



**Paper Application Instruction Booklet  
Adult-Use Establishment Licensing**

**MARIJUANA EDUCATIONAL RESEARCH LICENSE**

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## IMPORTANT NOTICE REGARDING TIME SENSITIVITY:

Applying for an adult-use marijuana establishment license is a time-sensitive venture. The Michigan Regulation and Taxation of Marihuana Act (MRTMA) requires that a license determination be made—and the state license or notice of denial be issued—within 90 days after receiving a complete application.

In order to meet this statutory timeframe, the Cannabis Regulatory Agency (CRA) requires that any information or documentation requested by the agency be submitted to the agency within 5 calendar days.

Please do not submit an adult-use application unless you are able to meet this 5-day deadline. Failure to provide any of the requested items to CRA within 5 days may result in the denial of the application.

## OVERVIEW – MARIJUANA EDUCATIONAL RESEARCH LICENSE APPLICATION PROCESS

The adult-use marijuana establishment licensing application process for a marijuana educational research license is a one-step process. Unlike most other adult-use license types, the marijuana educational research license application does not require a prequalification application to be completed; however, the applicant for the marijuana educational research license must be affiliated with a degree or certificate program offered by an institution of higher learning accredited by the Higher Learning Commission.

If any questions arise while completing the application, please do not hesitate to contact CRA by telephone at:

**517-284-8599**

Or by e-mail at:

**[CRA-Adult-Use-Marijuana@Michigan.gov](mailto:CRA-Adult-Use-Marijuana@Michigan.gov)**

# MARIJUANA EDUCATIONAL RESEARCH LICENSE APPLICATION

The marijuana educational research license application can be found at the following link under the Special License Paper Applications dropdown: [Marijuana Educational Research License Application](#).

## APPLICATION CHECKLIST

Ensure you have gathered all applicable items on the checklist before submitting the application.



Adult-Use Licensing | Licensing Division  
Cannabis Regulatory Agency  
P.O. Box 30205 Lansing, MI 48909  
Telephone: (517) 284-8599  
[CRA-AdultUseLicensing@Michigan.gov](mailto:CRA-AdultUseLicensing@Michigan.gov)

**DO NOT** SUBMIT A MARIJUANA EDUCATIONAL RESEARCH LICENSE APPLICATION UNLESS YOUR MARIJUANA ESTABLISHMENT WILL BE READY TO PASS AN INSPECTION WITHIN 60 DAYS OF APPLICATION SUBMISSION.

Failure to pass an inspection within 60 days of application submission may result in the denial of your license application.



MARIJUANA EDUCATIONAL RESEARCH LICENSE APPLICATION
<i>Marijuana Educational Research License Application</i> <ul style="list-style-type: none"><li><input type="checkbox"/> Page 1: Demographic Information</li><li><input type="checkbox"/> Page 2: Attestation 6-A – Acknowledgment &amp; Consent to Investigations, Statute &amp; Rule Compliance</li><li><input type="checkbox"/> Page 3: Attestation 6-B – Confirmation of Section 6 Compliance</li><li><input type="checkbox"/> Page 4: Acknowledgment of Attestations</li><li><input type="checkbox"/> Page 5: Disclosures</li></ul>
<i>Supporting Documents</i> <ul style="list-style-type: none"><li><input type="checkbox"/> Research Plan, including but not limited to:<ul style="list-style-type: none"><li><input type="checkbox"/> Brief description of the research that will be conducted</li><li><input type="checkbox"/> Documentation of affiliation with a degree or certificate program offered by an institute of higher learning accredited by the Higher Learning Commission</li><li><input type="checkbox"/> Plan for documenting all individuals who will have access to the location and the marijuana or marijuana products</li><li><input type="checkbox"/> Plan to ensure secure delivery and receipt of marijuana at the licensed location</li><li><input type="checkbox"/> Plan to ensure the safe storage of marijuana at the licensed location</li><li><input type="checkbox"/> Plan for the tracking of marijuana quantities at the licensed location</li><li><input type="checkbox"/> Plan for the disposal of marijuana after research</li><li><input type="checkbox"/> Partnerships with other licensees</li></ul></li><li><input type="checkbox"/> Floor Plan of the Location</li><li><input type="checkbox"/> Copy of Certificate of Use and Occupancy</li><li><input type="checkbox"/> DBA Documentation (if applicable)</li><li><input type="checkbox"/> Certificate of Assumed Name (if applicable)</li></ul>

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

Failure to submit any of the required items may result in the denial of the establishment license application.

