



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

**STEP 1 – ENTITY PREQUALIFICATION**

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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 Marijuana 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 – TWO-STEP APPLICATION PROCESS

The adult-use marijuana establishment licensing application process is divided into two steps.

Step 1 is the prequalification application. During prequalification, background checks are completed on the main applicant and all supplemental applicants (*see the Main and Supplemental Applicants Explanation on the next page*). 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 establishment license application. During Step 2, review of the proposed marijuana establishment is completed.

In short, prequalification involves vetting the entity and the individuals involved in the entity; establishment licensing involves vetting the physical establishment.

An application is considered complete when Step 1, the application fee, and Step 2 have been submitted. Because the MRTMA requires that a license determination be made within 90 days, it is not advised to submit a Step 2 application unless the establishment seeking a state license is fully built and ready to pass an inspection within 60 days after the Step 2 license application is submitted. If the establishment is unable to pass an inspection within 60 days of a complete application submission, the license application may be denied.

Prequalification status is valid for a period of two years after the CRA issues a notice of prequalification. If the applicant does not submit a Step 2 application within that timeframe, the prequalification status will expire. If the applicant wishes to complete the adult-use marijuana establishment application process after that time, a new application and fee will be required.

If any questions arise while completing the application, please do not hesitate to contact the 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)**

## MAIN AND SUPPLEMENTAL APPLICANTS EXPLANATION

The **main applicant** and all **supplemental applicants** are required to submit prequalification applications.

### Who is the Main Applicant?

The main applicant is whomever is seeking to hold the marijuana establishment license in their name. When the license prints, it will print in the name of the main applicant.

The main applicant can be either an **entity** (limited liability company, corporation, partnership, trust, etc.) or an **individual** (sole proprietor).

### Who is a Supplemental Applicant?

Supplemental applicants will depend on the ownership structure of the main applicant. Supplemental applicants include the following:

- **All managerial employees** of the main applicant who control or direct the affairs of the marijuana establishment. (NOTE: An employee with the title of “manager” without the aforementioned responsibilities is not required to complete prequalification.)
- **All entities with greater than 10 percent ownership interest**, either directly or indirectly, in the main entity.
- **All individuals with greater than 10 percent ownership interest**, either directly or indirectly, in the main entity.
- **And the following for each type of main applicant:**
  - For an **individual** or **sole proprietorship**:
    - The proprietor
    - Spouse of the proprietor
  - For a **partnership** and **limited liability partnership**:
    - All partners
    - Spouses of all partners
  - For a **limited partnership** and **limited liability limited partnership**:
    - All general and limited partners holding a direct or indirect ownership interest of **greater than 10%**
    - Spouses of all general and limited partners holding a direct or indirect ownership interest of **greater than 10%**
  - For a **limited liability company**:
    - All managers
    - Spouses of all managers
    - All members holding a direct or indirect ownership interest of **greater than 10%**
    - Spouses of all members and managers holding a direct or indirect ownership interest of **greater than 10%**

- For a **publicly or privately held corporation**:
  - All corporate officers or persons with equivalent titles
  - Spouses of all corporate officers or persons with equivalent titles
  - All directors
  - Spouses of all directors
  - All shareholders holding a direct or indirect ownership interest of **greater than 10%**
  - Spouses of all shareholders holding a direct or indirect ownership interest of **greater than 10%**
  
- For a **trust**:
  - All trustees
  - All individuals or bodies able to control or direct the affairs of the trust
  - All beneficiaries who receive or have the right to receive **greater than 10%** of the gross or net profit of the trust during any full or partial calendar or fiscal year
  - Spouses of all beneficiaries who receive or have the right to receive **greater than 10%** of the gross or net profit of the trust during any full or partial calendar or fiscal year
  
- For a **nonprofit corporation**:
  - All individuals and entities with membership or shareholder rights
  - Spouse of all individuals and entities with membership or shareholder rights

Please see the business structure example on Page 5 of this instruction booklet for a visual representation of supplemental applicants.

### **Step 1 – Prequalification Application Types**

- **Entity Prequalification:** This application is intended for main entities and supplemental entities. A separate application must be completed for the main entity and for each supplemental entity.
  
- **Sole Proprietor Prequalification:** This application must be completed for individuals who intend to hold a license in their name as a sole proprietor.
  
- **Supplemental Individual Prequalification:** This application must be completed for each individual meeting the above definition of a supplemental applicant.

### **Prequalification Application Fee**

This section does not apply to those applying under the Social Equity program.

