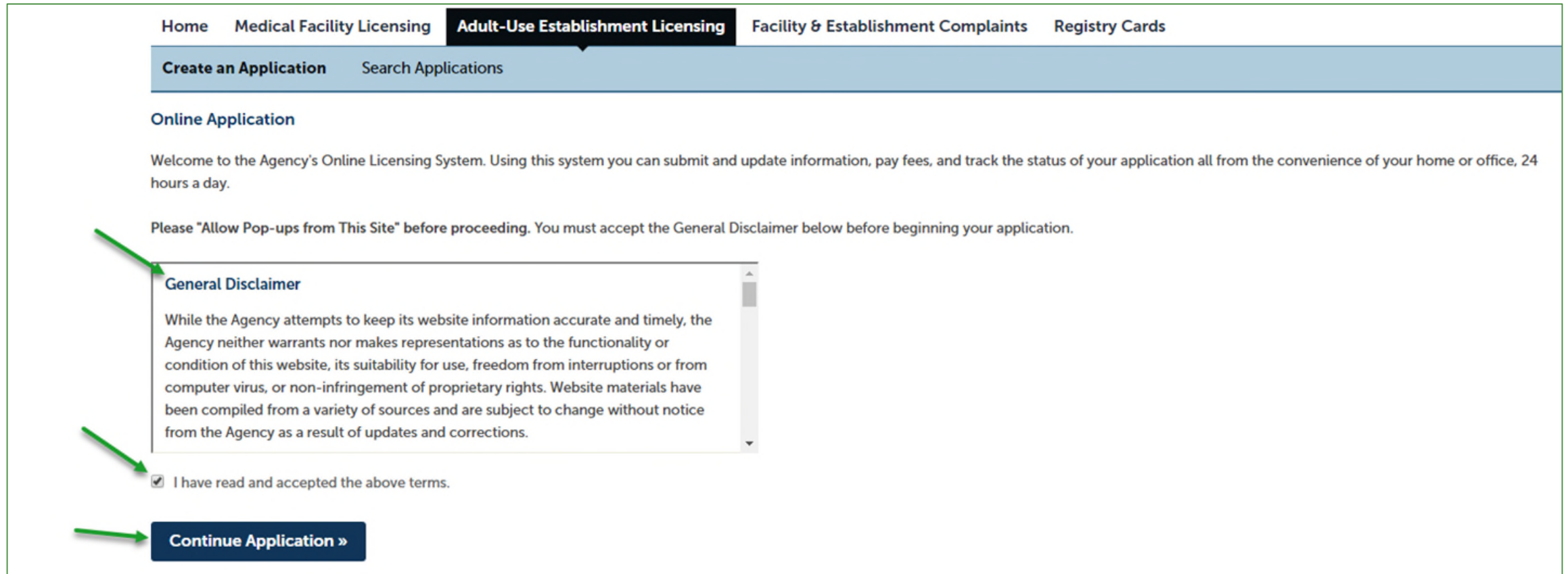
- Select *Create an Application*.

A screenshot of the website's navigation menu. The top row contains five items: "Home", "Medical Facility Licensing", "Adult-Use Establishment Licensing" (highlighted with a black background), "Facility & Establishment Complaints", and "Registry Cards". The second row contains two items: "Create an Application" (highlighted with a green border) and "Search Applications". A green arrow points from the "Create an Application" menu item down to the "Create an Application" text in the second row.

Supplemental Applicant Individual Instructions

Adult-Use Marijuana Establishment Licensing Application Process

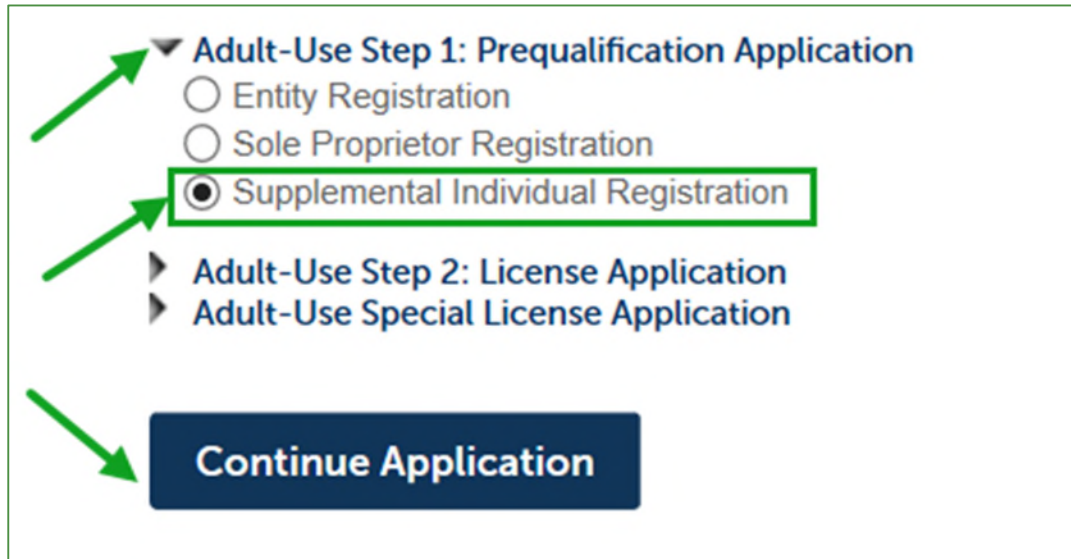
- Read the **General Disclaimer**.
- Check the box stating **I have read and accepted the above terms**.
- Select **Continue Application**.

