



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

**STEP 1 - SOLE PROPRIETOR PREQUALIFICATION**

## TABLE OF CONTENTS

Important Notice Regarding Time Sensitivity.....	2
Overview – Two-Step Application Process.....	2
Main and Supplemental Applicants Explanation.....	3
Step 1 - Sole Proprietor Prequalification.....	5

## 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.

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. 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 members and managers 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 **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 stockholders holding a direct or indirect ownership interest of **greater than 10%**
  - Spouses of all stockholders holding a direct or indirect ownership interest of **greater than 10%**
- For a **multilevel ownership enterprise**:
  - Any entity or person that receives or has the right to receive **greater than 10%** of the gross or net profit from the enterprise during any full or partial calendar or fiscal year
- For a **nonprofit corporation**:
  - All individuals and entities with membership or shareholder rights in accordance with the articles of incorporation or the bylaws
  - Spouse of all individuals and entities with membership or shareholder rights in accordance with the articles of incorporation or the bylaws
- For a **trust**:
  - All trustees
  - All individuals or bodies able to control and direct the affairs of the trust
  - 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
  - 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

### **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.**

## STEP 1 - SOLE PROPRIETOR PREQUALIFICATION

The sole proprietor prequalification application can be found at the following link: [Sole Proprietor Prequalification Application](#).

Download the Sole Proprietor Prequalification 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)

SOLE PROPRIETOR PREQUALIFICATION
<input type="checkbox"/> \$3,000 Application Fee
<input type="checkbox"/> Sole Proprietor Prequalification Application <ul style="list-style-type: none"><li><input type="checkbox"/> Page 1: Demographic Information</li><li><input type="checkbox"/> Page 2: Attestation 1-A – Acknowledgment, Agreement, &amp; Consent</li><li><input type="checkbox"/> Page 3: Attestation 1-B – Verification &amp; Affidavit of Full Disclosure</li><li><input type="checkbox"/> Page 4: Attestation 1-C – Authorization to Release Information</li><li><input type="checkbox"/> Page 5: Attestation 1-D – Acknowledgment of Federal Law &amp; Release of Liability</li><li><input type="checkbox"/> Page 6: Attestation 1-E – Confirmation of Tax Compliance</li><li><input type="checkbox"/> Page 7: Acknowledgment of Attestations (signed and notarized)</li><li><input type="checkbox"/> Page 8: Disclosure S-1 – Sole Proprietor Information</li><li><input type="checkbox"/> Page 9: Disclosure S-2 – Tax &amp; Tax Compliance</li><li><input type="checkbox"/> Pages 10-11: Disclosure S-3 – Government Regulation</li><li><input type="checkbox"/> Pages 12-13: Disclosure S-4 – Civil &amp; Criminal Litigation History</li></ul>
<input type="checkbox"/> Supporting Documents <ul style="list-style-type: none"><li><i>Identity Documents</i><ul style="list-style-type: none"><li><input type="checkbox"/> Copy of Government Issued ID</li><li><input type="checkbox"/> DBA Documentation (if applicable) (obtained at county-level)</li><li><input type="checkbox"/> Social Equity Plan</li></ul></li><li><i>Regulation Documents</i><ul style="list-style-type: none"><li><input type="checkbox"/> Copy of Marijuana Licenses (if applicable)</li><li><input type="checkbox"/> Summary of Facts and Circumstances Concerning License Denial, Restriction, Suspension, Revocation, or Nonrenewal (if applicable)</li></ul></li><li><i>Tax/Financial Documents</i><ul style="list-style-type: none"><li><input type="checkbox"/> W2s and/or 1099s for Most Recent Year (if no W2s or 1099s exist, submit an explanation)</li><li><input type="checkbox"/> Copy of Notice of Tax Liability Due (if applicable)</li></ul></li><li><i>Civil &amp; Criminal Litigation History</i><ul style="list-style-type: none"><li><input type="checkbox"/> Copy of Criminal History Documents (if applicable)</li><li><input type="checkbox"/> Copy of Litigation Documents (if applicable)</li></ul></li></ul>
<input type="checkbox"/> Supplemental Applications (if applicable) Spouses of sole proprietors and any managerial employees of sole proprietors are each required to submit a prequalification application.

