

Adult-Use Marijuana Establishment Licensing Application Process

DO NOT SUBMIT THIS ADULT-USE SPECIAL LICENSE APPLICATION UNLESS YOUR TEMPORARY MARIJUANA EVENT WILL BE READY TO PASS A PRE-LICENSURE INSPECTION WITHIN 60 DAYS OF SUBMISSION.

Failure to pass a pre-licensure inspection 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:

Temporary Marihuana Event License Application Link to Attestations

- Attestation 4-A Acknowledgment & Consent to Investigations, Statute & Rule Compliance
- Attestation 4-B Confirmation of Section 6 Compliance
- Attestation 4-C Confirmation of Insurance
- Acknowledgment of Attestations

Supporting Documents

- Copy of business plan, including but not limited to:
 - Technology plan
 - Staffing plan
 - Inventory and recordkeeping plan
- Diagram of physical layout of event
- Copy of security plan
- Copy of responsible operations plan
- Copy of product & waste management plan
- Copy of marketing plan
- List of marijuana vendors and employees participating in event
- Copy of proof of financial responsibility (e.g., insurance policy, constant value bond)
- Copy of marijuana liability insurance policy (for retailer and microbusiness vendors making sales)
- 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 Establish	nment Licensing	Facility & Establi	shment Complaints	Registry Cards
Advan	ced Search					
User	r Name or E-mail:	Pas	ssword:		Login »	
🗌 Reme	ember me on this computer	e forgotten my password	New Users: Register for	r an Account		



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
Dashboa	rd My Record	ls My Ac	count	Advanced Search		
Welcom	e					
You are no	w logged in.					

• Select Create an Application.

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



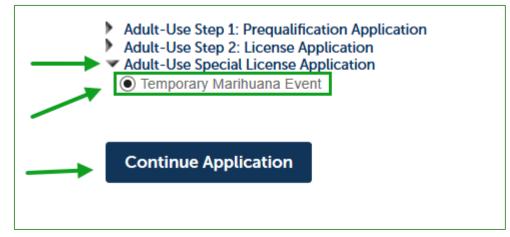
Adult-Use Marijuana Establishment Licensing Application Process

- 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 Licensin	g 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 Genera	al Disclaimer below before beginning your application.				
General Disclaimer					
While the Agency attempts to keep its website information accurate and timely, the Agency neither warrants nor makes representations as to the functionality or					
condition of this website, its suitability for use, freedom from interruptions or from					
computer virus, or non-infringement of proprietary rights. Website materials have been compiled from a variety of sources and are subject to change without notice					
from the Agency as a result of updates and corrections.	•				
I have read and accepted the above terms.					
Continue Application »					



- Select the arrow next to *Adult-Use Special License Application*.
- Select Temporary Marijuana Event.
- Select *Continue Application*.





Adult-Use Marijuana Establishment Licensing Application Process

- Enter the main applicant's active *Marijuana Event Organizer License Number*.
- The main applicant must hold a valid marijuana event organizer state license before applying for a temporary marijuana event state license.
- Select Continue Application.

Marihuana Event Organizer License Number

LICENSE NUMBER

Provide the marihuana event organizer license number of the applicant seeking a temporary marihuana event license.

*Marihuana Event Organizer License Number:





Save and resume later





Adult-Use Marijuana Establishment Licensing Application Process

- For a main applicant entity seeking to hold a temporary marijuana event state license, provide demographic information for the main applicant entity by selecting *Add New*.
 - See pages 9-10 for a main applicant entity.
- For a main applicant individual (sole proprietor) seeking to hold a temporary marijuana event state license, provide demographic information for the main applicant individual (sole proprietor) by selecting *Add New*.
 - See pages 11-12 for a main applicant individual (sole proprietor).

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

	Record Entity
	If the marihuana event organizer is an entity, provide demographic information for the entity by selecting "Add New" to create a new contact.
	Add New See pages 9-10
/	
Or	Record Sole Proprietorship
	If the marihuana event organizer is a sole proprietor, provide demographic information for the sole proprietor by selecting "Add New" to create a new contact.



Adult-Use Marijuana Establishment Licensing Application Process

For a main applicant entity:

Main applicant individuals (sole proprietors) skip to page 11.