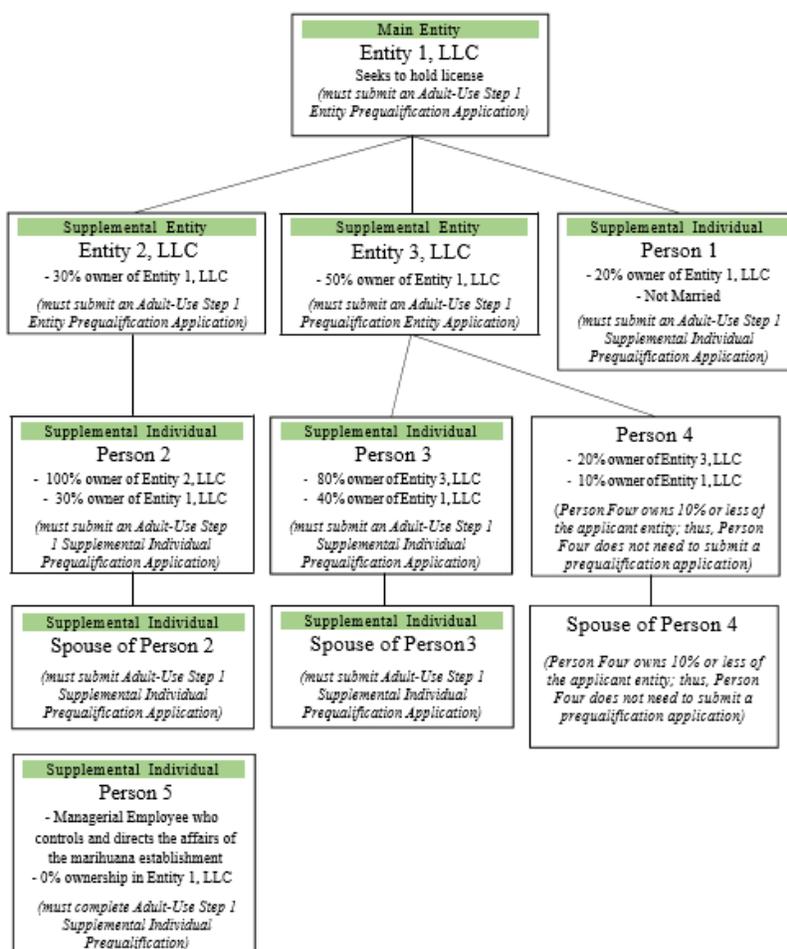
The prequalification application fee for the main applicant is \$3,000.00 and must be paid in full at the time of submitting the prequalification application materials. The application fee is non-refundable and does not apply to supplemental applicants. No review of the application will take place until the application fee is paid.

Upon payment of the application fee, review of the application will begin. Please do not submit the application fee until the main application and all supplemental applications are submitted.

The application fee can be paid in person at our office with cash, check, or money order, or paid via postal mail by sending a check or money order with the application materials.

Checks or money orders should be made payable to: **State of Michigan.**

## Business Structure Example – Main Entity



In this business structure example, **Entity 1 seeks to hold an adult-use marijuana establishment license**. The license would print under the name “Entity 1, LLC.” This entity is considered the main entity as they will hold the license. Entity 1 must complete entity prequalification.

**Entity 1 is owned by Entity 2, Entity 3, and Person 1.**

**Entity 2 owns 30% of Entity 1.** Entity 2 is considered a supplemental applicant as they directly hold greater than 10% ownership interest in the main applicant. Entity 2 must complete entity prequalification.

**Entity 3 owns 50% of Entity 1.** Entity 3 is considered a supplemental applicant as they directly hold greater than 10% ownership interest in the main applicant. Entity 3 must complete entity prequalification.

**Person 1 owns 20% of Entity 1.** Person 1 is considered a supplemental applicant as they directly hold greater than 10% ownership interest in the main applicant. Person 1 must complete supplemental individual prequalification. Person 1 is not married. If Person 1 was married, their spouse would be required to complete supplemental individual prequalification.

**Entity 2 is owned by Person 2.**

**Person 2 owns 100% of Entity 2.** Entity 2 owns 30% of Entity 1. Therefore, **Person 2 indirectly owns 30% of Entity 1** ( $100\% \times 30\% = 30\%$ ). Person 2 is considered a supplemental applicant as they indirectly hold greater than 10% ownership interest in the main applicant. Person 2 must complete supplemental individual prequalification.

**Person 2 is married.** Spouse of Person 2 is considered a supplemental applicant as their spouse indirectly holds greater than 10% ownership interest in the main applicant. Spouse of Person 2 must complete supplemental individual prequalification.

**Entity 3 is owned by Person 3 and Person 4.**

**Person 3 owns 80% of Entity 3.** Entity 3 owns 50% of Entity 1. Therefore, **Person 3 indirectly owns 40% of Entity 1** ( $80\% \times 50\% = 40\%$ ). Person 3 is considered a supplemental applicant as they indirectly hold greater than 10% ownership interest in the main applicant. Person 3 must complete supplemental individual prequalification.

**Person 3 is married.** Spouse of Person 3 is considered a supplemental applicant as their spouse indirectly holds greater than 10% ownership interest in the main applicant. Spouse of Person 3 must complete supplemental individual prequalification.

**Person 4 owns 20% of Entity 3.** Entity 3 owns 50% of Entity 1. Therefore, **Person 4 indirectly owns 10% of Entity 1** ( $20\% \times 50\% = 10\%$ ). Person 4 is not considered a supplemental applicant as they do not hold greater than 10% ownership interest in the main applicant and do not participate in the management of the company. Person 4 is not required to submit an application for prequalification.

**Person 4 is married.** Spouse of Person 4 is not considered a supplemental applicant as their spouse does not hold greater than 10% ownership interest in the main applicant. Spouse of Person 4 is not required to submit a prequalification application.

**Person 5 does not have ownership interest in Entity 1, but is a managerial employee who controls or directs the affairs of Entity 1.** Person 5 is considered a supplemental applicant and must complete supplemental individual prequalification. (Spouses of managerial employees are not required to complete prequalification.)

## STEP 1 - ENTITY PREQUALIFICATION

The entity prequalification application can be found at the following link: [Entity Prequalification Application](#).