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

In the DEMOGRAPHIC INFORMATION section, provide the following information for the sole proprietor:

- **Name** of the sole proprietor as it appears on official government documents
- **Mailing address** of the sole proprietor
- **Doing Business As (DBA)** name of the sole proprietor, if applicable
- **Social Security Number** of the sole proprietor
- **Date of birth** of the sole proprietor
- **Phone number** of the sole proprietor
- **E-mail address** of the sole proprietor

### **DEMOGRAPHIC INFORMATION**

Please provide the following information regarding the sole proprietor seeking a state license.

Sole Proprietor Name (as appears on government issued ID)			Doing Business As (attach copy of filed DBA documentation, if applicable)	
Mailing Address			Social Security Number	Date of Birth (mm/dd/yyyy)
City	State	Zip Code	Phone	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	

Ensure all contact information is accurate and that current e-mail addresses have been provided, as most correspondence from the CRA will be sent via e-mail.

**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 ASSOCIATED INDIVIDUALS section, provide the name, social security number, e-mail address, date of birth, and association to the applicant for all managerial employees of the sole proprietor, if applicable, and for the spouse of the sole proprietor, if applicable.

#### ASSOCIATED INDIVIDUALS

Please list the spouse of the sole proprietor and all managerial employees. The below individuals are required submit Supplemental Individual Prequalification applications. Add additional pages if necessary.

Individual Name	SSN	E-mail Address	Date of Birth	Association to Sole Proprietor (E.g., Spouse or Managerial Employee)

In the SOCIAL EQUITY INFORMATION section, select “Yes” or “No” to indicate if the sole proprietor is applying under the social equity program.

If “Yes,” provide the name and applicant number of the social equity participant in the table provided.

#### SOCIAL EQUITY INFORMATION

Is the applicant applying under the social equity program? ☐ Yes ☐ No If you answered **yes**, provide the information requested below.

Social Equity Participant Name (First, Middle, Last)	Social Equity Applicant Number (E.g., SEA-000001)

### PAGES 2-7 – 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, please consult an attorney. The CRA cannot provide legal interpretation of the statute or rules.

#### PAGE 2 - ATTESTATION 1-A – ACKNOWLEDGMENT, AGREEMENT, AND CONSENT

After reading the attestation, provide the name of the sole proprietor in the space provided.

##### ATTESTATION 1-A ACKNOWLEDGMENT, AGREEMENT & CONSENT (To be completed and submitted by the applicant)

I, \_\_\_\_\_  
Name of Sole Proprietor

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 in order to carry out its statutory duties. I hereby agree to submit such supplemental materials as requested by the Agency 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, as the applicant submitting this application, hereby certify that I do not have an interest in any other state license that is prohibited by the Michigan Regulation and Taxation of Marihuana Act, 2018 IL 1 (MRTMA).

I hereby acknowledge that I am under a continuing duty to promptly disclose to the Agency any changes in the information provided in the application and supporting documents submitted to the Agency. To comply with this requirement, I hereby acknowledge that I must submit a letter to the Agency stating any changes with reference to the specific information within the application to which the changes pertain.

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, and to disclose to the Agency and its agents of otherwise confidential records, including tax records held by any federal, state, or local agency, or credit agency or financial institution, while applying for or holding a state license. This consent is authorization to review and inspect tax records administered under the Michigan Revenue Act, 1941 PA 122.

I hereby acknowledge that the finding of prequalification status for a pending application is valid for two years after the Agency issues a notice of prequalification status unless otherwise determined by the agency. I understand that after two years have expired, I may be required to submit a new application and pay a new nonrefundable application fee.

