Class A Marijuana Microbusiness Application Instructions
Adult-Use Marijuana Establishment Licensing Application Process

<u>**DO NOT**</u> SUBMIT THIS MARIJUANA ESTABLISHMENT LICENSE APPLICATION UNLESS YOUR MARIJUANA ESTABLISHMENT WILL BE READY TO PASS ALL PRE-LICENSURE INSPECTIONS WITHIN 60 DAYS OF SUBMISSION.

Failure to pass all pre-licensure inspections within 60 days may result in the denial of the license application.

This application must be completed in its entirety upon submission. If the 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

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Before initiating the application process, be advised the following documents are due at the time of application submission:

Establishment License Application [Link to Attestations](#)

- Attestation 2-A – Acknowledgment & Consent to Investigations, Statute & Rule Compliance
- Attestation 2-B – Interest & Experience Attestation
- Attestation 2-C – Confirmation of Section 6 Compliance
- Attestation 2-D – Confirmation of Insurance
- Acknowledgment of Attestations
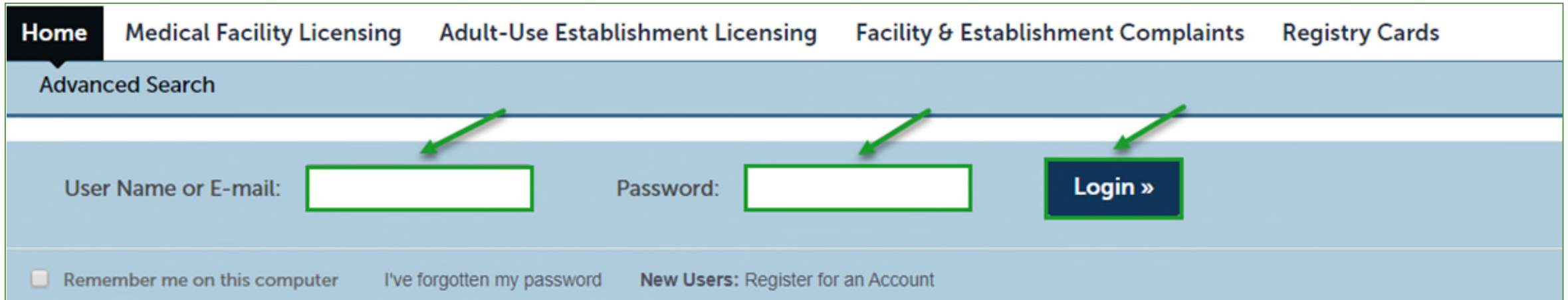
Business Specification

- Copy of Certificate of Use and Occupancy
- Copy of deed or lease agreement
- Copy of proof of financial responsibility (e.g., insurance policy, constant value bond)
- Copy of marijuana business location plan
- Copy of floor plan
- Copy of business plan, including but not limited to:
    - Technology plan
    - Marketing plan
    - Staffing plan
    - Inventory and recordkeeping plan
- DBA documentation (if applicable) (obtained at county-level)
- Certificate of Assumed Name (if applicable) (obtained from LARA Corporations Division)

> ***All applicable items on the checklist are required to be provided at the time of application submission.**
> ***Failure to submit any of the items may result in the denial of your application.**

Class A Marijuana Microbusiness Application Instructions
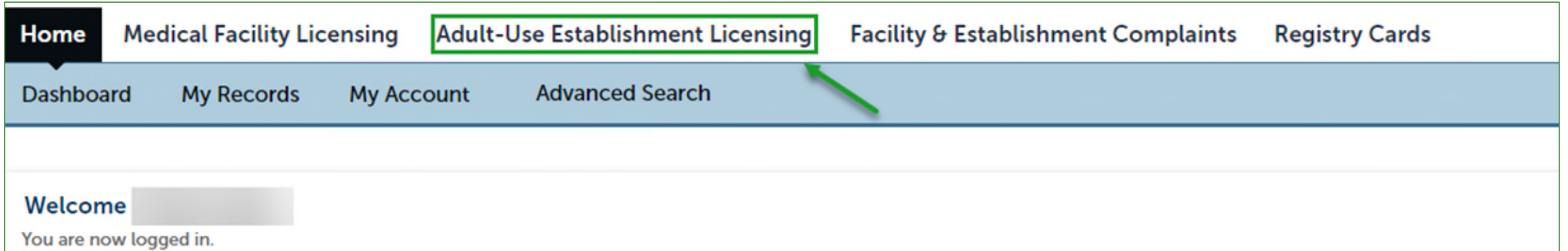## Adult-Use Marijuana Establishment Licensing Application Process

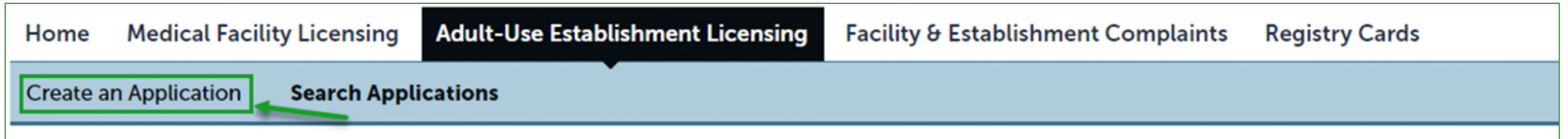- Enter *User Name or E-mail.*
- Enter *Password*.
- Select *Login*.