Download the Entity Prequalification Application.

The main entity and each supplemental entity will need to complete a separate Entity Prequalification Application in its entirety.

### 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)

ENTITY PREQUALIFICATION	
<input type="checkbox"/>	\$3,000 Application Fee (Main applicants only)
<input type="checkbox"/>	Entity Prequalification Application
<input type="checkbox"/>	Page 1: Demographic Information
<input type="checkbox"/>	Page 2: Attestation 1-A – Acknowledgment, Agreement, & Consent
<input type="checkbox"/>	Page 3: Attestation 1-B – Verification & Affidavit of Full Disclosure
<input type="checkbox"/>	Page 4: Attestation 1-C – Authorization to Release Information
<input type="checkbox"/>	Page 5: Attestation 1-D – Acknowledgment of Federal Law & Release of Liability
<input type="checkbox"/>	Page 6: Attestation 1-E – Confirmation of Tax Compliance
<input type="checkbox"/>	Page 7: Acknowledgment of Attestations (signed and notarized)
<input type="checkbox"/>	Page 8: Disclosure E-1 – Entity Information
<input type="checkbox"/>	Pages 10-11: Disclosure E-2 – Associated Parties
<input type="checkbox"/>	Page 12: Disclosure E-3 – Tax & Tax Compliance
<input type="checkbox"/>	Pages 13-14 : Disclosure E-4 – Government Regulation
<input type="checkbox"/>	Page 15: Disclosure E-5 – Litigation History
<input type="checkbox"/>	Supporting Documents
	<i>Entity Information Documents</i>
<input type="checkbox"/>	Copy of Governing Documents (e.g., operating agreement, bylaws)
<input type="checkbox"/>	Certificate of Good Standing
<input type="checkbox"/>	Approval to Conduct Business Transactions in Michigan (if applicable)
<input type="checkbox"/>	Certificate of Assumed Name (if applicable) (obtained from LARA Corporations Division)
<input type="checkbox"/>	Copy of Organizational Structure (required for main entities; not required for supplemental entities)
<input type="checkbox"/>	Authorizing Resolution
<input type="checkbox"/>	Social Equity Plan (required for main entities; not required for supplemental entities)
	<i>Regulation Documents</i>
<input type="checkbox"/>	Copy of Marijuana Licenses (if applicable)
<input type="checkbox"/>	Summary of Facts and Circumstances Concerning License Denial, Restriction, Revocation, Suspension, or Nonrenewal (if applicable)
	<i>Tax Compliance Documents</i>
<input type="checkbox"/>	Copy of Notice of Tax Liability Due (if applicable)
	<i>Litigation Documents</i>
<input type="checkbox"/>	Copy of Litigation Documentation (if applicable)

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

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

**PAGE 1 – DEMOGRAPHIC INFORMATION**

At the top of the page, indicate the entity is applying as a main applicant by selecting the box next to Main Applicant, or indicate the entity is applying as a supplemental applicant by selecting the box next to Supplemental Applicant.

If the entity is applying as a supplemental applicant, also indicate the entity name of the main applicant on the line provided.

Is the entity applying as the main applicant or a supplemental applicant?  Main Applicant  Supplemental Applicant  
 If applying as a supplemental applicant, provide the entity name of the main applicant: \_\_\_\_\_

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

- **Entity name** as it appears on official business documents
- **Mailing address** of the entity
- **Assumed name/fictitious name/DBA** of the entity, if operating under a name other than the business entity’s legal name
- **Federal Employer Identification Number (FEIN)** of the entity
- **Phone number** of the entity
- **E-mail address** of the entity

**DEMOGRAPHIC INFORMATION**

Please provide the following information regarding the entity applicant.

Entity Name (as appears on official entity documents)			Assumed Name (attach copy of filed assumed name certificate, if applicable)	
Entity Mailing Address			FEIN	
City	State	Zip Code	Entity Phone	Entity E-mail Address

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

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



**PAGE 3 - ATTESTATION 1-B – VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE**

After reading the attestation, provide the name of the entity and the name and title of the individual authorized to sign on behalf of the entity in the spaces provided.

In Section 2, provide the name of the contact person who is authorized to speak with the Agency about the application in the space provided on the form. Provide their e-mail address, phone number, and Accela Citizen Access Login User ID (if known) in the spaces provided.

If you wish to designate more than one contact person, please add additional pages of this form to the application with each contact person on a separate Attestation 1-B form. You may designate as many contact persons as needed.

**NOTE:** If an individual contacts the CRA about the application and that individual is not a supplemental applicant, not the person completing the application, and not an authorized contact person listed on Attestation 1-B, the Agency will not provide information to that individual.

**ATTESTATION 1-B  
VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE  
(To be completed and submitted by the applicant)**

Add additional pages of this form as necessary to account for multiple contact persons.

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

confirm the following:

1. I am the individual responsible for submitting this application and have full authority to execute this affidavit of full disclosure.
2. I authorize \_\_\_\_\_ to be a contact person for the Cannabis Regulatory Agency (Agency). I understand that this person will have access to records and material submitted to the Agency for the purposes of this application. Further, I understand that this person will retain access and receive communication from the Agency regarding the applicant/ licensee until the applicant/ licensee submits an official request to remove this person's access and cease communication with this person. Please provide the information for this contact person below.  
  
