

Adult-Use Marijuana Establishment Licensing Application Process

DO NOT 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



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:

Secure Transporter 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 business plan, including but not limited to:
 - Technology plan
 - Marketing plan
 - Staffing plan
 - Inventory and recordkeeping plan
- Copy of marijuana business location plan
- Copy of floor plan
- Copy of deed or lease agreement
- Copy of proof of financial responsibility (e.g., insurance policy, constant value bond)
- Copy of Certificate of Use and Occupancy
- Proof of auto insurance (for any vehicles used to transport marihuana product)
- Vehicle registration (for any vehicles used to transport marihuana product)
- Registration as a commercial motor vehicle (for any vehicles used to transport marihuana product)
- 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.



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

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



Adult-Use Marijuana Establishment Licensing Application Process

• Select Adult-Use Establishment Licensing.

Home	Med	ical Facility Lic	ensing	Adult	-Use Establishment Licensing	Facility 8	Establishment Complaints	Registry Cards
Dashboa	ard	My Records	My Ac	count	Advanced Search			
Welcom	ne							
You are no	ow logg	ed in.						

• Select Create an Application.

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

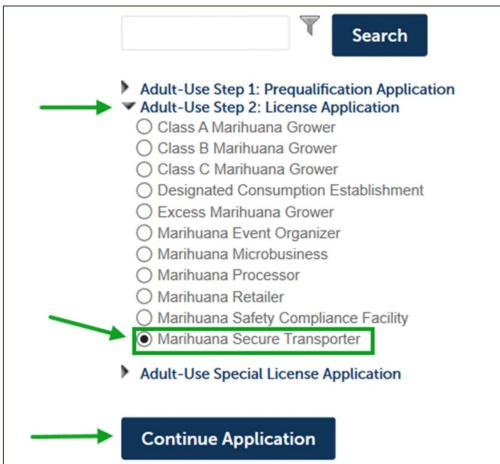


- Read the *General Disclaimer*.
- Check the box stating *I have read and accepted the above terms*.
- Select Continue Application.

	I
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 an hours a day.	d update information, pay fees, and track the status of your application all from the convenience of your home or office, 24
Please "Allow Pop-ups from This Site" before proceeding. You must accept the General	Disclaimer below before beginning your application.
General Disclaimer	A
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.	
	Ť
I have read and accepted the above terms.	
Continue Application »	



- Select the arrow next to Adult-Use Step 2 License Application.
- Select Marijuana Secure Transporter.
- Select *Continue Application*.

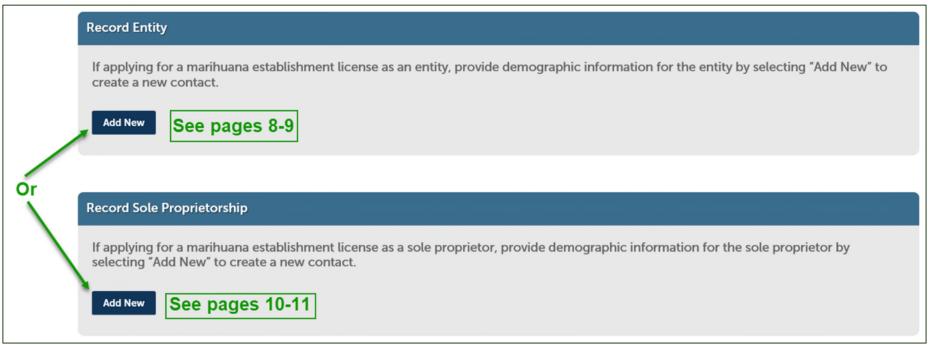




Marijuana Secure Transporter Application Instructions Adult-Use Marijuana Establishment Licensing Application Process

- 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.





Adult-Use Marijuana Establishment Licensing Application Process

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.

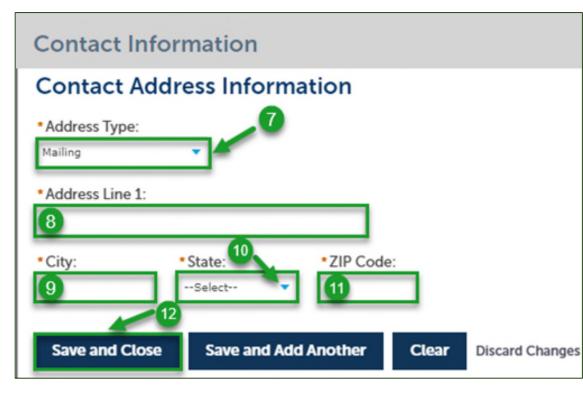
Contact Informat	tion	
• Entity Name: 1 • FEIN: • Phon	Assumed Name: 2 ne: *E-mail:	
3 4 Individual/Organization:	5	
Organization Contact Addresses	6	
Add Contact Address To edit a contact address, click the Required contact address type(s) Showing 0-0 of 0		
Address Type Ad	ddress	
No records found.		
Showing 0-0 of 0 Address Type Ad		



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.