Class A Marijuana Microbusiness Application 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.
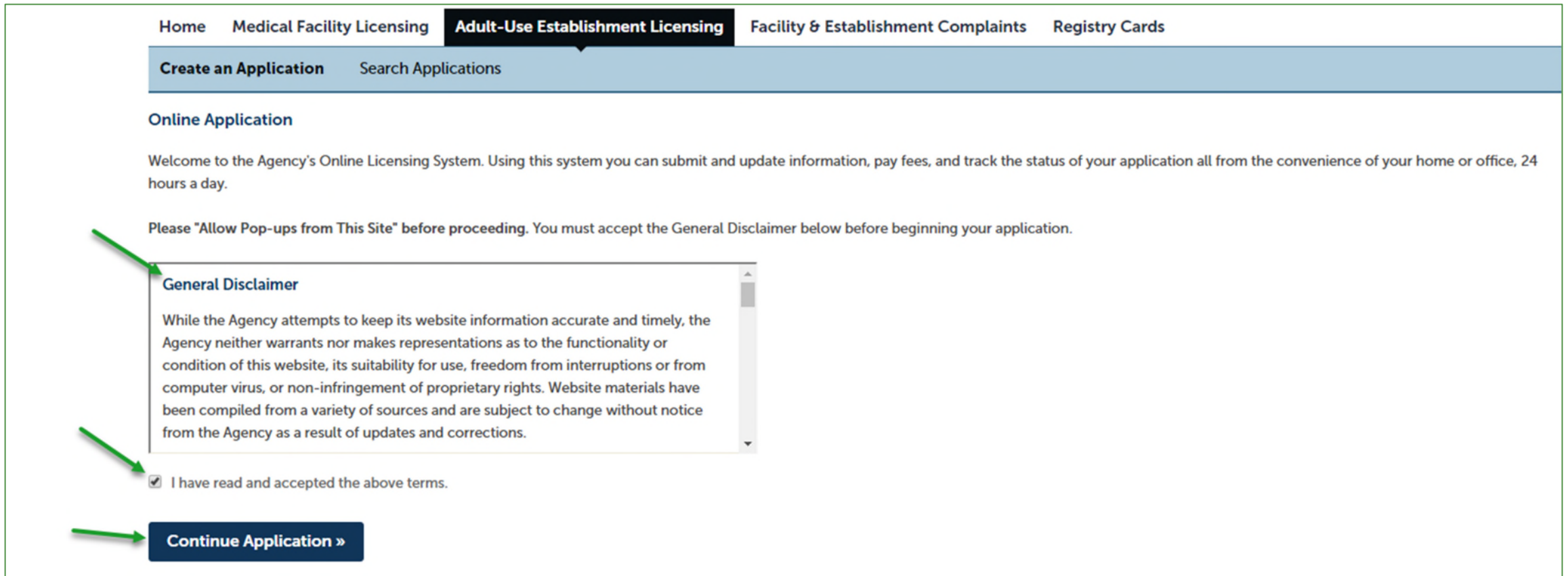
- Select *Create an Application*.

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

Create an Application   Search Applications

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

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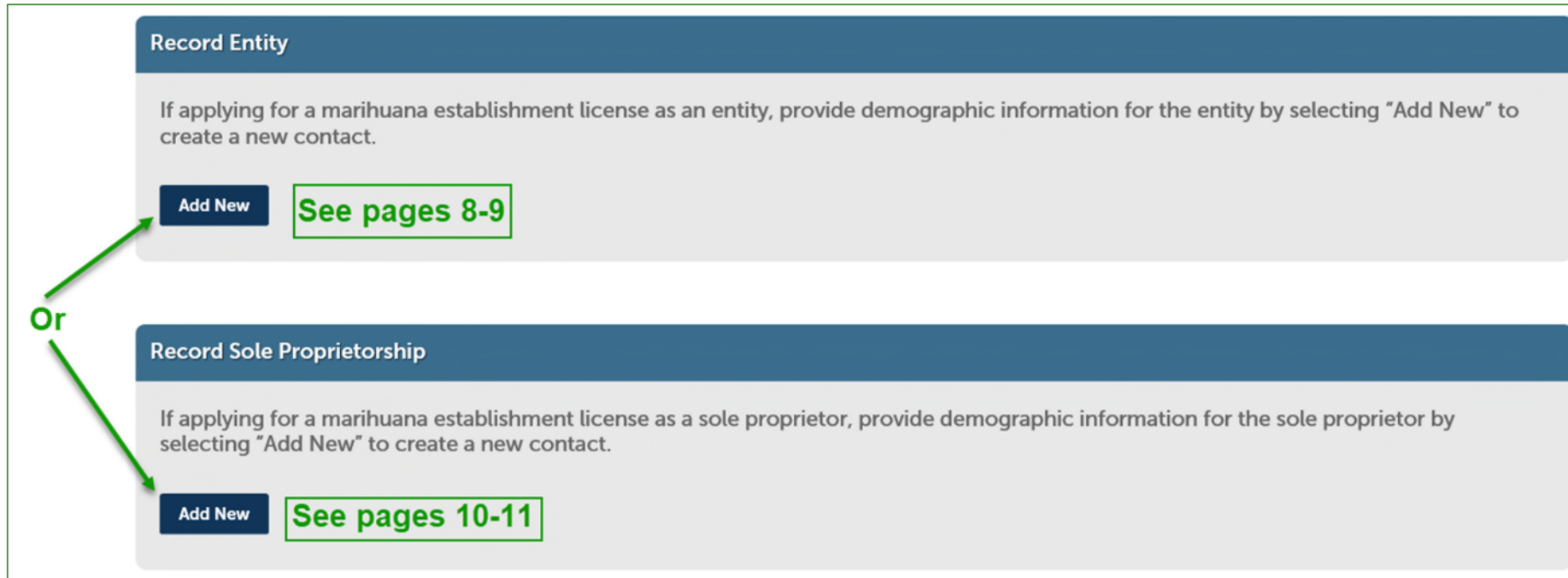- Select *Class A Marijuana Microbusiness.*
- Select *Continue Application.*