A screenshot of a web application interface. At the top, there is a navigation bar with links: Home, Medical Facility Licensing, Adult-Use Establishment Licensing (highlighted in black), Facility & Establishment Complaints, and Registry Cards. Below this is a blue bar with "Create an Application" and "Search Applications". The main content area is titled "Online Application" and contains a welcome message. A text instruction says "Please 'Allow Pop-ups from This Site' before proceeding. You must accept the General Disclaimer below before beginning your application." Below this is a scrollable box titled "General Disclaimer" containing text about website accuracy. Underneath the disclaimer is a checked checkbox with the text "I have read and accepted the above terms." At the bottom is a dark blue button labeled "Continue Application »". Three green arrows point to the "General Disclaimer" box, the checkbox, and the "Continue Application" button.

Supplemental Applicant Individual Instructions

Adult-Use Marijuana Establishment Licensing Application Process

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

A screenshot of a web application interface showing a list of options. The first option is "Adult-Use Step 1: Prequalification Application" with a downward-pointing arrow icon. Below it are three radio button options: "Entity Registration", "Sole Proprietor Registration", and "Supplemental Individual Registration". The "Supplemental Individual Registration" option is selected and highlighted with a green rectangular box. Below these are two options with right-pointing arrow icons: "Adult-Use Step 2: License Application" and "Adult-Use Special License Application". At the bottom of the list is a dark blue button with the text "Continue Application" in white. Three green arrows point to the downward arrow icon, the selected radio button, and the "Continue Application" button.

Supplemental Applicant Individual Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- Select **Add New** to enter the supplemental individual's demographic information.

Record Individual

Provide demographic information for the supplemental individual by selecting "Add New" to create a new contact.

Add New ←

Supplemental Applicant Individual Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- Enter supplemental individual's **First Name**.
- Enter supplemental individual's **Last Name**.
- Enter supplemental individual's **Social Security Number**.
- Enter supplemental individual's **Date of Birth**.
- Enter supplemental individual's **Primary Phone Number**.
- Enter supplemental individual's **E-mail Address**.
- Select **Add Contact Address**. Another window will open. **Please see next page to continue.**

Contact Information

* First: 1 Middle: Last: 2

* SSN: 3 * Date of Birth: 4 * Phone: 5

* E-mail: 6

* Individual/Organization:
Individual

▼ Contact Addresses

Add Contact Address ← 7

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 Individual Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- ***Mailing Address** 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**.

Contact Information

Contact Address Information

* Address Type:
 8

* Address Line 1:
 9

* City: 10 * State: 11 * ZIP Code: 12

13

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

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 14 | |

Continue **Clear** Discard Changes

Supplemental Applicant Individual 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 Individual Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- 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 **Continue Application**.