## PAGE 1 – DEMOGRAPHIC INFORMATION

In the DEMOGRAPHIC INFORMATION section, provide the following information for the applicant in the corresponding field on the application:

- **Applicant name** as it appears on official documents
- **Mailing address** of the applicant
- **Social Security Number (SSN) or Federal Employer Identification Number (FEIN)** of the applicant
- **Date of Birth** of the applicant, if applicable
- **Phone number** of the applicant
- **E-mail address** of the applicant

### DEMOGRAPHIC INFORMATION

Please provide the following information regarding the applicant.

Applicant Name (as appears on official documents)	SSN or FEIN	Date of Birth (mm/dd/yyyy)
Mailing Address	Phone	
City                      State                      Zip Code	E-mail Address	

In the PERSON COMPLETING APPLICATION section, provide the following information in the corresponding field on the application:

- **Name** of the individual completing the application
- **Mailing address** of the individual completing the application
- **Date of birth** of the individual completing the application
- **Phone number** of the individual completing the application
- **E-mail address** of the individual completing the application

### PERSON COMPLETING APPLICATION

Please provide the following information regarding the person completing this application.

Name (First, Middle, Last)	Date of Birth (mm/dd/yyyy)
Mailing Address	Phone
City                      State                      Zip Code	E-mail Address

**Please note:** The applicant is required to keep their contact information on file with the CRA up to date. If there are changes to any of the above contact information, please contact the CRA to have the information updated.

In the INSTITUTION INFORMATION section, provide the following information in the corresponding field on the application:

- **Name of the institution** of higher learning accredited by the Higher Learning Commission
- **Applicant's affiliation with institution** (e.g., faculty, research administrator)

### INSTITUTION INFORMATION

Please provide the following information regarding the institution of higher learning accredited by the Higher Learning Commission.

Name of Institution	Applicant's Affiliation with Institution (e.g., Faculty, Research Administrator)
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**PAGES 2-3 – ATTESTATIONS**

**Read all the attestations carefully as the applicant will be acknowledging and agreeing to the information and stipulations contained in these attestations.**

If you are unsure of what an item within an attestation means, consult an attorney. The Agency cannot provide legal interpretation of the statute or rules.

**PAGE 2 – ATTESTATION 6-A – ACKNOWLEDGMENT & CONSENT TO INVESTIGATIONS, STATUTE & RULE COMPLIANCE**

After reading the attestation, provide the name of the applicant, and provide the name and title of the individual authorized to sign on behalf of the applicant (if applicable) in the spaces provided.

**ATTESTATION 6-A**  
**ACKNOWLEDGMENT & CONSENT TO INVESTIGATIONS, STATUTE & RULE COMPLIANCE**  
(To be completed and submitted by the applicant)

On behalf of \_\_\_\_\_ I \_\_\_\_\_  
Name of Applicant Name & Title of Individual Authorized to Sign on Behalf of Applicant  
acknowledge that I am the person responsible for submitting this application and supporting documents.

I hereby acknowledge that the Cannabis Regulatory Agency (Agency) may require supplemental materials to carry out its statutory duties. I agree to submit such supplemental materials as requested in a timely manner. I understand that if the Agency identifies a deficiency in an application, the agency shall notify the applicant and the applicant shall submit the missing information or proof that the deficiency has been corrected to the agency within 5 days of the date the applicant received the deficiency notice. I acknowledge that failure to provide requested disclosures and documentation or to correct any notice of deficiency within 5 days of its receipt may result in the **denial** of an application.

I attest that the application information related to the governing municipality for the marijuana establishment which is the subject of this application is complete and accurate. Further, I attest that the use of the premises described therein complies with all covenants, easements, restrictions, and other matters of record including the use provisions of any applicable zoning ordinance and all other governmental requirements.