▼ Con	✓ Contact Addresses									
A	dd Contact Addr	ress								
Requi	To edit a contact address, click the address link. Required contact address type(s):Mailing Contact address added successfully.									
Shov	ving 1-1 of 1									
	Address Type	Address								
	Mailing 13									
Co	ntinue Cle	ar Discard Changes								



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.

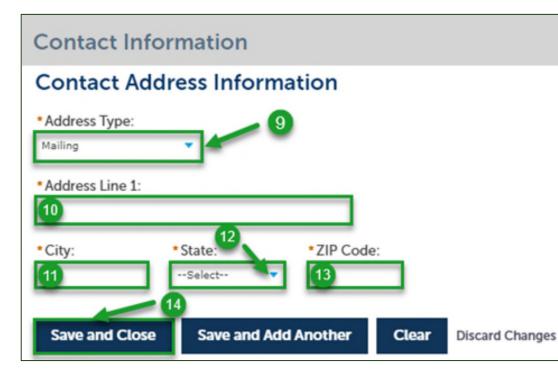
Contact Infor	mation			×
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• Date of Birth:	•SSN:	FEIN:	Phone:	
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Doing Business As (DI	BA) Name:			
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Contact Addresses Add Contact Add	rare			
To edit a contact address, Required contact address	click the address link.			
Showing 0-0 of 0				
Address Type	Address			
No records found.				
Continue Cl	ear Discard Cha	inges		



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.

Contact Addresses										
Add Contact Addre	Add Contact Address									
To edit a contact address, clic Required contact address typ Contact address add	be(s):Mailing									
Showing 1-1 of 1										
Address Type	Address									
Mailing 15 Main St										
Continue Clear	r Discard Changes									



Adult-Use Marijuana Establishment Licensing Application Process

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.



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

Continue Application



Adult-Use Marijuana Establishment Licensing Application Process

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

- Enter establishment *Street Number*.
- Enter establishment *Street Name*.
- Enter establishment 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.: Street Name: Street Type: 1 2 Select								
Unit Type: Unit No.:								
City: State: Zip: MI I 8								
Clear								

- Enter establishment Location Zoning Category.
- Select Continue Application.





Adult-Use Marijuana Establishment Licensing Application Process

• 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 Inform	ation						
OWNERSHIP INFORMATION Provide the following information regarding ownership of Showing 0-0 of 0	the manihuana establishment to b	e licensed.					
Property Tax ID Number	Owner of Record	Property Street Address	City	State	Zip T	ype of Ownership or Use Interest	
ζ							>
Add a Row 💌 Edit Selected Delete	Selected	OWNERSHIP INFORMATION		ip of the marihu	iana establishn	nent to be licensed.	×
 Enter <i>City</i>. Select <i>State</i>. Enter <i>ZIP Code</i> 	f Record. v Street Address.	Property Tax ID Number: City: City: Submit Cancel Cancel		• Owner of F	Record: () 2	Property Street Address: 3 Zip: 6	

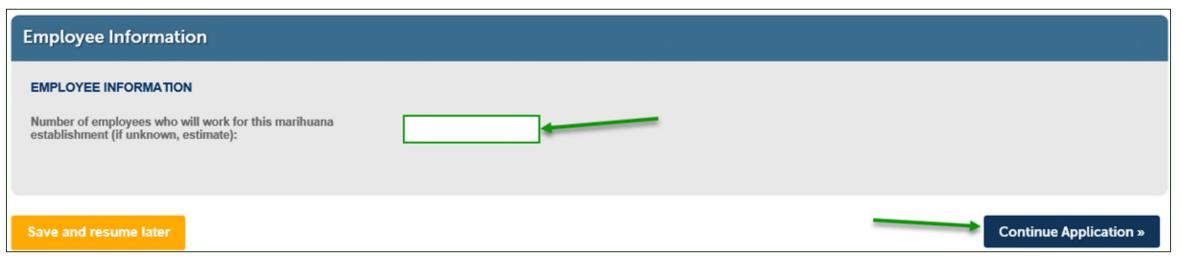


- Enter Name of municipality in which the marijuana establishment will be located.
- Enter *City of Municipality*.
- Select State of Municipality.
- Enter *Zip Code of Municipality*.
- Select County of Municipality.
- Select Continue Application.

