



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

**TEMPORARY MARIJUANA EVENT 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 the CRA within 5 days may result in the denial of the application.

## OVERVIEW – TEMPORARY MARIJUANA EVENT APPLICATION PROCESS

The adult-use marijuana establishment licensing application process for a temporary marijuana event is divided into three steps.

Step 1 of the temporary marijuana event licensing process is the prequalification application. During prequalification, background checks are completed on the main applicant and all supplemental applicants. There is a \$3,000 application fee for the main applicant. The application fee is nonrefundable and does not apply to supplemental applicants.

Step 2 of the application process is the marijuana event organizer application. The marijuana event organizer license must be approved before applying for a temporary marijuana event.

Step 3 is the temporary marijuana event license application. This application must be submitted at least 90 days before the first day of the proposed temporary marijuana event. If the application is not submitted within 90 days of the first date of the temporary marijuana event, the license application may be denied.

- Note: Bureau of Fire Services (BFS) plan review is required for indoor temporary marijuana events.

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)**

# TEMPORARY MARIJUANA EVENT LICENSE APPLICATION

A marijuana event organizer license is required before applying for temporary marijuana event licenses.

The temporary marijuana event license application can be found at the following link: [Temporary Marijuana Event 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)

SUBMIT THIS APPLICATION AT LEAST 90 CALENDAR DAYS BEFORE THE FIRST DAY OF THE PROPOSED TEMPORARY MARIJUANA EVENT.

Failure to submit this application at least 90 calendar days before the first day of the proposed temporary marijuana event may result in the denial of your temporary marijuana event license application.



TEMPORARY MARIJUANA EVENT LICENSE APPLICATION (An active marijuana event organizer license is required before applying)	
<i>Temporary Marijuana Event License Application</i>	
<input type="checkbox"/>	Page 1: Demographic Information
<input type="checkbox"/>	Page 2: Attestation 4-A – Acknowledgment & Consent to Investigations, Statute & Rule Compliance
<input type="checkbox"/>	Page 3: Attestation 4-B – Confirmation of Section 6 Compliance
<input type="checkbox"/>	Page 4: Attestation 4-C – Confirmation of Insurance
<input type="checkbox"/>	Page 5: Acknowledgment of Attestations
<input type="checkbox"/>	Page 6: Disclosures: (1) Duration of Event, (2) Business Specifications, (3) Municipal Information, (4) Employee Information
<i>Supporting Documents</i>	
<input type="checkbox"/>	Copy of business plan, including but not limited to:
<input type="checkbox"/>	Technology plan
<input type="checkbox"/>	Staffing plan
<input type="checkbox"/>	Inventory and recordkeeping plan
<input type="checkbox"/>	Diagram of physical layout of event
<input type="checkbox"/>	Copy of security plan
<input type="checkbox"/>	Copy of responsible operations plan
<input type="checkbox"/>	Copy of product & waste management plan
<input type="checkbox"/>	Copy of marketing plan
<input type="checkbox"/>	List of marijuana vendors and employees participating in event
<input type="checkbox"/>	Copy of proof of financial responsibility (e.g., insurance policy, constant value bond)
<input type="checkbox"/>	Copy of marijuana liability insurance policy (for each retailer and microbusiness vendors making sales)
<input type="checkbox"/>	DBA documentation (if applicable) (obtained at county level)
<input type="checkbox"/>	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 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 **MARIJUANA EVENT ORGANIZER LICENSE INFORMATION** section, provide the name and license number of the active marijuana event organizer.

**MARIJUANA EVENT ORGANIZER LICENSE INFORMATION**

Please provide the following information for the Temporary Marijuana Event license applicant that has an active Marijuana Event Organizer license.

Name of Individual or Entity: \_\_\_\_\_

Marijuana Event Organizer License Number: \_\_\_\_\_

In the **TEMPORARY MARIJUANA EVENT INFORMATION** section, provide the following information for the temporary event in the corresponding field on the application:

- **Name** of the temporary marijuana event
- **Mailing address** of the applicant
- **Phone number** of the applicant
- **E-mail address** of the applicant
- **Physical address** of the temporary marijuana event seeking a state license

**TEMPORARY MARIJUANA EVENT INFORMATION**

Please provide the following information regarding the temporary marijuana event seeking a state license.

Temporary Marijuana Event Name	Phone	E-mail Address
Mailing Address	Event Physical Address	
City	State	Zip Code
City	State	Zip Code

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 for the individual who will act as the primary contact for this license 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.