I hereby consent to investigations of compliance, regular inspections, examinations, searches, seizures, and auditing of books and records as provided in MRTMA Section 7 and the MRTMA Administrative Rules.

I understand that in failing to cooperate with an investigation process, the Agency may impound, seize, assume physical control of, or remove from the premises all books, ledgers, documents, writings, photocopies, correspondence, records, and videotapes, including electronically stored records, money receptacles, or equipment in which the records are stored. Failure to assist in an investigation may also result in denial, suspension, revocation, or restriction of a license. I understand that sanctions may be imposed for violations on a licensee while licensed or after the marijuana license has expired.

I acknowledge that I shall have a physical structure ready for inspection so that I may receive a passing inspection by the 60<sup>th</sup> day after my complete application is submitted. In the event I do not have a passing inspection by the 60<sup>th</sup> day, I acknowledge that my application may be denied.

I attest that I shall apply for and obtain the necessary registration from the United States Drug Enforcement Administration (DEA) after the issuance of a license and will provide proof of registration to the Agency before engaging in any licensed activity.

I understand that I am required to notify and report to the Agency in writing within 24 hours of becoming aware of loss of institutional affiliation, loss of institutional accreditation, loss or restriction of DEA registration, or theft, loss, diversion, or criminal activity at the licensed location.

I attest that I shall prohibit marijuana or marijuana products grown, produced, or obtained under the license to be consumed or sampled on the licensed premises unless I am approved to engage in a research study under the Administrative Rules or I obtain express written permission from the Agency.

**PAGE 3 – ATTESTATION 6-B – CONFIRMATION OF SECTION 6 COMPLIANCE**

After reading the attestation and determining the municipality of the proposed research location, obtain the contact information for the municipal clerk’s office.

Provide the name of the applicant, the address of the proposed research location, the municipality of the proposed research location, the name of the municipal clerk or designee, phone number of the municipal clerk or designee, email address of the municipal clerk or designee, and the mailing address of the municipal clerk or designee.

Then provide the name and title of the individual authorized to sign on behalf of the applicant (if applicable) in the spaces provided.

**ATTESTATION 6-B**  
**CONFIRMATION OF SECTION 6 COMPLIANCE**  
(To be completed and submitted by the applicant)

Name of Applicant: \_\_\_\_\_  
Address of Proposed Research Location: \_\_\_\_\_  
  
Municipality of Proposed Research Location: \_\_\_\_\_  
Name of Municipal Clerk/Designee: \_\_\_\_\_  
Phone Number of Municipal Clerk/Designee: \_\_\_\_\_  
Email Address of Municipal Clerk/Designee: \_\_\_\_\_  
Mailing Address of Municipal Clerk/Designee: \_\_\_\_\_

On behalf of \_\_\_\_\_, I \_\_\_\_\_  
Name of Applicant Name & Title of Individual Authorized to Sign on Behalf of Applicant  
am authorized to sign this attestation on behalf of the proposed marijuana educational research license identified above and attest to and confirm the following:

1. The municipality in which the proposed marijuana educational research is to be conducted has not adopted an ordinance prohibiting adult-use marijuana establishments.
2. I am in compliance with all ordinances the municipality has adopted relating to marijuana establishments, including zoning regulations.
3. I will report to the Cannabis Regulatory Agency (CRA) any changes that occur with municipal ordinances or zoning regulations that relate to the proposed marijuana educational research license.
4. I will report to the CRA any municipal establishment approvals.
5. I will report to the CRA any violations of a municipal or zoning regulation.

**PAGE 4 – ACKNOWLEDGMENT OF ATTESTATIONS**

**Do not sign this form until in the presence of a notary.** After reading the acknowledgment of attestations, provide the name of the applicant and the name and title of the individual authorized to sign on behalf of the applicant (if applicable) in the spaces provided.

Indicate by checking the boxes that the applicant acknowledges and consents to the attestations.

The applicant should sign this form in the presence of an active notary. In the notary block at the bottom, the applicant signature date and notary signature date must match.