E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
  
Accela Citizen Access Login User ID (if applicable): \_\_\_\_\_
3. I authorize the person listed as the Person Completing Application within the demographic section of the application to be a contact person for the Agency. I understand that this person will have access to records and material submitted to the Agency for the purposes of this application. Further, I understand that this person will retain access and receive communication from the Agency regarding the applicant/ licensee until the applicant/ licensee submits an official request to remove this person's access and cease communication with this person.
4. I affirm that the information contained in this application is true, complete, and accurate to the best of my knowledge and belief.
5. Except as reported in this application, I have no agreements or understandings with any person or entity and no present intent to hold as agent, nominee, or otherwise any interest in the application.
6. Except as reported in this application, I have no agreements or understandings with any person or entity and no present intent to pay any sum of money or give anything of value as, including but without limitation, a finder's fee or commission to any person or entity related to the interest in this application.
7. I understand that the entity has an ongoing obligation to notify the Agency should the entity enter into any such agreement contemplated by this attestation.

**PAGE 4 - ATTESTATION 1-C – AUTHORIZATION TO RELEASE INFORMATION**

After reading the attestation, provide the name of the entity and the name and title of the individual authorized to sign on behalf of the entity in the spaces provided.

**ATTESTATION 1-C  
AUTHORIZATION TO RELEASE INFORMATION  
(To be completed and submitted by the applicant)**

To all courts, probation departments, selective service boards, employers, educational institutions, banks, financial and other such institutions, and all governmental agencies federal, state and local, without exception, both foreign and domestic:

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

authorize the Cannabis Regulatory Agency (Agency) and its agents to conduct a full investigation into the background and activities of the applicant for purposes of determining the applicant's eligibility for a marijuana establishment prequalification and state license.

I understand that by signing this authorization, a financial background check will be performed. I authorize any financial institution to surrender to the Agency a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal financial records in whatever form and wherever located. I authorize my employers to release any employment information required to validate my financial history. I understand that the financial background check will include a credit history examination and that my credit report, credit history, and credit capacity information will be obtained.

I understand that by signing this authorization, a financial background check of my tax filing and tax obligation status will be performed. I authorize my respective state taxing agency to surrender to the Agency a complete and accurate record of any and all tax information or records relating to me for the purposes of this application. I authorize the Agency to obtain, receive, review, copy, discuss, and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

I understand that by signing this authorization, a criminal history background check will be performed. I authorize the Agency to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located for purposes of completing this application. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and the sentence was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

Therefore, you are hereby authorized to release any and all information pertaining to this applicant, documentary or otherwise, as requested by any employee or agent of the Agency, provided that he or she certifies to you that said applicant has an application pending before the Agency or that said applicant is a licensee or other person required to be qualified under the provisions of the Michigan Regulation and Taxation of Marijuana Act (MRTMA).

This authorization shall supersede any prior request or authorization to the contrary and shall be in effect during the pendency of this application. A photocopy of this authorization will be considered as effective and valid as the original.

**PAGE 5 - ATTESTATION 1-D – ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF LIABILITY**

After reading the attestation, provide the name of the entity and the name and title of the individual authorized to sign on behalf of the entity in the spaces provided.

**ATTESTATION 1-D**  
**ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF LIABILITY**  
(To be completed and submitted by the applicant)

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

hereby acknowledge and affirm the following:

Although the State of Michigan has recognized and authorized the use of marijuana pursuant to the Michigan Regulation and Taxation of Marihuana Act, 2018 IL 1, MCL 333.27951 to 333.27967, and has provided for a statewide monitoring system as authorized by the Administrative Rules, this state authorized activity remains prohibited by federal law.

I understand that a state license does not insulate or shield me or my business from federal seizure and/or forfeiture as allowed by federal law and does not insulate me from federal criminal arrest and/or prosecution.

I understand that choosing to file an application for a state license and, if issued a license, choosing to establish and operate a marijuana establishment pursuant to that license, is done so at my own risk.

By my signature and attestation to this form, I hereby completely release and forever discharge the State of Michigan, the Michigan Department of Licensing and Regulatory Affairs, the Cannabis Regulatory Agency, and its respective employees, agents, facilities, insurers, indemnors, successors, heirs and/or assigns from any and all past, present or future claims, demands, obligations, actions, causes of action, wrongful death claims, rights, damages, costs, losses of services, expenses and compensation of any nature whatsoever, whether based on a tort, contract or other theory of recovery, which I may now have, or which may hereafter accrue or otherwise be acquired, on account of, or may in any way arise out of my application for a state license and, if issued a license, my operation of a marijuana establishment.

**PAGE 6 – ATTESTATION 1-E – CONFIRMATION OF TAX COMPLIANCE**

**PART A** – After reading this section of the attestation, provide the name of the entity, the name and title of the individual authorized to sign on behalf of the entity, the signature of the individual authorized to sign, the entity FEIN, and the date in the spaces provided. Ensure the Return Address section is completed so the Department of Treasury is able to return the form.

**ATTESTATION 1-E**  
**CONFIRMATION OF TAX COMPLIANCE**

(To be completed by a designee of the Michigan Department of Treasury and submitted by the applicant)

**PART A (to be completed by the applicant before submitting to the Department of Treasury):**

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

understand that I am submitting this Attestation in compliance with the MRTMA and the Administrative Rules. I affirm that if I have been making sales, I am registered and remitting sales and excise taxes to the Michigan Department of Treasury, as required. Additionally, I am not more than one year delinquent in the payment of taxes required under federal, state, or local law.