**PAGES 2-4 – 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 4-A – ACKNOWLEDGMENT & CONSENT TO INVESTIGATIONS, STATUTE & RULE COMPLIANCE**

After reading the attestation, provide the name of the main applicant entity if applying under an entity, and provide the name and title of the individual authorized to sign on behalf of the main applicant in the spaces provided.

**ATTESTATION 4-A**  
**ACKNOWLEDGMENT & CONSENT TO INVESTIGATIONS, STATUTE & RULE COMPLIANCE**  
(To be completed and submitted by the applicant)

On behalf of \_\_\_\_\_, I \_\_\_\_\_  
Name of Main Applicant Name & Title of Individual Authorized to Sign on Behalf of Main 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 60th day after my complete application is submitted. In the event I do not have a passing inspection by the 60th day, I acknowledge that my application may be denied.

I attest that, for each marijuana retailer and marijuana microbusiness vendor making sales at the temporary marijuana event, I shall obtain and submit to the Agency a copy of the marijuana liability insurance policy provided by a licensed and admitted insurance company in Michigan in a minimum amount of \$50,000.00 pursuant to section 11a of the MRTMA.

**PAGE 3 – ATTESTATION 4-B – CONFIRMATION OF SECTION 6 COMPLIANCE**

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

Provide the legal name of the applicant, the proposed event name, the proposed event venue, the proposed event address, the municipality of the proposed event, 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 clerk or designee.

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

**ATTESTATION 4-B**  
**CONFIRMATION OF SECTION 6 COMPLIANCE**  
(To be completed and submitted by the applicant)

Applicant Legal Name: \_\_\_\_\_  
Proposed Event Name: \_\_\_\_\_  
Proposed Event Venue: \_\_\_\_\_  
Proposed Event Address: \_\_\_\_\_

Municipality of Proposed Event : \_\_\_\_\_  
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 Main Applicant Name & Title of Individual Authorized to Sign on Behalf of Main Applicant  
am authorized to sign this attestation on behalf of the proposed temporary marijuana event identified above and attest to and confirm the following:

1. The municipality in which the proposed temporary marijuana event is to occur has not adopted an ordinance prohibiting adult-use marijuana events.
2. I am in compliance with all ordinances the municipality has adopted relating to marijuana establishments within its jurisdiction, 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 temporary marijuana event, any municipal approvals, or any violations of a municipal or zoning regulation.
4. I will engage in the following activities during the event:
  - Onsite marijuana sales to persons 21 years of age and older
  - Onsite marijuana consumption by persons 21 years of age and older
  - Both

\_\_\_\_\_  
Authorized Individual Signature \_\_\_\_\_  
Date

**PAGE 4 – ATTESTATION 4-C – CONFIRMATION OF INSURANCE**

**PART A** – After reading the attestation, provide the name of the main applicant entity (if applying under an entity), and provide the name and title of the individual authorized to sign on behalf of the main applicant in the spaces provided. The applicant must also provide their signature, the event name/insured party name, the address of the event/insured party address, and date in the spaces provided.

**ATTESTATION 4-C**  
**CONFIRMATION OF INSURANCE**

(To be completed by the applicant and an authorized representative or designee of the insurance or surety company, and submitted by the applicant)

Do not sign until notary is present

**PART A (to be completed by the applicant):**

On behalf of \_\_\_\_\_, I \_\_\_\_\_,  
Name of Main Applicant Name & Title of Individual Authorized to Sign on Behalf of Main Applicant  
understand that I am submitting this attestation in accordance with the Administrative Rules.

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Establishment Name/Insured Party Name

\_\_\_\_\_  
Establishment Address/Insured Party Address

**PART B** – The applicant must have this section of the attestation completed by the agent or designee of the insurance or surety company. The agent or designee will need to provide the required information and sign the form in the presence of a notary. Ensure the agency or designee provides a copy of the insurance policy or constant value bond.

Failure to submit this attestation with the signature of the agent or designee 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.

**PART B (to be completed by an authorized representative or designee of the insurance or surety company):**

I, \_\_\_\_\_ of \_\_\_\_\_  
Name of Representative/Designee Name of Insurance or Surety Company Authorized to do Business in this State  
hereby attest to the Cannabis Regulatory Agency (Agency) that the applicant for a state license as named above in part A, has liability coverage for bodily injury to lawful users resulting from the manufacture, distribution, transportation, or sale of adulterated marijuana or adulterated marijuana-infused products in an amount not less than \$100,000.00 and that no products liability exclusion exists in the liability coverage issued to the applicant and/or licensee that would exclude the coverage mandated in the Administrative Rules.