If the notary signature is invalid and/or the dates do not match, you will receive a Notice of Deficiency. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of the application.

**ACKNOWLEDGMENT OF ATTESTATIONS**  
(To be signed and submitted by the applicant)

Do not sign until notary is present

On behalf of \_\_\_\_\_, I \_\_\_\_\_  
Name of Applicant Name & Title of Individual Authorized to Sign on Behalf of Applicant

hereby swear, acknowledge, and consent to the following attestations (check all that apply to indicate the applicant's acknowledgment and consent):

- Attestation 6-A: Acknowledgment & Consent to Investigations, Statute & Rule Compliance  
 Attestation 6-B: Confirmation of Section 6 Compliance

Further, I affirm, under the penalties of perjury, that the information set forth in this application and all supporting documents is true, complete, and correct, and that no material information has been omitted.

\_\_\_\_\_  
Signature of Individual Authorized to Sign on Behalf of Applicant \_\_\_\_\_  
Date

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_  
(Authorized Individual Name) (Date)

\_\_\_\_\_  
(Notary Public Signature) \_\_\_\_\_  
(Notary Public Printed Name)

State of \_\_\_\_\_, County of \_\_\_\_\_, Acting in the county of \_\_\_\_\_  
(county) (state)

My commission expires: \_\_\_\_\_

**PAGE 5 – DISCLOSURES**

**(1) BUSINESS SPECIFICATION**

**A. Establishment Ownership Information** – Provide the property tax ID number of the establishment, the name of the individual or entity that owns the property, the property street address, and the type of ownership or use interest in the property (e.g., if you own, rent, have a land contract).

**(1) BUSINESS SPECIFICATIONS**

**A. Establishment Ownership Information:** Provide the following information regarding ownership of the marijuana establishment to be licensed:

Property Tax ID Number	Owner of Record
Property Street Address (including suite number, if applicable)	Type of Ownership or Use Interest (e.g., own, rent, land contract)

**B. Establishment Location Zoning Category** – Provide the zoning category of the establishment.

**B. Establishment Location Zoning Category** (e.g., agriculture, commercial, residential): \_\_\_\_\_

**(2) MUNICIPALITY INFORMATION**

**Part A.** – Provide the name of the municipality where the marijuana establishment is located.

**Part B.** – Provide the city, state, and zip code of the municipality where the marijuana establishment is located.

**Part C.** – Provide the name of the county of the municipality where the marijuana establishment is located.

**(2) MUNICIPALITY INFORMATION**

**A.** Name of municipality in which the marijuana establishment will be located: \_\_\_\_\_

**B.** City, state, and zip code of municipality: \_\_\_\_\_

**C.** County of municipality: \_\_\_\_\_

**SUBMITTING THE APPLICATION**

When submitting the application, ensure all supporting documents are provided. Failure to submit all application pages and supporting documents will result in a Notice of Deficiency letter. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of the application.

The application can be submitted in person at: **2407 North Grand River Avenue, Lansing, MI 48906**, or submitted via postal mail to:

**Cannabis Regulatory Agency  
Adult-Use Establishment Licensing  
P.O. Box 30205  
Lansing, MI 48909**

If any questions arise while completing the application, please do not hesitate to contact CRA by telephone at:  
**517-284-8599**

The marijuana educational research license application should contain the following supporting documents:

- Research Plan, including but not limited to:
  - Brief description of the research that will be conducted



- Documentation of affiliation with a degree or certificate program offered by an institute of higher learning accredited by the Higher Learning Commission
- Plan for documenting all individuals who will have access to the location and the marijuana or marijuana products
- Plan to ensure secure delivery and receipt of marijuana at the licensed location
- Plan to ensure the safe storage of marijuana at the licensed location
- Plan for the tracking of marijuana quantities at the licensed location
- Plan for the disposal of marijuana after
- Floor plan of the location
- Copy of Certificate of Use and Occupancy
- DBA documentation (if applicable) (obtained at county-level)
- Certificate of Assumed Name (if applicable) (obtained from LARA Corporations Division)