The Revenue Act, 1941 PA 122, MCL 205.28(1)(f), makes taxpayer information acquired in the administration of a tax confidential. I authorize the Michigan Department of Treasury to furnish tax returns and provide tax return information to the Cannabis Regulatory Agency for the limited purpose of determining my qualification and fitness for licensure under MRTMA. This limited authorization relates to all tax types administered under the Revenue Act. This limited authorization continues for two years from the date of my signature below or until the applicant is no longer licensed, whichever is later.

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

Entity FEIN \_\_\_\_\_

**Return Address for Completed Form:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Representative Name (if applicable)

\_\_\_\_\_  
Return Email Address or Mailing Address

\_\_\_\_\_  
Phone Number

Treasury Phone: 517-636-6925 | Treasury Email: [Treas-MI-Marihuana-Tax@michigan.gov](mailto:Treas-MI-Marihuana-Tax@michigan.gov)

**PART B** – The applicant must have this section of the attestation completed by an authorized designee of the Michigan Department of Treasury. The designee will confirm the required information and sign the form if applicable.

To assist in the completion of Part B of this attestation please note that the Department of Treasury defines delinquency as follows:

1. For underpaid or no remittance tax returns, a taxpayer is considered “delinquent” in the payment of the required tax if the amount due indicated on the return has not been paid in full by the due date of the return.

2. For post-return adjustments made by Treasury such as adjustments made when the return is processed, or as part of the audit process, a taxpayer is considered "delinquent" in the payment of the tax deficiency on the date that Treasury issues an assessment (Final Bill for Taxes Due) with respect to the determined deficiency.
3. For "failure to file" situations, the taxpayer is considered "delinquent" in the payment of the tax at issue beginning on the day following the due date of the return that was required, but was not filed.

An authorized designee of the Michigan Department of Treasury can be contacted at:

**Michigan Department of Treasury**  
**Hours: Monday – Friday, 8:00 a.m. to 4:00 p.m.**  
**Phone: 517-636-6925**  
**Fax: 517-636-4520**  
**Email: [Treas-MI-Marihuana-Tax@michigan.gov](mailto:Treas-MI-Marihuana-Tax@michigan.gov)**

For any questions, please utilize the information above to contact treasury directly.

Failure to submit this attestation with the signature of an authorized Michigan Department of Treasury designee will result in 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.

**PAGE 7 - ACKNOWLEDGMENT OF ATTESTATIONS**

**Do not sign this form until in the presence of a notary.** Indicate by checking the boxes that the applicant acknowledges and consents to each attestation.

The individual who is authorized to sign documents on behalf of the entity should sign this form in the presence of an active notary, providing the entity name, their name, signature, date in the spaces provided. 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 via e-mail. 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 completed and submitted by the applicant)  
 Do not sign until notary is present

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

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

- Attestation 1-A: Acknowledgment, Agreement & Consent
- Attestation 1-B: Verification & Affidavit of Full Disclosure (with contact designated, if applicable)
- Attestation 1-C: Authorization to Release Information
- Attestation 1-D: Acknowledgment of Federal Law & Release of Liability
- Attestation 1-E: Confirmation of Tax 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 Entity 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 \_\_\_\_\_  
(state) (county) (state)

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

**PAGE 8 - DISCLOSURE E-1 – ENTITY INFORMATION**

Provide the entity’s name and phone number in the space provided at the top of this disclosure form.

**DISCLOSURE E-1 – ENTITY INFORMATION**

Entity Name	Phone No.
-------------	-----------

Section (1) **ENTITY STRUCTURE** – Select the box that best describes the business structure of the entity. If you select “Other,” indicate the entity structure type in the space provided.

**(1) ENTITY STRUCTURE**

- |  |   |
|--|---|
| <input type="checkbox"/> Limited Liability Company (LLC)<br><input type="checkbox"/> C Corporation<br><input type="checkbox"/> S Corporation<br><input type="checkbox"/> Joint Venture | <input type="checkbox"/> Partnership<br><input type="checkbox"/> Trust<br><input type="checkbox"/> Other: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span> |
|--|---|

Section (2) **ENTITY PRIOR NAMES** – Provide any prior names used by the entity during the past three years. Add additional pages of this disclosure form if necessary. If the entity has not had any previous names, this section can be left blank.

**(2) ENTITY PRIOR NAMES**

Provide any prior name used by the entity during the past 3 years, if applicable. Add additional pages if necessary.

Entity Prior Name	Date Use Began	Date Use Ceased

Section (3) **ENTITY PRIOR ADDRESSES** – Provide any prior addresses used by the entity during the past three years. Add additional pages of this disclosure form if necessary. If the entity has not had any previous addresses, this section can be left blank.

**(3) ENTITY PRIOR ADDRESSES**

Provide any prior address used by the entity during the past 3 years, if applicable. Add additional pages if necessary.

Entity Prior Street Address	City, State, Zip Code	Date Use Began	Date Use Ceased

The entity applicant should gather the following documentation in support of the entity information disclosure:

- Copy of Governing Documents (e.g., Operating Agreement or Bylaws)
- Certificate of Good Standing
- Approval to Conduct Business Transactions in Michigan (if applicable)
- Certificate of Assumed name (if applicable)
- **Main entities only:** Copy of Organizational Structure (see requirements and example within application)
- Authorizing Resolution
- **Main entities only:** Social Equity Plan (this document is required regardless of the entity’s participation in the Social Equity program)

**PAGE 9 – MAIN ENTITY ORGANIZATIONAL STRUCTURE REQUIREMENTS & EXAMPLE**

Each main entity is required to submit an organizational structure document. This page of the application outlines the requirements of the organizational chart and gives an example of how to format this document.