Supplemental Applicant

SUPPLEMENTAL APPLICATION

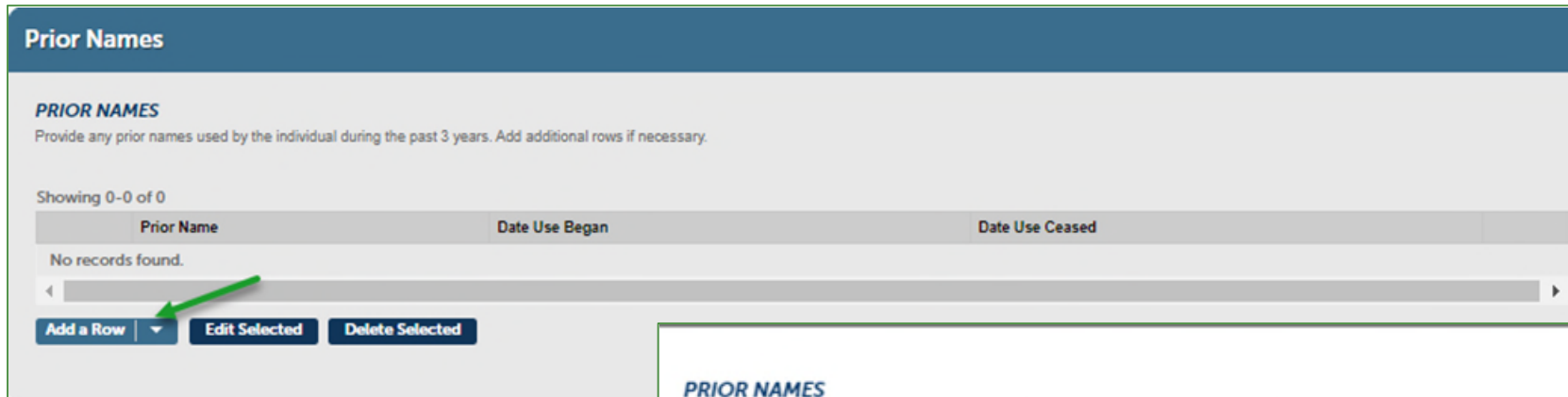
Name of main applicant that this supplemental applicant prequalification is in support of: ←

ACA record number of main applicant: ←

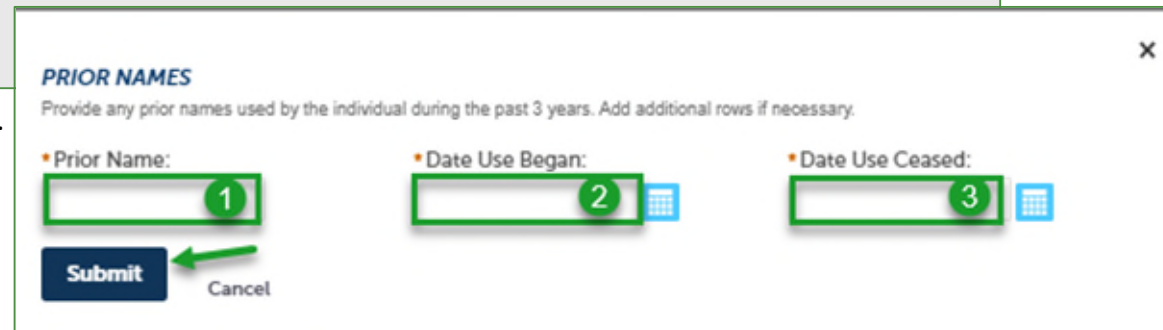
→

Supplemental Applicant Individual Instructions Adult-Use Marijuana Establishment Licensing Application Process

- Select **Add a Row** if the supplemental individual has operated under a Prior Name(s) within the past 3 years. To add multiple prior names, select **Add a Row** multiple times.
- If the supplemental individual has not operated under a prior name, do not add a row.



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



Supplemental Applicant Individual Instructions

Adult-Use Marijuana Establishment Licensing Application Process

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

Prior Addresses

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

Showing 0-0 of 0

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

←
Add a Row
Edit Selected
Delete Selected
→

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

PRIOR ADDRESSES ×

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

• Prior Street Address:

• City:

• State:

• Zip:

• Date Use Began:

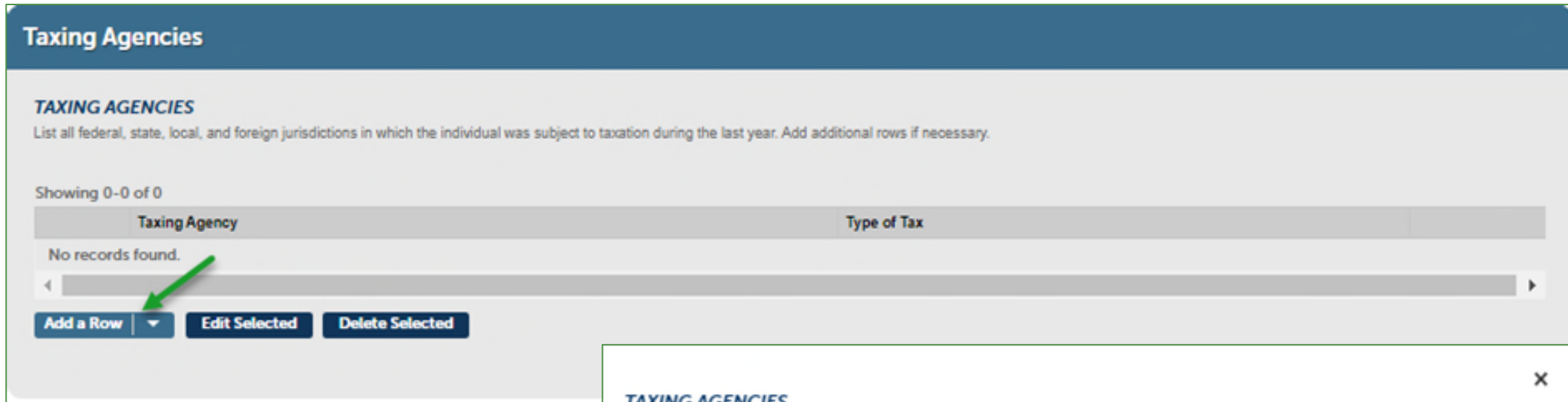
• Date Use Ceased:

Submit
Cancel

→
Continue Application

Supplemental Applicant Individual Instructions Adult-Use Marijuana Establishment Licensing Application Process

- Select **Add a Row** as many times as necessary to list all federal, state, local, and foreign jurisdictions in which the supplemental individual was subject to taxation during the last 12 months.



Taxing Agencies

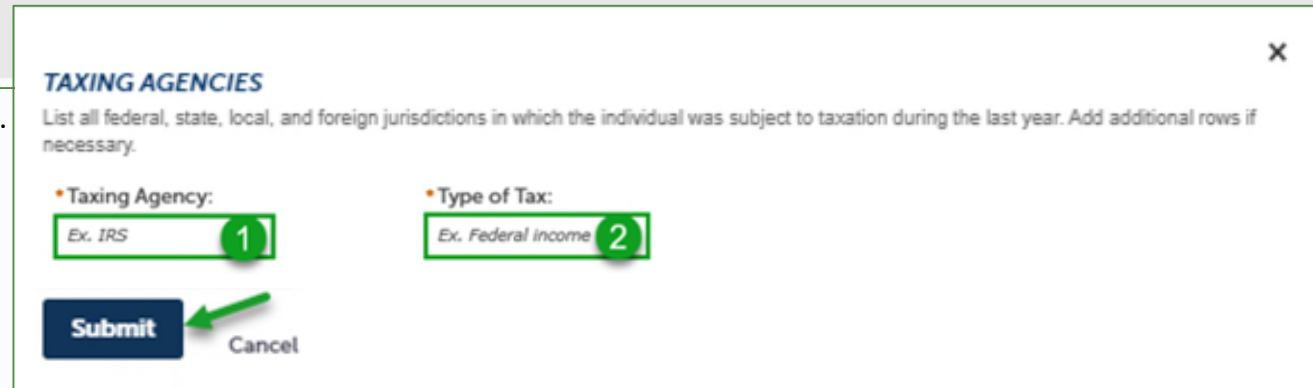
TAXING AGENCIES
List all federal, state, local, and foreign jurisdictions in which the individual was subject to taxation during the last year. Add additional rows if necessary.

Showing 0-0 of 0

| Taxing Agency | Type of Tax |
|-------------------|-------------|
| No records found. | |

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

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



TAXING AGENCIES
List all federal, state, local, and foreign jurisdictions in which the individual was subject to taxation during the last year. Add additional rows if necessary.

*Taxing Agency: 1

*Type of Tax: 2

Submit Cancel

Supplemental Applicant Individual Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- Answer the tax compliance question as it pertains to the supplemental individual by selecting **Yes** or **No**.

Tax Compliance

TAX COMPLIANCE

Has the individual ever been served with, or had filed against them, 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**

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

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: 1

• Type of Tax: 2

• Tax Year: 3

• Amount: 4

Submit | **Cancel**

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



Supplemental Applicant Individual Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- Select **Yes** or **No** to the three Government Regulation questions.

Government Regulation

GOVERNMENT REGULATION

Is the individual subject to government regulation in any jurisdiction:

Yes No

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

Yes No

Has the individual ever applied for or been granted any commercial license or certificate issued by a licensing authority in any jurisdiction that has been denied, restricted, suspended, revoked, or not renewed:

Yes No



Supplemental Applicant Individual Instructions Adult-Use Marijuana Establishment Licensing Application Process

- Select **Add a Row** as many times as necessary to disclose the supplemental individual's direct or indirect ownership interest(s) in other marijuana business entities.
- If the supplemental individual 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 individual 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

| Marijuana Business Name | License Number | State of Issuance | Country of Issuance |
|-------------------------|----------------|-------------------|---------------------|
| No records found. | | | |

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

- Enter the **Marijuana Business Name** in which the supplemental individual has business interest.
- Enter the **License Number** of the marijuana business in which the supplemental individual 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 individual 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 Name: 1

License Number: 2

State of Issuance: 3

Country of Issuance: 4

Submit | Cancel

Supplemental Applicant Individual 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 individual.
- If the supplemental individual 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 individual. 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. | | |

- Enter **License or Certificate Type**.
- Enter **Issuing Agency**.
- Enter **License Number or Other Identifying Number**.
- Select **Submit**.