I hereby consent to receive all service of process via electronic service as opposed to certified mail. This consent is valid unless otherwise revoked in writing.



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

After reading the attestation, provide the name of the sole proprietor in the space 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**

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

PART A (to be completed by the adult-use applicant):

I, \_\_\_\_\_  
Name of Sole Proprietor

confirm the following:

- I am the individual responsible for submitting this application and have full authority to execute this affidavit of full disclosure.
- 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): \_\_\_\_\_
- 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.
- I affirm that the information contained in this application is true, complete, and accurate to the best of my knowledge and belief.
- 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.
- Except as reported in this application, I have no agreements or understanding with any person or entity and no present intent to pay any sums 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.
- I understand that I have 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 sole proprietor in the space 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:

I, \_\_\_\_\_  
Name of Sole Proprietor

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 Marihuana 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 sole proprietor in the space provided.

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

I, \_\_\_\_\_  
Name of Sole Proprietor

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 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 sole proprietor in the space provided. Provide the sole proprietor's signature, printed name, Social Security Number, and the date in the spaces provided in this section. 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 the 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):

I, \_\_\_\_\_  
Name of Sole Proprietor

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 Sole Proprietor \_\_\_\_\_ Date \_\_\_\_\_

Sole Proprietor SSN \_\_\_\_\_

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 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**

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

Failure to submit this attestation with the signature of an authorized Treasury 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.

#### **PAGE 7 - ACKNOWLEDGMENT OF ATTESTATIONS**

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

The sole proprietor 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 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

I, \_\_\_\_\_  
Name of Sole Proprietor

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 Sole Proprietor \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_  
(Sole Proprietor Name) (Date)

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

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

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

## **PAGE 8 - DISCLOSURE S-1 – SOLE PROPRIETOR INFORMATION**

Provide the sole proprietor's name and phone number in the space provided at the top of this disclosure form.

### **DISCLOSURE S-1 – SOLE PROPRIETOR INFORMATION**

<b>Sole Proprietor Name</b>	<b>Phone No.</b>
-----------------------------	------------------

Section (1) **SOLE PROPRIETOR PRIOR NAMES** – Provide any prior names used by the sole proprietor during the past three years. Add additional pages of this disclosure form if necessary. If the sole proprietor has not had any previous names, this section can be left blank.

**(1) SOLE PROPRIETOR PRIOR NAMES**

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

Prior Name	Date Use Began	Date Use Ceased

Section (2) **SOLE PROPRIETOR PRIOR ADDRESSES** – Provide any prior addresses used by the sole proprietor during the past three years. Add additional pages of this disclosure form if necessary. If the sole proprietor has not had any previous addresses, this section can be left blank.

**(2) SOLE PROPRIETOR PRIOR ADDRESSES**

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

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

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

- Copy of Government Issued ID
- DBA Documentation (if applicable)
- Social Equity Plan (this document is required regardless of the sole proprietor's participation in the Social Equity program)

## **PAGE 9 - DISCLOSURE S-2 – TAX & TAX COMPLIANCE QUESTIONS**

Provide the sole proprietor's name and phone number in the space provided at the top of this disclosure form.

### **DISCLOSURE S-2 – TAX & TAX COMPLIANCE**

<b>Sole Proprietor Name</b>	<b>Phone No.</b>
-----------------------------	------------------

In Section (1) **TAXING AGENCIES**, list all federal, state, local, and foreign taxing agencies in which the applicant was subject to taxation for the past 12 months.

(1) **TAXING AGENCIES**

List all federal, state, local, and foreign jurisdictions in which the sole proprietor 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 applicant 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 year, and amount of the delinquent tax payment in the table provided in this section.

(2) **TAX COMPLIANCE**

Has the sole proprietor 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 sole proprietor applicant should gather the following documentation in support of the tax and tax compliance disclosure:

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

**PAGE 10 - DISCLOSURE S-3 – GOVERNMENT REGULATION**

Provide the sole proprietor's name and phone number in the space provided at the top of this disclosure form.