**NOTE:** All indicated parties listed must be disclosed; however, some parties may not rise to the level of being a supplemental applicant.

**MAIN ENTITY ORGANIZATIONAL STRUCTURE REQUIREMENTS & EXAMPLE**

Every main entity applicant must submit an organizational structure document that includes the following:

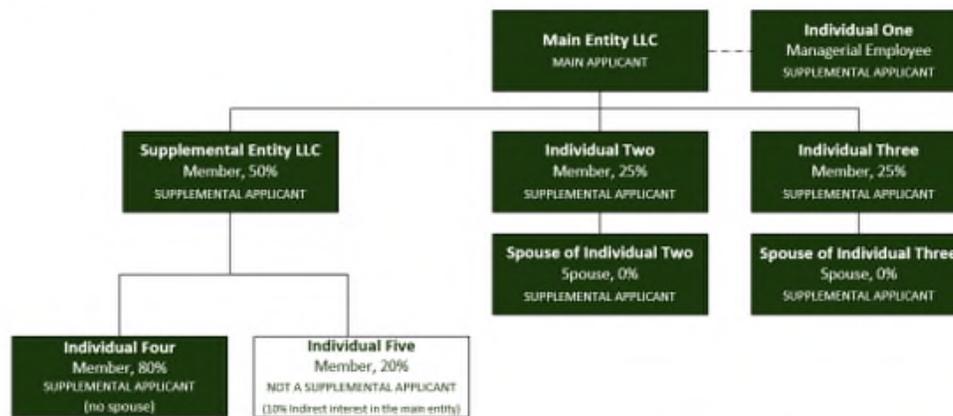
<b>Limited Liability Company</b>	All members, the spouses of all members holding a direct or indirect ownership interest of greater than 10% in the main applicant; all managers, and the spouses of all managers.
<b>Publicly Held Corporation Privately Held Corporation</b>	All corporate officers or persons with equivalent titles and their spouses; all directors and their spouses; all shareholders, and the spouses of all shareholders holding a direct or indirect ownership interest of greater than 10% in the main applicant.
<b>Trust</b>	All trustees; all individuals or bodies able to control or direct the affairs of the trust; all beneficiaries, and the spouses of all beneficiaries who receive or have the right to receive more than 10% of the gross or net profit of the trust during any full or partial calendar or fiscal year.
<b>Partnership Limited Liability Partnership</b>	All partners and the spouses of all partners.
<b>Limited Partnership Limited Liability Limited Partnership</b>	All general and limited partners and the spouses of all general and limited partners.
<b>Nonprofit Corporation</b>	All individuals and entities with membership or shareholder rights and the spouses of all individuals with shareholder rights.

Also Include:

- All managerial employees, if applicable
  - An employee is considered a managerial employee if they have the ability to control and direct the affairs of the marijuana business and/or have the ability to make policy concerning the marijuana business.]
- Ownership percentages
- Officer titles, if applicable (e.g., President, Vice President, Treasurer, Secretary; Chief Executive Officer, Chief Financial Officer, etc.)

Those with less than 2.5% ownership interest in the main applicant and their spouses are not required to be disclosed.

Example:



Ensure all entities and individuals listed on the organizational structure are disclosed on DISCLOSURE E-2 – ASSOCIATED PARTIES on the next two pages.

**PAGE 10 - DISCLOSURE E-2 – ASSOCIATED PARTIES (Associated Parties & Spouses)**

Provide the entity’s name and phone number in the space provided at the top of this disclosure form.

**DISCLOSURE E-2—ASSOCIATED PARTIES**

Entity Name	Phone No.
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**Associated Parties & Spouses**

In the table provided on the disclosure, list the following:

If the entity is a:	Disclose:
<b>Main applicant</b>	<b>All managerial employees and the following for the applicable entity type below:</b>
Limited Liability Company	All managers (for manager-managed LLCs), all members that have greater than 10% ownership interest in the main applicant seeking licensure and/or that exercise control over or participate in the management of the applicant, and the spouses of these individuals.
Publicly or Privately Held Corporation	All corporate officers or persons with equivalent titles, all directors, all shareholders holding greater than 10% ownership interest in the main applicant seeking licensure, and the spouses of these individuals.
Trust	All trustees, all individuals or bodies able to control or direct the affairs of the trust, all beneficiaries receiving or who have the right to receive greater than 10% of the gross or net profit of the trust during any full or partial calendar or fiscal year, and the spouses of these beneficiaries.
Partnership or Limited Liability Partnership	All partners and their spouses.
Limited Partnership or Liability Limited Partnership	All general and limited partners with greater than 10% ownership interest and their spouses.
Nonprofit Corporation	All entities and individuals with membership or shareholder rights and their spouses.

**NOTE:** Managerial employees are individuals who can control and direct the affairs of the marijuana establishment and/or can make policy concerning the marijuana establishment.





If “Yes,” list all federal, state, local, and foreign taxing agencies in which the applicant was subject to taxation for the past 12 months in the table provided.