Class A Marijuana Microbusiness Application Instructions
Adult-Use Marijuana Establishment Licensing Application Process

- For a main applicant entity seeking to hold a marijuana establishment state license, provide demographic information for the main applicant entity by selecting **Add New.**
  - See pages 8-9 for a main applicant entity.
- For a main applicant individual (sole proprietor) seeking to hold a marijuana establishment state license, provide demographic information for the main applicant individual (sole proprietor) by selecting **Add New.**
  - See pages 10-11 for a main applicant individual (sole proprietor).

Note: you must **Add New** for either Record Entity OR Record Sole Proprietorship.

Record Entity

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

Add New   **See pages 8-9**

Or

Record Sole Proprietorship

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

Add New   **See pages 10-11**

Class A Marijuana Microbusiness Application Instructions
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For a main applicant entity:

Main applicant individuals (sole proprietors) skip to page 10.

- Enter *Main Applicant Entity* name.
- Enter *Assumed Name* if operating publicly with a name other than the main applicant entity name. Separate multiple assumed names with commas.
- Enter *Federal Employer Identification Number (FEIN).*
- Enter *Phone Number*.
- Enter *E-mail Address*.
- Select *Add Contact Address.* Another window will open. **Please see next page to continue.**

Contact Information

*Entity Name:
(1)

Assumed Name:
(2)

*FEIN:
(3)

*Phone:
(4)

*E-mail:
(5)

*Individual/Organization:
Organization ▼

▼ Contact Addresses

(6)

Add Contact Address

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

Showing 0-0 of 0

Address Type	Address

No records found.

Continue   **Clear**   Discard Changes

Class A Marijuana Microbusiness Application Instructions
Adult-Use Marijuana Establishment Licensing Application Process

For a main applicant entity:

- **Mailing Address** type is required. Please note: the physical license will be sent to this address.
- 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.*

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Adult-Use Marijuana Establishment Licensing Application Process

For a main applicant individual (sole proprietor):

Main applicant entities skip to page 12.

- Enter Sole Proprietor's *First Name*.
- Enter Sole Proprietor's *Last Name*.
- Enter Sole Proprietor's *Date of Birth (DOB)*.
- Enter Sole Proprietor's *Social Security Number (SSN).*
- Enter Sole Proprietor's *Phone Number*.
- Enter Sole Proprietor's *E-mail Address*.
- Enter Sole Proprietor's *Doing Business As (DBA),* if applicable.
- Select *Add Contact Address.* Another window will open. **Please see next page to continue.**