LICENSES OR CERTIFICATES
Provide the requested information for all commercial licenses or certificates held by the individual. Add additional rows if necessary.

Supplemental Applicant Individual 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 individual has had an application or license denied, restricted, suspended, revoked, or not renewed.
- If the above does not apply to the supplemental individual, 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 individual has had an application or license denied, restricted, suspended, revoked, or not renewed. Add additional rows if necessary.

Showing 0-0 of 0

| License or Certificate Type | Issuing Agency | License Number or Other Identifying Number | Action Taken | Date Action Taken | Reason For Action |
|-----------------------------|----------------|--|--------------|-------------------|-------------------|
| No records found. | | | | | |

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

LICENSES OR CERTIFICATES CONT.
Provide the following information for all commercial licenses or certificates with which the individual has had an application or license denied, restricted, suspended, revoked, or not renewed. Add additional rows if necessary.

1
 2
 3

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 6

Supplemental Applicant Individual Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- Select **Add a Row** as many times as necessary to disclose all pending commercial licenses or certificates for the supplemental individual.
- If the supplemental individual does not have any pending commercial licenses or certificates, do not add a row.

Pending Commercial or License 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 | | |

Add a Row
Edit Selected
Delete Selected

- Enter **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

Submit
Cancel

Supplemental Applicant Individual Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- Select **Yes** or **No** to the three government employment questions.
- If you answered **Yes** to any of the government employment questions, please provide an **explanation**.

Government Employment

GOVERNMENT EMPLOYMENT
Do any of the following apply to the individual?

Employee, advisor, or consultant of the Marijuana Regulatory Agency: Yes No

Holds an elective office of a governmental unit of this state, another state, or the federal government: Yes No

Member of or employed by a regulatory body of a governmental unit in this state, another state, or the federal government, or employed by a governmental unit of this state: Yes No

If you answered yes to any of the above questions, provide an explanation. If you are an elected officer of or employee of a federally recognized Indian tribe or an elected precinct delegate, please include this information in the explanation:

Ex. I am employed by the Michigan Department of Licensing & Regulatory Affairs.

spell check

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



Supplemental Applicant Individual Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- Select **Yes** or **No** to the litigation history question.

Litigation History

LITIGATION HISTORY

Has the individual 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

- If yes, select **Add a Row** as many times as necessary to provide the requested information for all litigation related to the supplemental individual (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 supplemental individual, 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 individual (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 |
|-------------------|-------------------|--------------|-----------------|-----------------|
| < [Name of Court] | | | | |

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

- Enter **Name of Court**.
- Enter **Location of Court**.
- Enter **Case Caption**.
- Enter **Docket/ Case No.**
- 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 individual (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:**

* **Location of Court:**

* **Case Caption:**

* **Docket/Case No.:**

* **Cause of Action:**

Submit **Cancel**

Supplemental Applicant Individual Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- For any cases that are currently pending, 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:

A rectangular text input field with a thin green border, currently empty.

spell check



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



Supplemental Applicant Individual Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- Has the individual been convicted of any crime under the laws of any jurisdiction? Select **Yes** or **No**.

Criminal Litigation History

CRIMINAL LITIGATION HISTORY

Has the individual been convicted of any crime under the laws of any jurisdiction:

Yes No



Supplemental Applicant Individual Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- Select **Add a Row** as many times as necessary to provide information for all convictions concerning the supplemental individual.
- If the supplemental Individual does not have any convictions, do not add a row.

Convictions

CONVICTIONS
Provide the requested information for all convictions concerning the individual. Add additional rows if necessary.

Showing 0-0 of 0

| Name of Offense | Felony, Misdemeanor, or Local Ordinance | Jurisdiction (State, Municipality, Federal, or Foreign) | Date | Arresting Agency | Name of Court | Location of Court | Case or Docket Number |
|------------------|---|---|------|------------------|---------------|-------------------|-----------------------|
| No records found | | | | | | | |

- Enter **Name of Offense**.
- Enter **Felony, Misdemeanor, or Local Ordinance**.
- Enter **Jurisdiction**.
- Enter **Date of the Conviction**.
- Enter **Arresting Agency**.
- Enter **Name of Court**.
- Enter **Location of Court**.
- Enter **Case or Docket Number**.
- Select **Submit**.