- 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.**

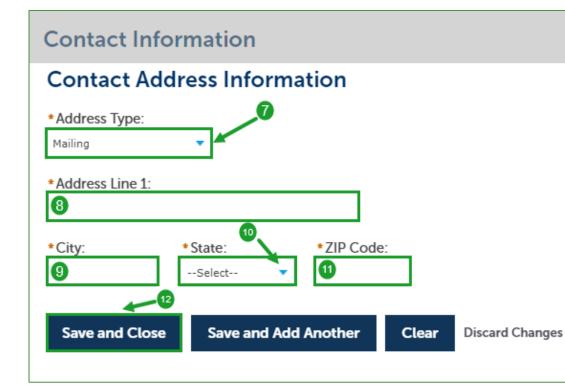
Entity Name:		Assumed Name:
0		2
FEIN:	* Phone:	*E-mail:
3	4	5
Individual/Organi	zation:	
Organization		
	•	
	•	
Contact Addresse	s <u>6</u>	
_		
Contact Addresse		
Add Contact A	ddress ss, click the address link.	
Add Contact A	ddress ss, click the address link.	
Add Contact A	ddress ss, click the address link.	
Add Contact A To edit a contact addre Required contact addre	ddress ss, click the address link. ess type(s):Mailing	
Add Contact A To edit a contact addre Required contact addre Showing 0-0 of 0	ddress iss, click the address link. ess type(s):Mailing	



Adult-Use Marijuana Establishment Licensing Application Process

For a main applicant entity:

- *Mailing Address type is required.
- Enter Street Address.
- Enter *City*.
- Select to add State.
- Enter **ZIP Code**.
- Select Save and Close.



- Contact Address Added Successfully message will appear.
- Select Continue.

✓ Contact Addresses	
Add Contact Add	iress
To edit a contact address, Required contact address	
 Contact address a 	added successfully.
Showing 1-1 of 1	
Address Type	Address
Mailing	
	3
Continue Cl	ear Discard Changes



Adult-Use Marijuana Establishment Licensing Application Process

For a main applicant individual (sole proprietor):

Main applicant entities skip to page 13.

- 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 mit	ormation			>
* First:	Middle:	* Last:]	
* Date of Birth:	* SSN:	FEIN:	* Phone:	
* E-mail: 6				
Doing Business As	DBA) Name:			
* Individual/Organi:	zation:			
✓ Contact Addresse				
	ddress			
Add Contact A				
To edit a contact addre	ss, click the address link			
To edit a contact addre Required contact addre	ss, click the address link	Ĺ		
To edit a contact addre Required contact addre Showing 0-0 of 0	ss, click the address link ss type(s):Mailing			
To edit a contact addre Required contact addre	ss, click the address link ss type(s):Mailing Address			



Adult-Use Marijuana Establishment Licensing Application Process

For a main applicant individual (sole proprietor):

- *Mailing Address type is required.
- Enter Street Address.
- Enter *City*.
- Select to add State.
- Enter **ZIP Code**.
- Select Save and Close.

Contact Inform	nation		
Contact Addre	ess Information		
* Address Type: Mailing * Address Line 1:	•		
	State: *ZIP Code	2:	
Save and Close	Save and Add Another	Clear	Discard Changes

- Contact Address Added Successfully message will appear.
- Select Continue.

Add Contact Add To edit a contact address, Required contact address	click the address link.	
Contact address a Showing 1-1 of 1	added successfully.	
Address Type	Address	
Mailing	3	



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*.





Adult-Use Marijuana Establishment Licensing Application Process

Provide the physical address of the temporary marijuana event seeking a state license.

- Enter temporary marijuana event *Street Number*.
- Enter temporary marijuana event *Street Name*.
- Select Street Type.
- Select Unit Type, if applicable.
- Enter Unit Number, if applicable.
- Enter temporary marijuana event *City*.
- MI is required for *State*.
- Enter temporary marijuana event **ZIP Code**.
- Enter Temporary Marijuana Event Name

- Select whether the event will take place Indoor, Outdoor, or Both.
- Select Continue Application.

Establishment Address
Provide the physical address of the temporary marihuana event.
Street No.: Street Name: Street Type: 1 2 Select
Unit Type: Unit No.: 5
City: State: Zip: 6 MI 7 8 Clear
Temporary Marihuana Event Name
TEMPORARY MARIHUANA EVENT NAME
What is the name of the temporary marihuana event:
Temporary Marihuana Event Indoor/Outdoor
INDOOR/OUTDOOR EVENT
* Please indicate if the temporary marihuana event will take place indoors, outdoors, or both: Select- Both Indoor Outdoor
Save and resume later Continue Application



Adult-Use Marijuana Establishment Licensing Application Process

- Enter *Start Date* of the temporary marijuana event.
- Enter *End Date* of the temporary marijuana event.
- Enter *Hours of Operation* of the temporary marijuana event.
- Select Continue Application.