Contact Information

*First: ①
Middle:
*Last: ②

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

*E-mail: ⑥

Doing Business As (DBA) Name: ⑦

*Individual/Organization:
Individual

▼ Contact Addresses ⑧

Add Contact Address

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

Showing 0-0 of 0

Address Type	Address

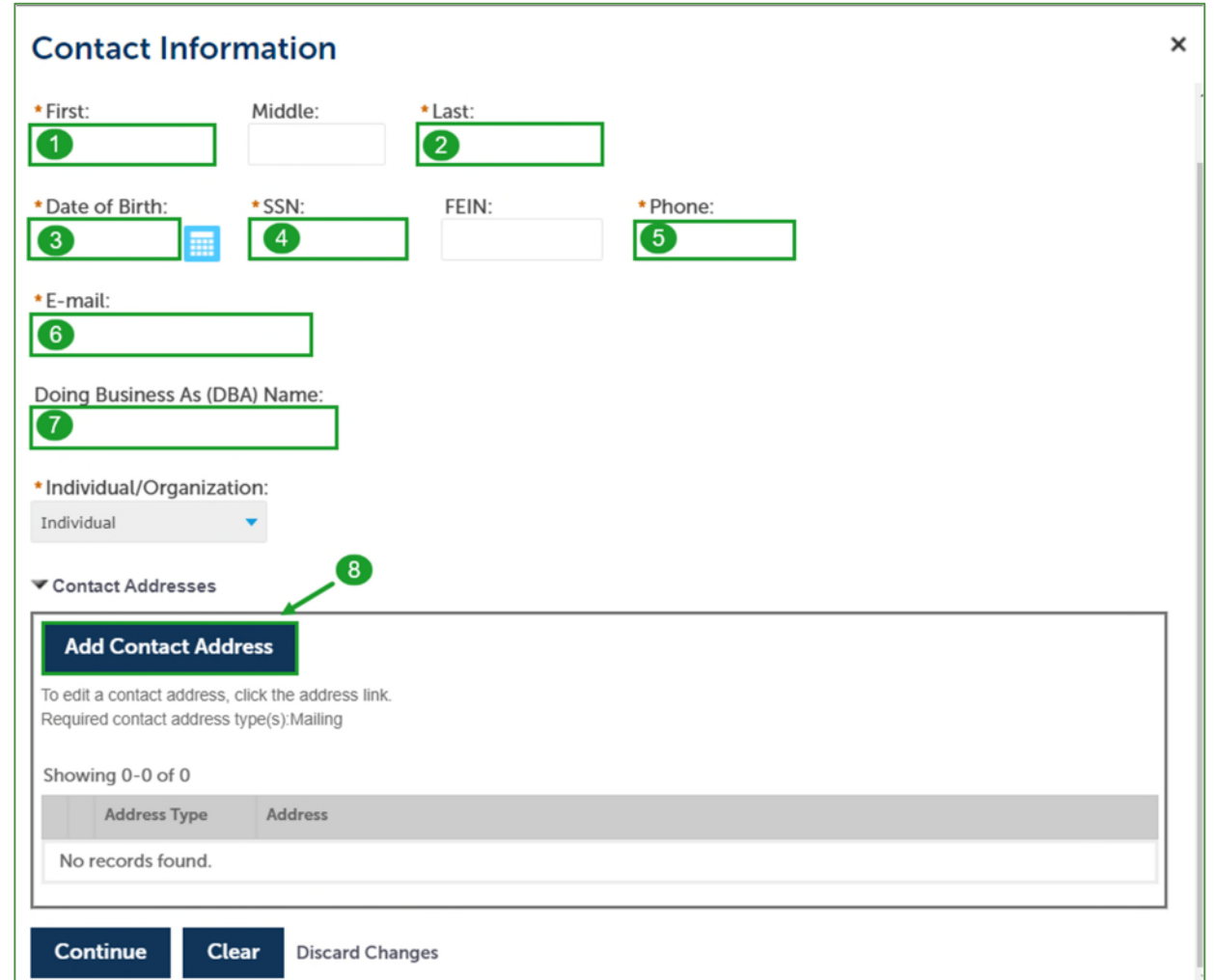No records found.

Continue   **Clear**   Discard Changes

Class A Marijuana Microbusiness Application Instructions
Adult-Use Marijuana Establishment Licensing Application Process

For a main applicant individual (sole proprietor):

- **Mailing Address** type is required. Please note: the physical license will be sent to this address.
- 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.*

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- Choose **Select from Account.**

Person Completing Application

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

Select from Account ←

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

Select Contact from Account

Person Completing Application

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

Showing 1-1 of 1

	Address Type	Address
☐	Mailing	

Continue (1) (2)   Discard Changes

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

→ **Continue Application**

Class A Marijuana Microbusiness Application Instructions
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Provide the physical address of the marijuana establishment seeking a state license.

- Enter establishment *Street Number*.
- Enter establishment *Street Name*.
- Select *Street Type.*
- Select *Unit Type*, if applicable.
- Enter *Unit Number*, if applicable.
- Enter establishment *City*.
- MI is required for *State.*
- Enter establishment *ZIP Code*.

Establishment Address

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

Street No.: ①
Street Name: ②
Street Type: --Select-- ③

Unit Type: --Select-- ④
Unit No.: ⑤

City: ⑥
State: MI ⑦
Zip: ⑧

Clear

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

Business Location Zoning Category

LOCATION ZONING CATEGORY

Provide the establishment location zoning category: *Ex. agriculture, commercial* ⑨

Class A Marijuana Microbusiness Application Instructions
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- Select **Add a Row** to provide information regarding the ownership of the marijuana establishment to be licensed. Please note, this table pertains to the ownership of the physical marijuana establishment as opposed to the ownership of the main applicant.

Establishment Ownership Information

OWNERSHIP INFORMATION

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

Showing 0-0 of 0

Property Tax ID Number	Owner of Record	Property Street Address	City	State	Zip	Type of Ownership or Use Interest

No records found.