CONVICTIONS
Provide the requested information for all convictions concerning the individual. Add additional rows if necessary.

1
 2
 3

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Supplemental Applicant Individual Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- Use the free form text box to disclose any charges or government investigations, whether initiated, pending, or concluded, related to the individual'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).

Charges and Investigations

CHARGES AND INVESTIGATIONS

Disclose any charges and government investigations, whether initiated, pending, or concluded, related to the Individual'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):

A rectangular text input box with a thin green border, currently empty.

spell check



- Select ***Continue Application***.



Continue Application

Supplemental Applicant Individual 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 the 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)

Identity Documents

- Copy of government issued ID

Regulation Documents

- Copy of marijuana licenses (if applicable)
- Summary of facts and circumstances concerning license denial, restriction, suspension, revocation, or nonrenewal (if applicable)

Tax/Financial Documents

- W2s and/or 1099s for most recent year (if no W2s or 1099s exist, submit an explanation)
- Copy of notice of tax liability due (if applicable)

Criminal and Civil Litigation History

- Copy of criminal history documents (if applicable)
- Copy of litigation documents (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;js;lib;lnk;mde;mht;mhtml;msc;mst;php;pif;scr;sct;shb;sys;...
 This application type requires you to submit the following types of documents. Subject to the collected information, you may be required to submit: Attestation 1-A, Attestation 1-B, Attestation 1-C, Attestation 1-D, Attestation 1-E, Acknowledgment of Attestations, Government...

| Name | Type | Size | Latest Update | |
|-------------------|------|------|---------------|--|
| No records found. | | | | |

Add
←

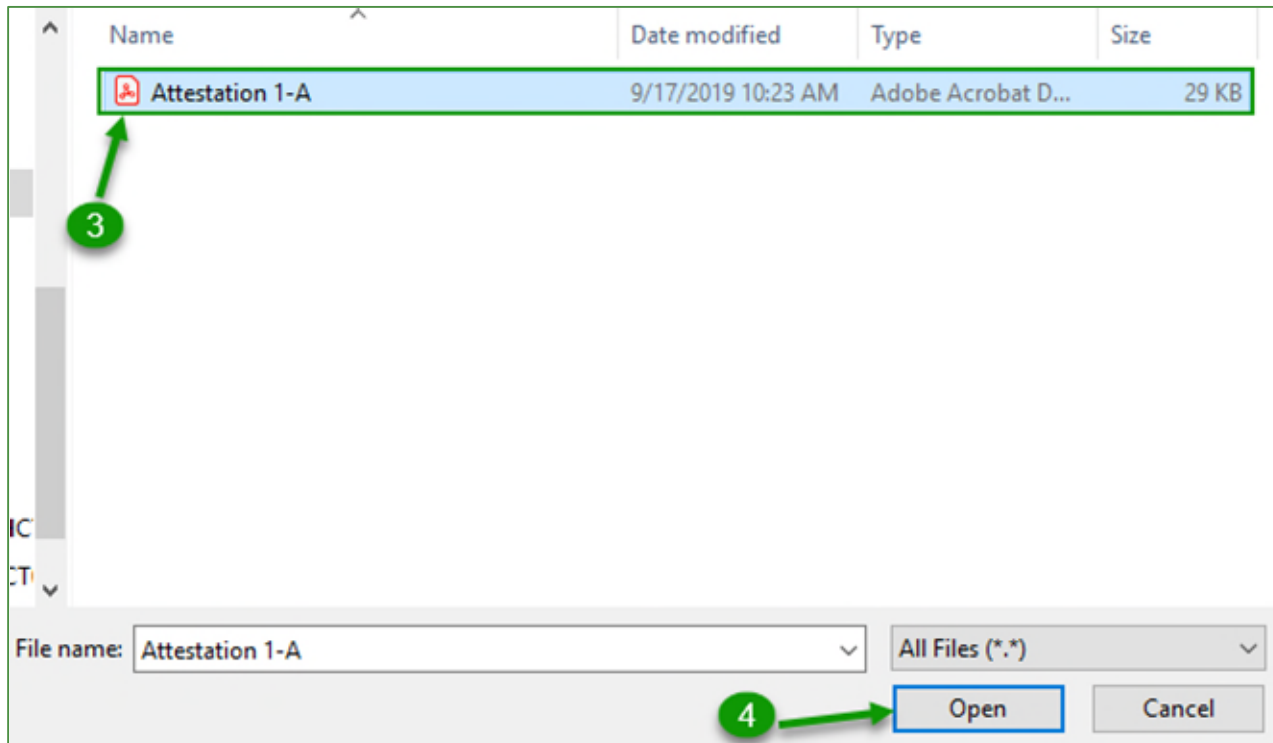
File Upload

The maximum file size allowed is 500 MB.
 ade;adp;bat;chm;cmd;com;cpl;exe;hta;htm;html;ins;isp;jar;js;js;lib;lnk;mde;m...
 are disallowed file types to upload.