Duration of Temporary Marihuana Event

DURATION OF MARIHUANA EVENT

Indicate the proposed date(s) over which the temporary marihuana event will take place. Please note that the event may not last longer than 7 consecutive days. Submit this application no less than 90 calendar days before the first day of the temporary marihuana event.

Start date:	
End date:	
Hours of operation:	Ex. 11:00am - 11:00pm
Save and resume later	Continue Application



- If marijuana products will be sold at the proposed temporary marijuana event, Check the Sale of Marijuana Products box.
- If marijuana products will be consumed at the proposed temporary marijuana event, *Check* the Consumption of Marijuana Products box.
- If marijuana products will be sold and consumed at the proposed temporary marijuana event, *Check* the Both box (do not select more than one box).

Sale or Consumption			
SALE OR CONSUMPTION Please indicate which activities will occur during the Tempora	ary Marihuana Event.		
Sale of Marihuana Products:			
Consumption of Marihuana Products:			
Both:			



Adult-Use Marijuana Establishment Licensing Application Process

- Enter *Name* of the designated contact person.
- Enter *Phone Number* of the designated contact person.
- Enter the designated contact person's *Relation to Applicant*.

Designated Onsite Contact Person

DESIGNATED CONTACT PERSON

Provide the contact information for the person who is designated to remain onsite and will be reachable by telephone at all times during the temporary marihuana event. If this person changes between the time of application submission and the time of the event, and the new designated onsite contact person is not listed as an alternate below, you must notify the Agency in writing of the new contact person's name, phone number, and relationship to the applicant before the start of the temporary marihuana event.

Name:

Phone number:

Relation to applicant:





Adult-Use Marijuana Establishment Licensing Application Process

- Enter *Name* of the secondary contact person.
- Enter *Phone Number* of the secondary contact person.
- Enter the secondary contact person's *Relation to Applicant*.
- Select Continue Application.

Alternate Designated Onsite Contact Person

SECONDARY CONTACT PERSON

Please provide the contact information for an alternate contact person who is designated to remain onsite and will be reachable by telephone at all times during the temporary marihuana event.

Name:	0		
Phone number:			
Relation to applicant:			
Save and resume later			 Continue Application



Adult-Use Marijuana Establishment Licensing Application Process

- Enter Name of municipality in which the temporary marijuana event 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 event will be loc	ated:			
City of municipality:				
State of municipality:	Select	•		
Zip code of municipality:				
County of municipality:	Select	•		
		_		
Save and resume later			\longrightarrow	Continue Application
				CRA 5375 - 19



- Enter the number of the event organizer's employees who will work at this proposed temporary marijuana event (if unknown, estimate).
- Select Continue Application.