I further attest that:

- The policy number for the above-referenced insurance policy is \_\_\_\_\_, with an effective date of \_\_\_\_\_, and expiration date of \_\_\_\_\_. The declaration page of the above-referenced policy is attached hereto.
- The bond number for the above-referenced constant value bond is \_\_\_\_\_, with an effective date of \_\_\_\_\_, and expiration date of \_\_\_\_\_. A copy of the bond is attached hereto.

The policy or surety bond listed above covers the following locations (list all locations covered by the policy or bond):

\_\_\_\_\_

\_\_\_\_\_  
Representative or Designee Signature Company Address

\_\_\_\_\_  
Date

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_  
(Representative/Designee 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 – ACKNOWLEDGMENT OF ATTESTATIONS**

**Do not sign this form until in the presence of a notary.** After reading the attestation, provide the name of the main applicant entity (if applying under an entity), and provide the name and title of the individual authorized to sign on behalf of the main applicant 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 Main Applicant Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

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

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

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 Main 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 6 – DISCLOSURES**

**(1) DURATION OF TEMPORARY MARIJUANA EVENT**

Indicate the start date, end date, and hours of operation of the proposed temporary marijuana event in the spaces provided. The temporary marijuana event may not last longer than seven consecutive days.

**(1) DURATION OF TEMPORARY MARIJUANA EVENT**

A. Indicate the proposed date(s) over which the temporary marijuana event will take place:

Start date: \_\_\_\_\_ (mm/dd/yyyy)    End date: \_\_\_\_\_ (mm/dd/yyyy)

Hours of Operation: \_\_\_\_\_ (e.g., 11:00 AM – 11:00 PM)

**NOTE: The temporary marijuana event may not last longer than 7 consecutive days.  
Submit this application not less than 90 calendar days before the first day of the temporary marijuana event.**

**(2) BUSINESS SPECIFICATIONS**

**A. Indoor or Outdoor** – Select the corresponding box to indicate where the temporary marijuana event will be held – indoor, outdoor, or both.

**(2) BUSINESS SPECIFICATIONS**

**A. Indoor or Outdoor:** Please indicate where the Temporary Marijuana Event will be held:

Indoor             Outdoor             Both

**B. Sale or Consumption** – Select the corresponding box to indicate which activities will occur at the temporary marijuana event – sale of marijuana products, consumption of marijuana products, or both sale and consumption of marijuana products.

**B. Sale or Consumption:** Please indicate which activities will occur during the Temporary Marijuana Event:

Sale of Marijuana Products             Consumption of Marijuana Products             Both

**C. Designated Contact Person** – This individual shall be onsite at the event and reachable by telephone at all times that the event is occurring. Provide the name, phone number, and the individual’s affiliation with the applicant for the designated contact person for the proposed temporary marijuana event in the spaces provided.

**C. Designated Contact Person:** Please 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 marijuana event:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relation to applicant: \_\_\_\_\_

**D. Secondary Designated Contact Person** – This individual shall be onsite at the event and reachable by telephone at all times that the event is occurring. Provide the name, phone number, and the individual’s affiliation with the applicant for the designated contact person for the proposed temporary marijuana event in the spaces provided.

**D. Secondary Designated Contact Person:** Please provide the contact information for a secondary person who is designated to remain onsite and will be reachable by telephone at all times during the temporary marijuana event:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relation to applicant: \_\_\_\_\_

**(3) MUNICIPALITY INFORMATION**

**Part A.** – Provide the name of the municipality where the proposed temporary marijuana event will be located.

Part B. – Provide the city, state, and zip code of the municipality where the proposed temporary marijuana event will be located.

Part C. – Provide the name of the county of the municipality where the proposed temporary marijuana event will be located.

**(3) MUNICIPALITY INFORMATION**

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

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

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

**(4) EMPLOYEE INFORMATION**

Part A. – Indicate the number of employees who will work at the proposed temporary marijuana event. If unknown, provide an estimate.

**(4) EMPLOYEE INFORMATION**

A. Number of employees who will work at this temporary marijuana event: \_\_\_\_\_ (if unknown, estimate)

**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 temporary marijuana event license application should contain the following supporting documents:

- Copy of business plan
- Diagram of the physical layout of the event
- Copy of security plan
- Copy of responsible operations plan
- Copy of product & waste management plan
- List of the marijuana vendors and employees participating in the proposed temporary marijuana event
- Copy of marketing plan
- Copy of marijuana liability insurance policy (for each retailer and microbusiness vendor making sales)
- Copy of proof of financial responsibility (e.g., insurance policy, constant value bond)
- DBA documentation (if applicable) (obtained at county-level)
- Certificate of Assumed Name (if applicable) (obtained from LARA Corporations Division)