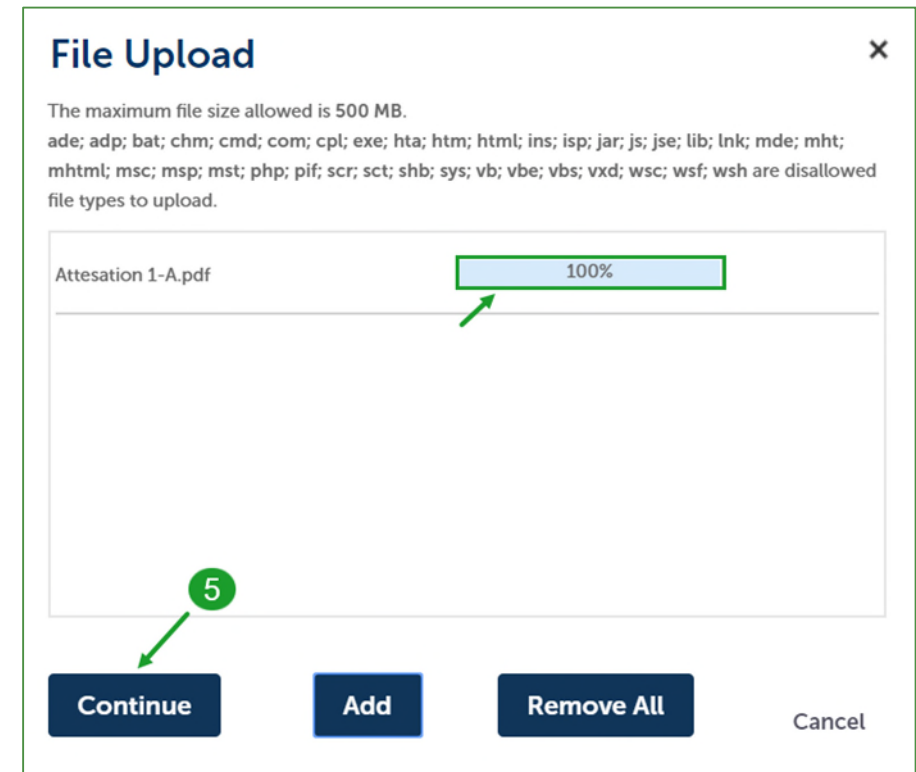
Continue
Add
Remove All

Supplemental Applicant Individual 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".



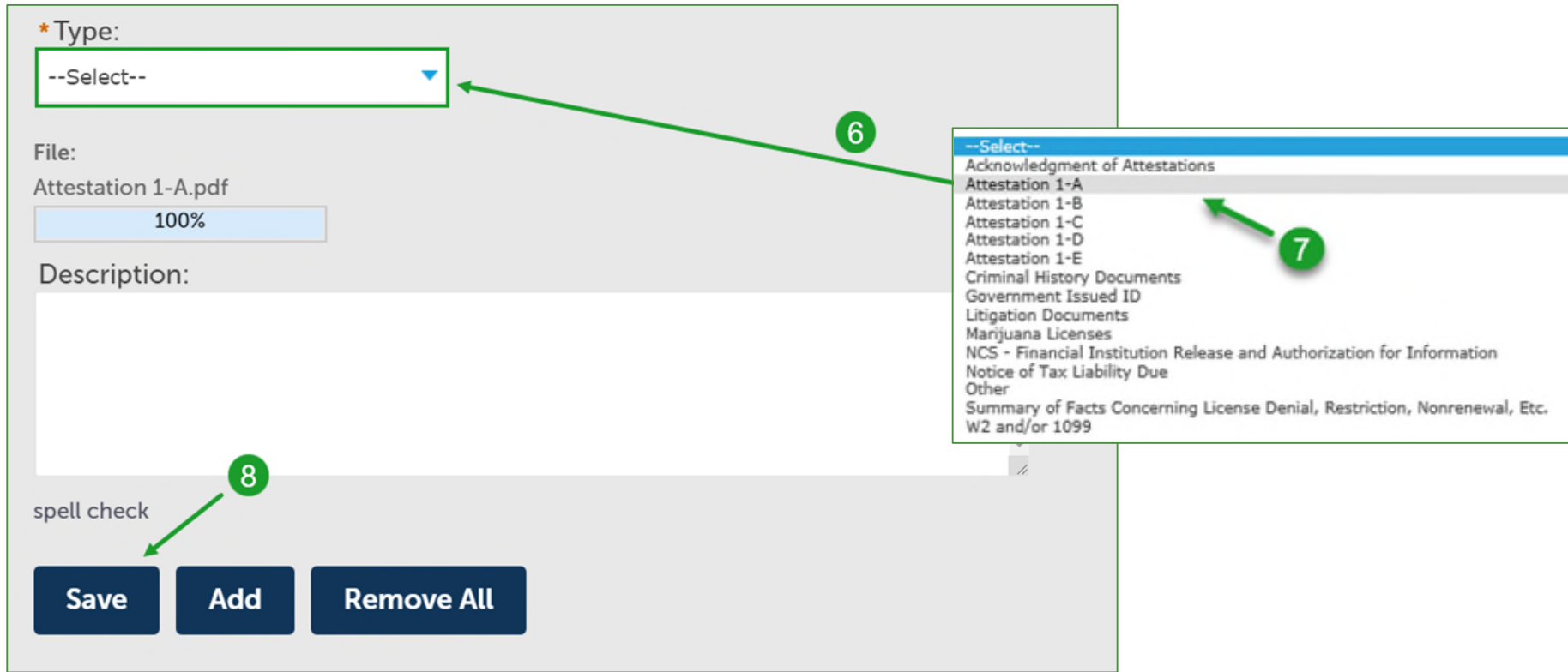
- Confirm the file(s) are 100% uploaded and select **Continue**.