Employee Information	
EMPLOYEE INFORMATION Number of employees who will work at this temporary marihuana event (if unknown, estimate):	
Save and resume later	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 the	following docume	ents:				
-Attestation 4-/ -Attestation 4-/ -Attestation 4-(-Acknowledgm -Copy of busin -Technology -Staffing plar -Inventory ar	A – Acknowledgm B – Confirmation of C – Confirmation of ent of Attestations <u>ments</u> ass plan, including plan	of Section 6 Complia of Insurance but not limited to: blan	vestigations, Statute & Rul	le Compliance	File Upload	
-Copy of securi -Copy of respo -Copy of produ -Copy of marke -List of marijua -Copy of proof -Copy of mariju -DBA documen	ty plan nsible operations p ct & waste manag tring plan na vendors and en of financial respor Iana liability insura tation (if applicabl	olan ement plan nployees participatir nsibility (e.g., insurar nce (for retailer and e) (obtained at cour	nce policy, constant value microbusiness vendors m	naking sales)	The maximum file size allowed is 500 MB. ade; adp; bat; chm; cmd; com; cpl; exe; hta; htr mhtml; msc; msp; mst; php; pif; scr; sct; shb; sy file types to upload.	
-Copy of securi -Copy of respo -Copy of produ -Copy of marigu -List of marijua -Copy of proof -Copy of marigu -DBA documen -Certificate of / *All items on the *Failure to submi The maximum file size all ade;adp;bat;chm;cmd;cc This application type req Attestation 4-A, Attestation	ty plan nsible operations p ct & waste manag iting plan na vendors and err of financial respor lana liability insura tation (if applicabl ssumed Name (if checklist are requi t any of the items owed is 500 MB. m:cpl;ex;hta;htm;htmLin irres you to submit the foll on 4-B, Attestation 4-c, D	plan ement plan nployees participatir nsibility (e.g., insurar nce (for retailer and e) (obtained at cour applicable) (obtaine pred to be provided a may result in the de us;sp;jar;js;se;lib;ink;mde;mi owing types of documents. S	ice policy, constant value microbusiness vendors m ity-level) d from LARA Corporations at the time of application s nial of your application.	naking sales) s Division) submission. t;shb;sys;vb;vbe;vbs;vxd ou may be required to su	The maximum file size allowed is 500 MB. ade; adp; bat; chm; cmd; com; cpl; exe; hta; htr mhtml; msc; msp; mst; php; pif; scr; sct; shb; sy	
- Copy of securi - Copy of respo - Copy of produ - Copy of marke - List of marijual - Copy of mariju - DBA documen - DEA documen - Certificate of A *All items on the *Failure to submi This application type req Attestation 4-A, Attestati Event, Marketing Plan, Pl	ty plan nsible operations p ct & waste manag ting plan na vendors and em of financial respor tana liability insura tation (if applicabl ssumed Name (if i checklist are requi t any of the items owed is 500 MB. mcplexe;hta;htm;htm;lin iires you to submit the foll on 4-B, Attestation 4-C, D oof of Financial Responsit	blan ement plan nployees participatir nsibility (e.g., insurar nce (for retailer and e) (obtained at cour applicable) (obtaine ired to be provided a may result in the de ns;sp;jar;js;se;lib;ink;mde;mi owing types of documents. S jagram of Physical Layout of vility, Acknowledgment of At	ice policy, constant value microbusiness vendors m ity-level) d from LARA Corporations at the time of application s nial of your application. htmhtmt:msc:msp:mst:php:pif:scr:sc ubject to the collected information, y Event, Security Plan, Responsible Op testations, Business Plan	naking sales) s Division) submission. t;shb;sys;vb;vbe;vbs;vxd ou may be required to su erations Plan, Product ar	The maximum file size allowed is 500 MB. ade; adp; bat; chm; cmd; com; cpl; exe; hta; htr mhtml; msc; msp; mst; php; pif; scr; sct; shb; sy	
- Copy of securi -Copy of respo -Copy of produ -Copy of marike -List of marijua -Copy of proof -Copy of proof -Copy of mariju -DBA documen -Certificate of <i>I</i> *All items on the *Failure to submi The maximum file size all ade;adp;bat;chm;cmd;cc This application type req Attestation 4-A, Attestati Event, Marketing Plan, Pl	ty plan nsible operations p ct & waste manag ting plan na vendors and em of financial respor tana liability insura tation (if applicabl ssumed Name (if i checklist are requi t any of the items owed is 500 MB. mcplexe;hta;htm;htm;lin iires you to submit the foll on 4-B, Attestation 4-C, D oof of Financial Responsit	blan ement plan nployees participatir nsibility (e.g., insurar nce (for retailer and e) (obtained at cour applicable) (obtaine ired to be provided a may result in the de ns;sp;jar;js;se;lib;ink;mde;mi owing types of documents. S jagram of Physical Layout of vility, Acknowledgment of At	ice policy, constant value microbusiness vendors m ity-level) d from LARA Corporations at the time of application s nial of your application. htmhtmt:msc:msp:mst:php:pif:scr:sc ubject to the collected information, y Event, Security Plan, Responsible Op testations, Business Plan	naking sales) s Division) submission. t;shb;sys;vb;vbe;vbs;vxd ou may be required to su erations Plan, Product ar	The maximum file size allowed is 500 MB. ade; adp; bat; chm; cmd; com; cpl; exe; hta; htr mhtml; msc; msp; mst; php; pif; scr; sct; shb; sy	



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 4-A PDF should be named "Attestation 4-A".

v folder				:== ▼		V
* ^ _ N	ame	Date modified	Туре	Size		
	Attesation 4-A	3/31/2020 11:43 AM	Kofax Power PDF	4 KB		
*	*					
	3					
ire						
e C						
~	[
File name:	Attesation 4-A		 ✓ All Files 			~
		4	Оре	n (Cancel	

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

File Upload			:
	com; cpl; exe; hta; htm	; html; ins; isp; jar; js; jse; lib; lı ; vb; vbe; vbs; vxd; wsc; wsf; w	
Attesation 4-A.pdf		100%]
5			
Continue	Add	Remove All	Cancel
			Cancel



- 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 4-A, you must select the "Attestation 4-A" type.
- Select Save.
- You must repeat the process depicted for Attestation 4-A for all applicable documents on the checklist.