Add a Row ▼   Edit Selected   Delete Selected

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

OWNERSHIP INFORMATION

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

- *Property Tax ID Number:* ⑦ 【1】
- *Owner of Record:* ⑦ 【2】
- *Property Street Address:* 【3】
- *City:* 【4】
- *State:* --Select-- 【5】
- *Zip:* 【6】
- *Type of Ownership or Use Interest:* Ex. own, rent, land contract 【7】

Submit   Cancel

Class A Marijuana Microbusiness Application Instructions
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- Enter *Name of municipality in which the marijuana establishment will be located*.
- Enter *City of Municipality*.
- Select *State of Municipality*.
- Enter *Zip Code of Municipality*.
- Enter *County of Municipality*.
- Select *Continue Application*.

Municipality Information

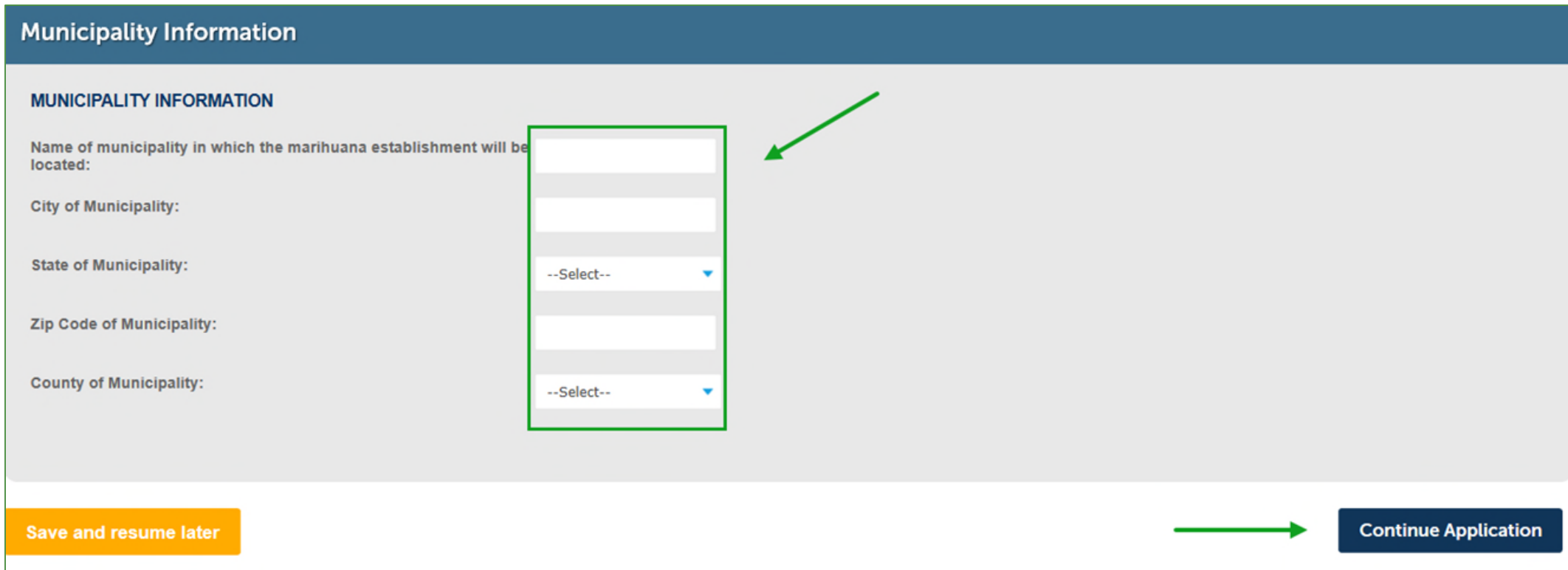### MUNICIPALITY INFORMATION

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

City of Municipality:

State of Municipality: --Select--

Zip Code of Municipality:

County of Municipality: --Select--

Save and resume later

Continue Application

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

Employee Information

EMPLOYEE INFORMATION

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

Save and resume later

Continue Application »

Class A Marijuana Microbusiness Application Instructions
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- **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.

- 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:

Establishment License Application Link to Attestations
  - Attestation 2-A – Acknowledgment & Consent to Investigations, Statute & Rule Compliance
  - Attestation 2-B – Interest & Experience Attestation
  - Attestation 2-C – Confirmation of Section 6 Compliance
  - Attestation 2-D – Confirmation of Insurance
  - Acknowledgment of Attestations

Business Specifications
  - Copy of Certificate of Use and Occupancy
  - Copy of deed or lease agreement
  - Copy of proof of financial responsibility (e.g., insurance policy, constant value bond)
  - Copy of marihuana business location plan
  - Copy of floor plan
  - Copy of business plan, including but not limited to:
    - Technology plan
    - Marketing plan
    - Staffing plan
    - Inventory and recordkeeping plan
  - DBA documentation (if applicable) (obtained at county-level)
  - Certificate of Assumed Name (if applicable) (obtained from LARA Corporations Division)

*All applicable items on the checklist are required to be provided at the time of application submission.
*Failure to submit any of the items may result in the denial of your application.