Supplemental Applicant Individual 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 form with the following fields and elements:

- * Type:** A dropdown menu currently showing "--Select--". A green arrow labeled "6" points to this dropdown.
- File:** A text input field containing "Attestation 1-A.pdf" and a progress indicator showing "100%".
- Description:** A large text area for entering details.
- spell check:** A checkbox, currently unchecked. A green arrow labeled "8" points to it.
- Buttons:** Three buttons labeled "Save", "Add", and "Remove All".
- Dropdown Menu:** A secondary dropdown menu is open, showing a list of document types. A green arrow labeled "7" points to the "Attestation 1-A" option in the list.

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

- Select--
- Acknowledgment of Attestations
- Attestation 1-A
- Attestation 1-B
- Attestation 1-C
- Attestation 1-D
- Attestation 1-E
- Criminal History Documents
- Government Issued ID
- Litigation Documents
- Marijuana Licenses
- NCS - Financial Institution Release and Authorization for Information
- Notice of Tax Liability Due
- Other
- Summary of Facts Concerning License Denial, Restriction, Nonrenewal, Etc. W2 and/or 1099

Supplemental Applicant Individual 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)

Identity Documents

- Copy of government issued ID

Regulation Documents

- Copy of marijuana licenses (if applicable)
- Summary of facts and circumstances concerning license denial, restriction, suspension, revocation, or nonrenewal (if applicable)

Tax/Financial Documents

- W2s and/or 1099s for most recent year (if no W2s or 1099s exist, submit an explanation)
- Copy of notice of tax liability due (if applicable)

Criminal and Civil Litigation History

- Copy of criminal history documents (if applicable)
- Copy of litigation documents (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;cp;exe;hta;htm;html;ins;isp;jar;js;jse;lib;lnk;mde;mht;mhtml;msc;msp;mst;php;pic;scr;scrt;shb;sys;vbx;vbe;vbs;vxd;wsc;wsf;wsh are disallowed file types to upload.
This application type requires you to submit the following types of documents. Subject to the collected information, you may be required to submit additional documents prior to approval.
Attestation 1-A, Attestation 1-B, Attestation 1-C, Attestation 1-D, Attestation 1-E, Acknowledgment of Attestations, Government Issued ID, W2 and/or 1099

| 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 Next >

Add
Continue Application

Supplemental Applicant Individual Instructions Adult-Use Marijuana Establishment Licensing Application Process

- After reviewing the supplemental individual 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 Individual Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- The supplemental individual 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](#)

Supplemental Individual Registration

1 Contacts 2 Application Information 3 Attachments 4 Review 5 Record Issuance

Step 5: 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-IRA-000351.

Supplemental Applicant Individual Instructions

Adult-Use Marijuana Establishment Licensing Application Process

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

Dear Individual 1,

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-IRA-000351

Application Name: Individual 1

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 Individual Instructions

Adult-Use Marijuana Establishment Licensing Application Process

Cannabis Regulatory Agency

Phone:(517) 284-8599

Website: www.michigan.gov/CRA

Email: CRA-Info@Michigan.gov