* Type: Select	
File: 6	Select
Attestation 4-A.pdf	Acknowledgment of Attestations Attestation 4-A
100%	Attestation 4-B
	Attestation 4-C Business Plan
Description:	Certificate of Assumed Name
	DBA Documentation
	Diagram of Physical Layout of Event List of Marijuana Vendors and Employees Participating in Event
	Marijuana Liability Insurance
	Marketing Plan NCS - Financial Institution Release and Authorization for Information
	Other
8	Product and Waste Management Plan
	Proof of Financial Responsibility Public Contact Form
spell check	Responsible Operations Plan
	Security Plan
Save Add Remove All	



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*.

ttachment					
Please attach the f	ollowing documents:				
-Attestation 4-A -Attestation 4-B -Attestation 4-C	 Confirmation of Se Confirmation of Inst 	Consent to Invest Consent to Invest	stigations, Statute & Rule	e Compliance	
-Acknowledgme	nt of Attestations				
-Technology p -Staffing plan -Inventory and -Dagram of phys -Copy of security -Copy of respons -Copy of produc -Copy of produc -Copy of marijuan -Copy of proof o -Copy of marijuan -DBA documenta -Certificate of As All items on the cl Fallure to submit he maximum file size allow decadp.bat.chm.cmd.com his application type requi	is plan, including but lan i recordkeeping plan sical layout of event y plan sible operations plan t & waste manageme ing plan a vendors and employ f financial responsibi na liability insurance titon (if applicable) (o sumed Name (if appl hecklist are required any of the items may wed is 500 MB. cepleæe,hta/htm.tim.ins.jspc; eyou to submit the following	nt plan vees participating ity (e.g., insurance (for retailer and m btained at county cable) (obtained i cobe provided at result in the denia arjsjse:lib:Ink:mde;mhtr types of documents. Subj or Physical Layout of Ew	e policy, constant value licrobusiness vendors m -level) from LARA Corporations the time of application s al of your application.	aking sales) Division) ubmission. shb;sys,vb;vbe;vbs;vxd; u may be required to sul	wsc.wsf,wsh are disallowed files/pes to upload. Ibmit additional documents prior to approval. Id Waste Management Plan List of Marijuana Vendors and Employees Participating
Name	Туре	Size	Latest Update	Action	
Attestation 4-A.pdf	Attestation 4-A	31.18 KB	09/23/2021	Actions	
Attestation 4-B.pdf	Attestation 4-B	31.18 KB	09/23/2021	Actions	
	Attestation 4-B Attestation 4-C	31.18 KB 31.18 KB	09/23/2021		/
Attestation 4-C.pdf Acknowledgment of				Actions 🔻	
Attestation 4-C.pdf Acknowledgment of Attestations.pdf	Attestation 4-C Acknowledgment of	31.18 KB	09/23/2021	Actions 🔻 Actions 👻	
Attestation 4-C.pdf Acknowledgment of Attestations.pdf	Attestation 4-C Acknowledgment of Attestations	31.18 KB 31.18 KB	09/23/2021 09/23/2021	Actions Actions Actions	
Attestation 4-C.pdf Acknowledgment of Attestations.pdf	Attestation 4-C Acknowledgment of Attestations	31.18 KB 31.18 KB	09/23/2021 09/23/2021 09/23/2021	Actions Actions Actions Actions Actions	
Attestation 4-C.pdf Acknowledgment of Attestations.pdf	Attestation 4-C Acknowledgment of Attestations	31.18 KB 31.18 KB	09/23/2021 09/23/2021 09/23/2021	Actions Actions Actions Actions Actions	
Attestation 4-8.pdf Attestation 4-C.pdf Acknowledgment of Attestations.pdf Business Plan.pdf	Attestation 4-C Acknowledgment of Attestations	31.18 KB 31.18 KB	09/23/2021 09/23/2021 09/23/2021	Actions Actions Actions Actions Actions	
Attestation 4-C.pdf Acknowledgment of Attestations.pdf Business Plan.pdf	Attestation 4-C Acknowledgment of Attestations	31.18 KB 31.18 KB	09/23/2021 09/23/2021 09/23/2021	Actions Actions Actions Actions Actions	Continue Applicati



- After reviewing the temporary marijuana event 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 a information has been omitted. By checking the box below, I understand and agree that I am electronically signing and filing this application.	and that no material	*
 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 temporary marijuana event state license application has now been submitted. Retain a copy of the record number.

Home M	Nedical Facility	Licensing	Adult-Use Esta	blishment Licensing	Facility & Establishment Complaints	Registry Cards
Create an A	pplication	Search Applica	tions	•		
Temporary	Marihuana Eve	nt				
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.						
	ising our online ser Number is AU-T					
rear necord						



Adult-Use Marijuana Establishment Licensing Application Process

- 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-TMEA-000159

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> www.michigan.gov/cra



Adult-Use Marijuana Establishment Licensing Application Process

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