The maximum file size allowed is 500 MB.
ade;adp;bat;chm;cmd;com;cpl;exe;hta;htm;html;ins;isp;jar;js;jse;lib;lnk;mde;mht;mhtml;msc;msp;mst;php;pif;scr;sct;shb;sys;vb;vbe;vbs;vxd;wsc;wsf;wsh are disallowed
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
Floor Plan, Deed/Lease Agreement, Attestation 2-A, Attestation 2-B, Attestation 2-C, Attestation 2-D, Certificate of Use and Occupancy, Proof of Financial Responsibility,
Marihuana Business Location Plan

| Name	Type	Size	Latest Update	Action
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; msp; mst; php; pif; scr; sct; shb; sys; vb; vbe; vbs; vxd; wsc; wsf; wsh are disallowed file types to upload.
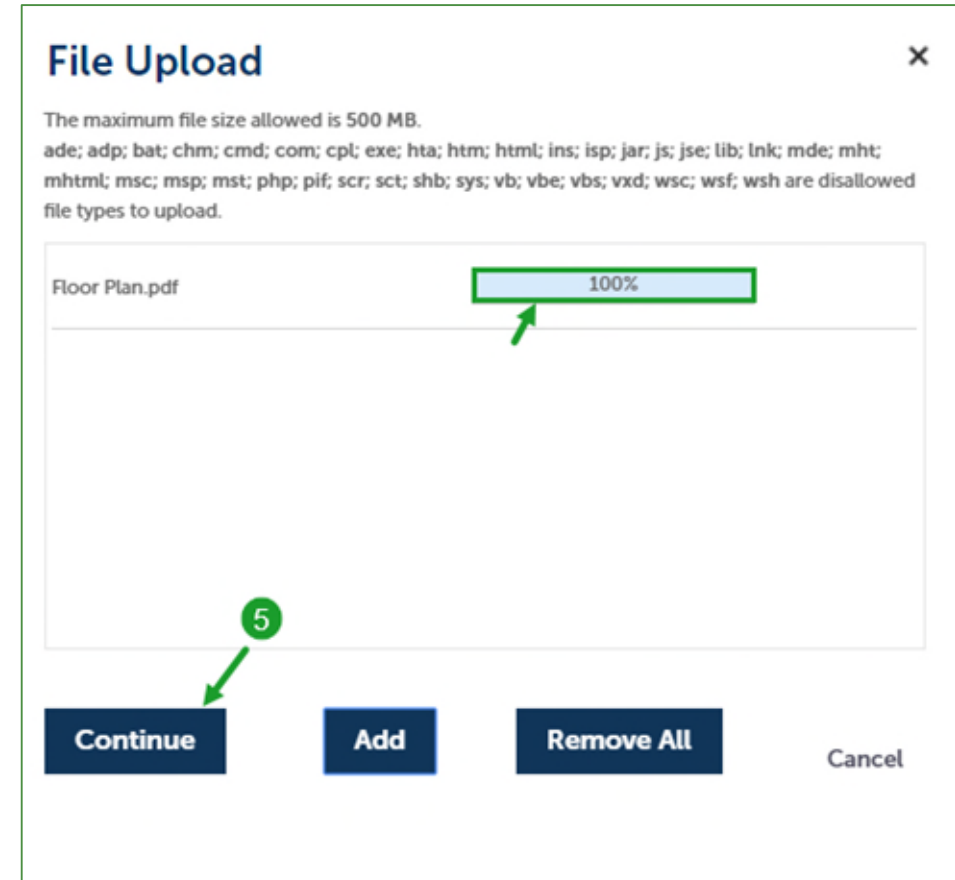
②