**(1) TAXING AGENCIES**

Has the entity been subject to taxation during the last year?

Yes     No

If you answered **yes**, provide the information requested below for each federal, state, local, and foreign jurisdictions in which the entity was subject to taxation during the last year. Add additional pages if necessary.

Taxing Agency	Type of Tax (E.g., Federal income tax, state income tax, sales tax)

E.g., “Taxing Agency” = *IRS*, “Type of Tax” = *Federal Income Tax*;

E.g., “Taxing Agency” = *Michigan Department of Treasury*, Type of Tax = *State Income Tax, Sales Tax*

In Section (2) **TAX COMPLIANCE**, indicate if the entity has had a tax complaint filed against them or been served with a notice regarding a tax delinquency by selecting “Yes” or “No” to this question.

If “Yes,” provide the taxing agency, type of tax, tax period, and amount of the delinquent tax payment in the table provided in this section.

**(2) TAX COMPLIANCE**

Has the entity ever been served with, or had filed against it, a complaint or other notice regarding the delinquent payment of any tax required under federal, state, local, or foreign jurisdictions?

Yes     No

If you answered **yes**, provide the requested information for each delinquent tax payment and provide all applicable required supporting documents (e.g., copy of notice of tax liability due). Add additional pages if necessary.

Taxing Agency	Type of Tax	Tax Year	Amount

The entity applicant should gather the following supporting documents in relation to their tax compliance:

- Copy of Notice of Tax Liability Due (if applicable)

**PAGE 13 - DISCLOSURE E-4 – GOVERNMENT REGULATION**

Provide the entity’s name and phone number in the space provided at the top of this disclosure form.

**DISCLOSURE E-4 - GOVERNMENT REGULATION**

Entity Name	Phone No.
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Select “Yes” or “No” to the three questions in the top section of the page.

Is the entity subject to regulation by a public agency in any other jurisdiction (e.g., Does the entity hold any license, certificate, permit, etc., that is regulated by a department of a local, state, federal, or foreign government)?

Yes  No

Does the entity hold any commercial licenses? (Not including the license in which they are currently applying.)

Yes  No

Has the entity ever applied for or been granted any commercial license or certificate issued by a licensing authority in Michigan, or any other jurisdiction, that has been denied, restricted, suspended, revoked, or not renewed?

Yes  No

Question 1 - If the entity is subject to regulation by a public agency (holds any license, certificate, permit, etc. which is regulated by a department of a local, state, federal, or foreign government—such as a liquor license, building permit, sales tax license, other marijuana licenses, etc.), select “Yes.”

If “Yes,” disclose any marijuana businesses in Section (1) MARIJUANA BUSINESS INTERESTS and any other regulation type in Section (2) COMMERCIAL LICENSES OR CERTIFICATES.

Question 2 - If the entity holds any commercial licenses (e.g. food establishment license, retail gas outlet license, marijuana license, liquor license, commercial driver’s license, etc.) select “Yes.”

If “Yes,” disclose any marijuana businesses in Section (1) MARIJUANA BUSINESS INTERESTS and any other regulation type in Section (2) COMMERCIAL LICENSES OR CERTIFICATES

Question 3 - If the entity has ever applied for a license or certificate that was denied, or if the entity has ever been granted a license or certificate that has been restricted, suspended, revoked, or not renewed, select “Yes.”

If “Yes,” disclose these licenses in Section (3) COMMERCIAL LICENSES OR CERTIFICATES DENIED, RESTRICTED, SUSPENDED, REVOKED, OR NOT RENEWED on the second page of this disclosure.

If the answer to all three of these questions is “No,” you are finished with this disclosure.

In Section (1) MARIJUANA BUSINESS INTERESTS, list any marijuana business in which the entity has any direct or indirect equity interest. For each marijuana business, provide the business entity’s name, license number, and the state of license issuance. If the entity does not own other marijuana businesses, this section can be left blank.

(1) MARIJUANA BUSINESS INTERESTS

Provide the requested information for any interest that the entity has in any other corporation, partnership or other business entity that is directly or indirectly involved in the *growing, processing, testing, transporting, or sale of marijuana*. Add additional pages if necessary.

Marijuana Business Entity Name	License Number	State of Issuance	Country of Issuance

In Section (2) **COMMERCIAL LICENSES OR CERTIFICATES**, list any (non-marijuana) commercial licenses or certificates held by the applicant.

**(2) COMMERCIAL LICENSES OR CERTIFICATES**

Provide the requested information for all non-marijuana commercial licenses or certificates held by the entity. Add additional pages if necessary.

License or Certificate Type	License Number or Other Identifying Number	Issuing Agency

E.g., "License or Certificate Type" = *Liquor license*, "License No. or Other Identifying No." = *RQ-1810-12345*, "Issuing Agency" = *Michigan Liquor Control Commission*

E.g., "License or Certificate Type" = *Sales tax license*, "License No. or Other Identifying No." = *89-6745231*, "Issuing Agency" = *Michigan Department of Treasury*

**PAGE 14 - DISCLOSURE E-4 – GOVERNMENT REGULATION, CONTINUED**

Provide the entity’s name and phone number in the space provided at the top of this disclosure form.

**DISCLOSURE E-4 - GOVERNMENT REGULATION, CONTINUED**

Entity Name	Phone No.
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In Section (3) **COMMERCIAL LICENSES OR CERTIFICATES DENIED, RESTRICTED, SUSPENDED, REVOKED, OR NOT RENEWED**, list any license or certificate that was applied for and denied, and list any license or certificate that has been restricted, suspended, revoked, or not renewed.

