

# Social Equity Plan Amendment Form

## Adult-Use Licensee Information

Please provide the following information regarding the adult-use licensee seeking to amend their social equity plan.

Adult-Use Record Name: \_\_\_\_\_

Adult-Use Record Number: \_\_\_\_\_

*ERA or SPA (AU-ERA-XXXXXX or AU-SPA-XXXXXX)*

## Amendment Information

Please attach copy of updated plan to form.

Reason for Amendment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summary of Changes  
to Social Equity Plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Person Completing Form

Please provide the following information regarding the person completing the social equity plan amendment form.

Full Name: \_\_\_\_\_

*First*

*M.I*

*Last*

*Suffix*

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Affiliation with Entity: \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Please email completed form and updated social equity plan to:

[CRA-SocialEquity@michigan.gov](mailto:CRA-SocialEquity@michigan.gov)