Continue | **Add** | Remove All | Cancel

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- *Select* and *Open* the file(s) you wish to upload.
  - Attachments should be uploaded in PDF format.
  - Files should be named according to their document type. For example, the Floor Plan PDF should be named "Floor Plan".
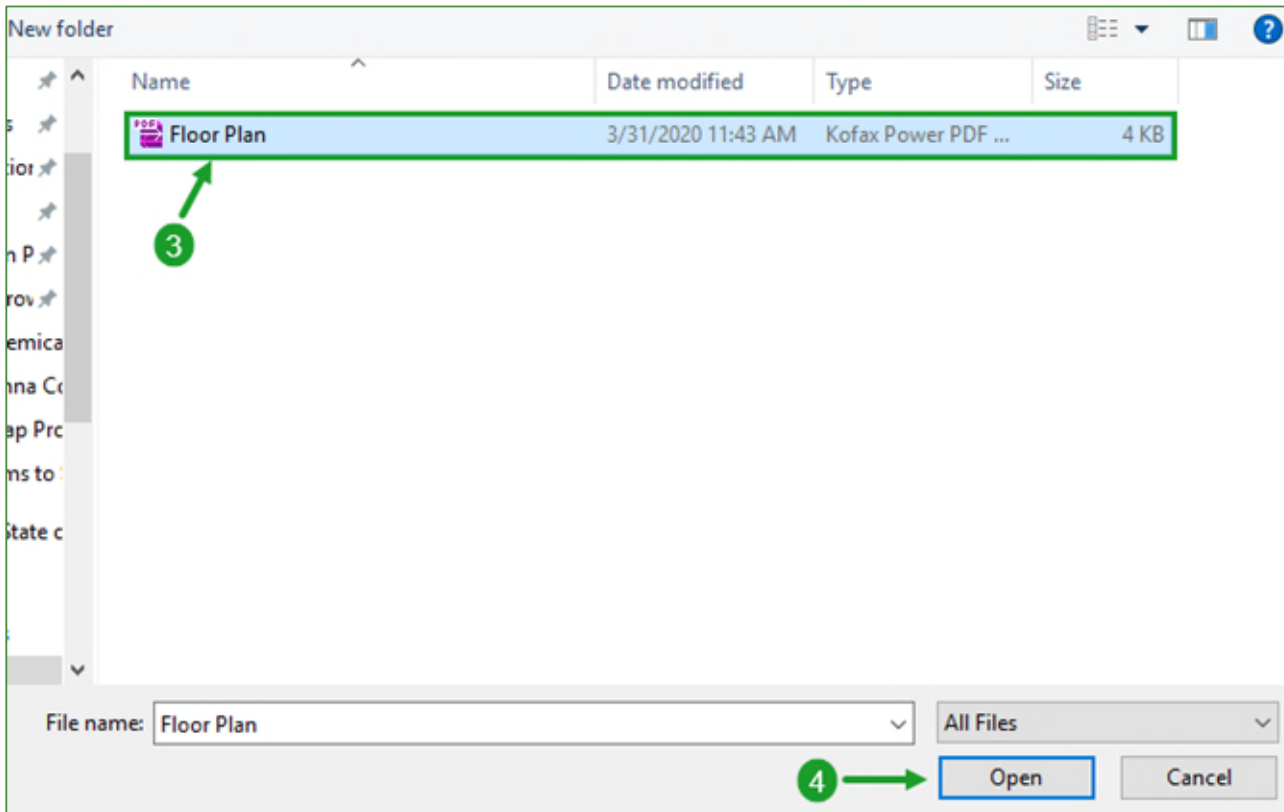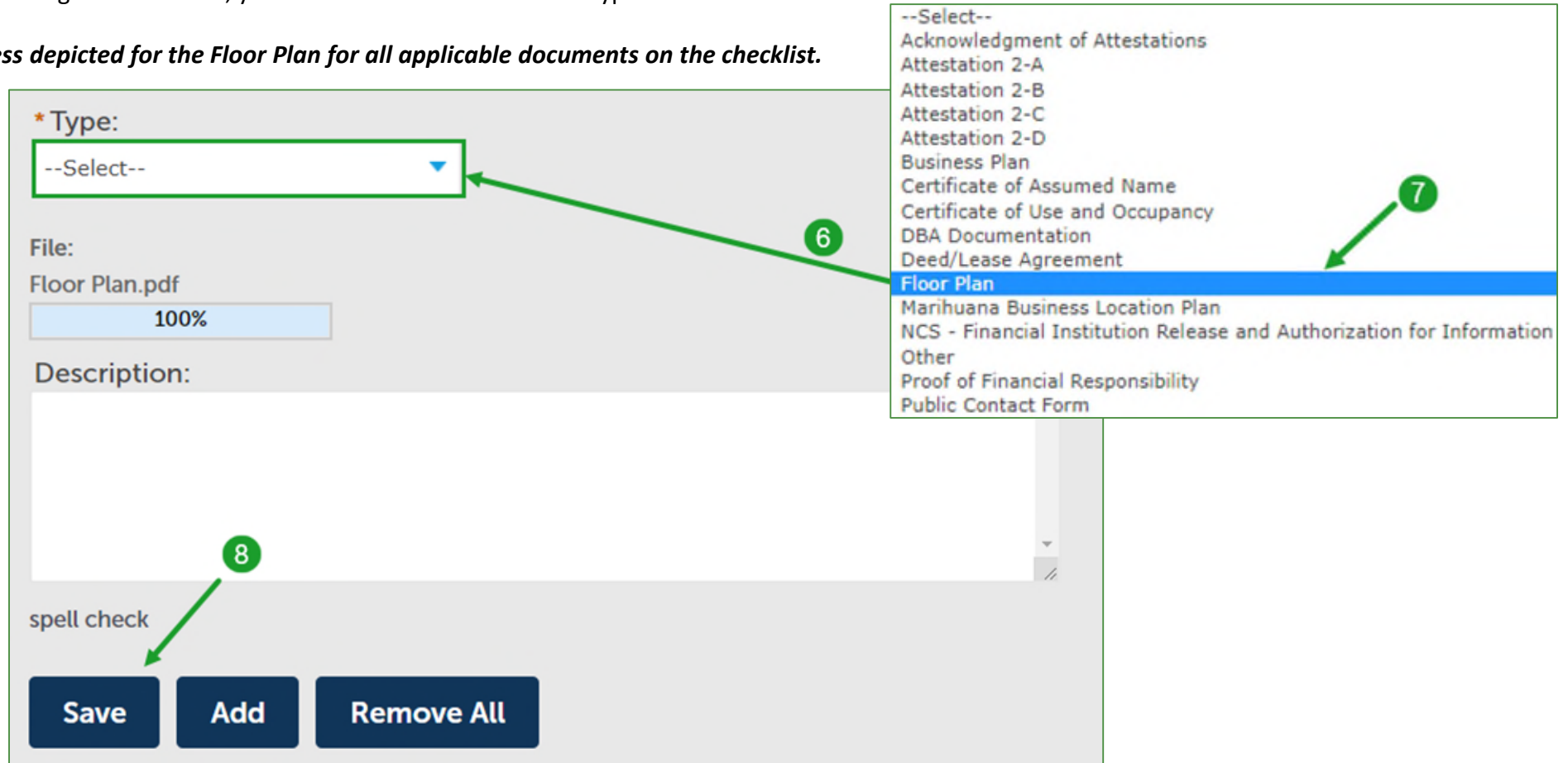
- Confirm the file(s) are 100% uploaded and select *Continue.*