**(3) COMMERCIAL LICENSES OR CERTIFICATES DENIED, RESTRICTED, SUSPENDED, REVOKED, OR NOT RENEWED**

Provide the requested information for all commercial licenses or certificates with which the entity has had an application or license denied, restricted, suspended, revoked, or not renewed. Add additional pages if necessary.

#	License or Certificate Type	License Number or Other Identifying Number	Issuing Agency
1			
	Action Taken	Reason for Action	Date Action Taken
#	License or Certificate Type	License Number or Other Identifying Number	Issuing Agency
2			
	Action Taken	Reason for Action	Date Action Taken
#	License or Certificate Type	License Number or Other Identifying Number	Issuing Agency
3			
	Action Taken	Reason for Action	Date Action Taken

"Action Taken" = *denied, restricted, suspended, revoked, or not renewed*

In Section (4) **PENDING LICENSES OR CERTIFICATES**, list any pending licenses or certificates in which the entity has applied for and a determination has not yet been made.

**(4) PENDING LICENSES OR CERTIFICATES**

Disclose any application for a commercial license or certificate in this state or any other jurisdiction that is currently pending and for which a determination has not been made. Do not include this current application for a marijuana license or any commercial license or certificate previously disclosed on this application. Add additional pages if necessary.

License or Certificate Type	Issuing Agency	Application Number or Other Identifying Number

The entity applicant should gather the following documentation in support of the government regulation disclosure:

- Copy of Marijuana Licenses (if applicable)
- Summary of Facts and Circumstances Concerning a License Denial, Restriction, Revocation, Suspension, or Nonrenewal (if applicable)

**PAGE 15 - DISCLOSURE E-5 – LITIGATION HISTORY**

Provide the entity’s name and phone number in the space provided at the top of this disclosure form.

**DISCLOSURE E-5 - LITIGATION HISTORY**

Entity Name	Phone No.
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In Section (1) **LITIGATION HISTORY**, select “Yes” or “No” to indicate if the applicant has been a party to any litigation during the past five years.

If “Yes,” disclose the case caption, docket or case number, name and location of court, and the cause of action for the litigation in the table provided. Add additional pages if necessary.

**(1) LITIGATION HISTORY**

Has the entity been a party to any litigation during the past five years (e.g., fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker’s compensation, discrimination, and tax laws and regulations)?

Yes     No

If you answered **yes**, provide the requested information for all litigation related to the entity (e.g., fraud, environmental, food safety, labor, employment, worker’s compensation, discrimination, and tax laws and regulations) pending or concluded, for the past 5 years. Add additional pages if necessary.

Case Caption	Docket/Case No.	Name & Location of Court	Cause of Action

In Section (2) **PENDING LITIGATION**, for any cases that are currently pending, provide a brief explanation in the area provided. Add additional pages if necessary.

**(2) PENDING LITIGATION**

For any cases that are currently initiated or pending, provide a brief explanation regarding the allegations of the case. Add additional pages if necessary.

In Section (3) **GOVERNMENT CHARGES & INVESTIGATIONS**, disclose any charges and/or government investigations related to the entity’s business operations (e.g. fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker’s compensation, discrimination, and tax laws and regulation), whether initiated, pending, or concluded in the area provided. Add additional pages if necessary.

**(3) GOVERNMENT CHARGES & INVESTIGATIONS**

Disclose any charges and government investigations, whether initiated, pending, or concluded, related to the entity’s business operations unless they have been previously disclosed on this application (e.g., fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker’s compensation, discrimination, and tax laws and regulations). Add additional pages if necessary.

The entity applicant should gather the following documentation in support of the government regulation disclosure:

- Copy of Litigation Documentation (if applicable)

**SUPPLEMENTAL APPLICATIONS FOR MAIN ENTITIES**

Supplemental applications are required to be submitted along with the main entity application. Each entity and individual considered a supplemental applicant is required to submit a prequalification application. Each entity and individual listed on Page 12 (**DISCLOSURE E-2 – ASSOCIATED PARTIES AND SPOUSES**) is required to submit a prequalification application. Refer to the [MAIN AND SUPPLEMENTAL APPLICANTS EXPLANATION](#) in this application instruction booklet for more information regarding supplemental applicants.

**SUBMITTING THE APPLICATION**

When submitting the application, ensure the main application, all supplemental applications, and all supporting documents are provided. Failure to submit all applications 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 and fee 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 the CRA by telephone at:

**517-284-8599**

The adult-use application submission should contain the following supporting documents:

- Copy of Governing Documents (e.g., Operating Agreement or Bylaws)
- Certificate of Good Standing
- Certificate of Assumed Name (if applicable)
- Authorizing Resolution
- Copy of Marijuana Licenses (if applicable)
- Summary of Facts and Circumstances Concerning a License Denial, Restriction, Revocation, Suspension, or Nonrenewal (if applicable)
- Copy of Notice of Tax Liability Due (if applicable)
- Copy of Litigation Documentation (if applicable)
- Main entities only: Copy of Organizational Structure
- Main entities only: Social Equity Plan (required regardless of the entity's participation in the Social Equity program)
- Main entities only: Approval to Conduct Business Transactions in Michigan (if applicable)