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		\longrightarrow	Continue Application



- Enter the number of employees who will work for this marijuana establishment (if unknown, estimate).
- Select Continue Application.





- 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.

Please attach ti	ne following docume	nts:						
-Attestation 2 -Attestation 2 -Attestation 2 -Attestation 2 -Acknowledg Business Specif -Copy of bus -Technolog -Marketing -Staffing pla -Inventory 3	-B – Interest & Exper -C – Confirmation of -D – Confirmation of ment of Attestations <u>ications</u> ness plan, including t y plan plan in ind recordkeeping pla ihuana business locat	nt & Consent to Invest ience Attestation f Section 6 Complianc f Insurance out not limited to:	tigations, Statute & Rul e	le Compliance				
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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 Floor Plan PDF should be named "Floor Plan".

New folder				8==	•	
^ N	ame	^	Date modified	Туре	Size	
5	Floor Plan		5/17/2019 7:58 AM	Adobe Acrobat D		14 KB
3						
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∖НСТ ↓						
File name:	Floor Plan		~	All Files (*.*)		~
			4-	Open	C	ancel

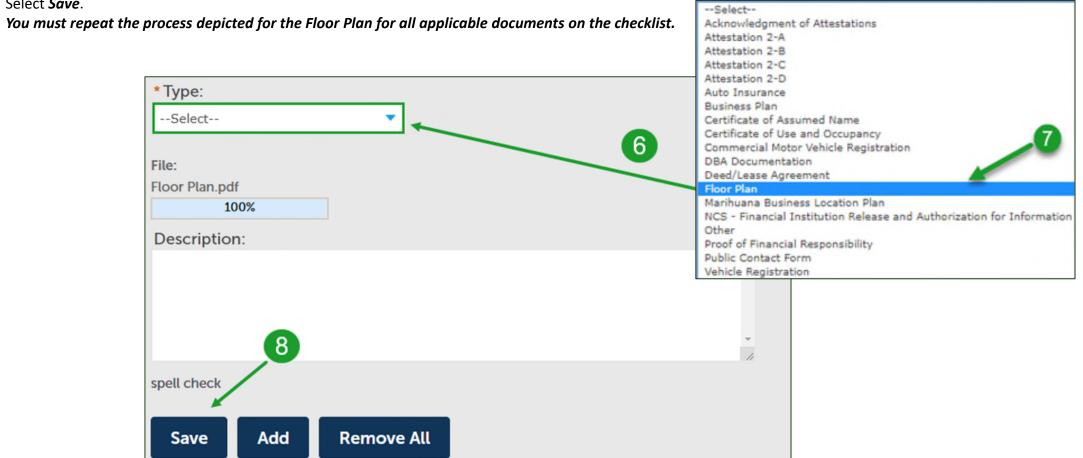
• Confirm the file(s) are 100% uploaded and select Continue.

File Upload	l		:
	d; com; cpl; exe; hta; h	tm; html; ins; isp; jar; js; jse; lib; l sys; vb; vbe; vbs; vxd; wsc; wsf; w	
Floor Plan.pdf		100%	
		1	
	5		
Continue	Add	Remove All	Cancel



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 the Floor Plan, you must select the "Floor Plan" type.
- Select Save. ٠



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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.

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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, ar information has been omitted. By checking the box below, I understand and agree that I am electronically signing and filing this application.	nd correct and that no material
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✓ By checking this box, I agree to the above certification.	Date: 09/18/2019
Save and resume later	Continue Application



Adult-Use Marijuana Establishment Licensing Application Process

• The marijuana establishment state license application has now been submitted. Retain a copy of the record number.

Home	Medical Facility	Licensing	Adult-Use Esta	blishment Licensing	Facility & Establishment Complaints	Registry Cards
Create a	n Application	Search Applica	itions	•		
Marihuan	a Secure Transp	orter				
1	2	3	4	5 Review		6 Record Issuance
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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-STA-000022
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 <u>CRA-AdultUseLicensing@michigan.gov</u> <u>www.michigan.gov/cra</u>



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