Class A Marijuana Microbusiness Application Instructions
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- Select document **Type.**
    - All documents on the checklist have a corresponding type. You must choose the corresponding document type for each document that is uploaded. For example, when uploading the Floor Plan, you must select the "Floor Plan" type.
- Select **Save**.
- ***You must repeat the process depicted for the Floor Plan for all applicable documents on the checklist.***

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

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- After reviewing the marijuana establishment state license application, *Check* the box to electronically sign and file the application thus certifying that the application is true, complete, correct, and that no material information has been omitted.
- Select *Continue Application* to submit the application.

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

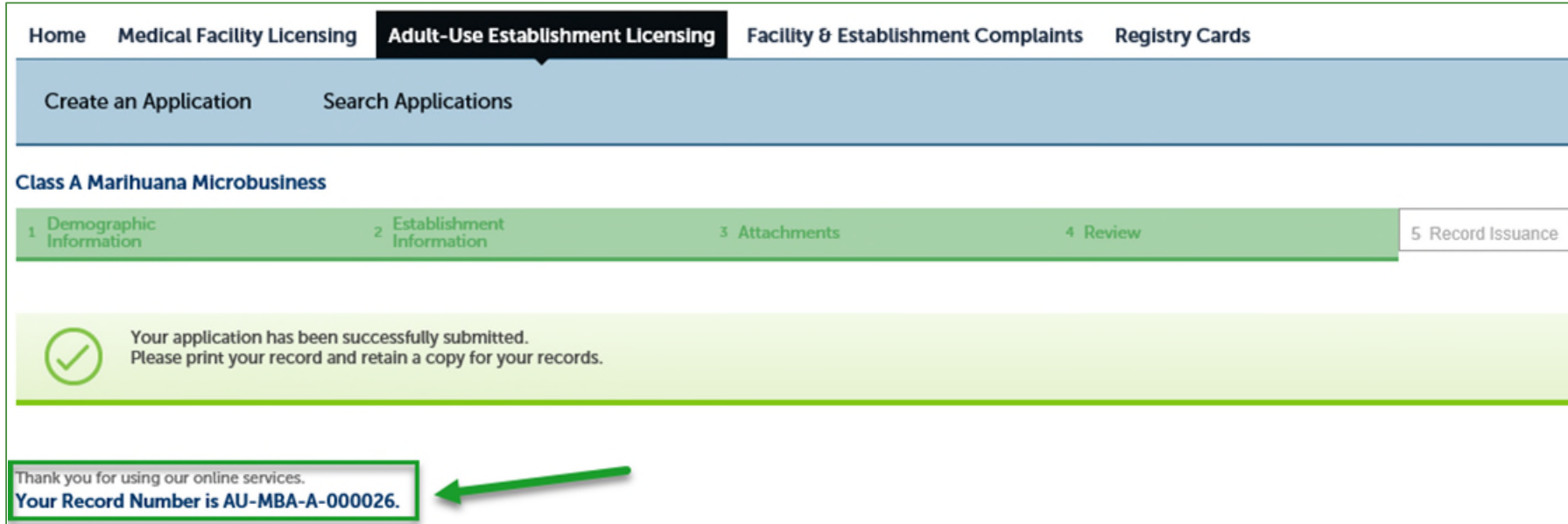☑ By checking this box, I agree to the above certification.

Date: 11/08/2021

Save and resume later

Continue Application

Class A Marijuana Microbusiness Application Instructions
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- The marijuana establishment state license application has now been submitted. Retain a copy of the record number.

Class A Marijuana Microbusiness Application Instructions
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- The person completing the application and the main applicant will receive the below email containing:
  - The license application number.
  - The application name.

Dear Entity 1, LLC,

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

License Application Number: AU-MBA-A-000026

Application Name: Entity 1, LLC

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

Thank you,

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

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