**DISCLOSURE S-3 - GOVERNMENT REGULATION**

Sole Proprietor Name	Phone No.
----------------------	-----------

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

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

☐ Yes☐ No

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

☐ Yes☐ No

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

☐ Yes☐ No

Question 1 - If the sole proprietor 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 (e.g. liquor license, building permit, sales tax license, other marijuana licenses, concealed carry permits, chauffeur’s licenses, etc.)), select “Yes” to the first question.

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 sole proprietor 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.

If the sole proprietor has ever applied for a license or certificate that was denied, or if the sole proprietor has ever been granted a license or certificate that has been restricted, suspended, revoked, or not renewed—select “Yes” to the third question.

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 sole proprietor has any direct or indirect equity interest. For each marijuana business, provide the business entity’s name, license number, state of license issuance, and the country of issuance. If the sole proprietor does not own other marijuana businesses, this section can be left blank.

(1) MARIJUANA BUSINESS INTERESTS  
Provide the requested information any interest that the sole proprietor has in any other corporation, partnership, sole proprietorship, 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 sole proprietor. Add additional pages if necessary.

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

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

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

**PAGE 11 - DISCLOSURE E-4 – GOVERNMENT REGULATION, CONTINUED**

Provide the sole proprietor's name and phone number in the space provided at the top of this disclosure form.

**DISCLOSURE S-3 - GOVERNMENT REGULATION, CONTINUED**

Sole Proprietor Name	Phone No.

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 sole proprietor 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 sole proprietor 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

In Section (5) **GOVERNMENT EMPLOYMENT**, select “Yes” or “No” in response to the three questions in this section related to government employment. If the answer to all three questions is “No,” you are done with this disclosure. (Elected officers of or employees of a federally recognized Indian tribe and elected precinct delegates are not ineligible to receive a state license.)

If “Yes,” write an explanation in the space provided. (E.g., “I am a state employee within the Licensing and Regulatory Affairs division.”)

**(5) GOVERNMENT EMPLOYMENT**

Do any of the following apply to the sole proprietor?

- ☐ Yes ☐ No Employee, advisor, or consultant of the Cannabis Regulatory Agency.  
☐ Yes ☐ No Holds an elective office of a governmental unit of this state, another state, or the federal government.  
☐ Yes ☐ No Member of or employed by a regulatory body of a governmental unit of this state, another state, or the federal government.

If you answered yes to any of the above questions, provide an explanation. If you are an elected officer of or employee of a federally recognized Indian tribe or an elected precinct delegate, please include this information in the explanation:

---



---



---

The sole proprietor 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 12 - DISCLOSURE S-4 – CRIMINAL & CIVIL LITIGATION HISTORY**

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

**DISCLOSURE S-4 – CIVIL & CRIMINAL LITIGATION HISTORY**

Sole Proprietor Name	Phone No.

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 sole proprietor 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 sole proprietor (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.

**(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 sole proprietor'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.

**(3) GOVERNMENT CHARGES & INVESTIGATIONS**

Disclose any charges and government investigations, whether initiated, pending, or concluded, related to the sole proprietor'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.

---

---

---

---

---

**PAGE 13 - DISCLOSURE S-4 – CRIMINAL & CIVIL LITIGATION HISTORY, CONTINUED**

Provide the sole proprietor's name and phone number in the space provided at the top of this disclosure form.

**DISCLOSURE S-4 – CIVIL & CRIMINAL LITIGATION HISTORY, CONTINUED**

<div>Sole Proprietor Name</div>	<div>Phone No.</div>
---------------------------------	----------------------

In Section (4) **CRIMINAL LITIGATION**, select “Yes” or “No” to indicate if the applicant has been convicted of any crime under the laws of any jurisdiction.

If “Yes,” provide the following information for all convictions in the table provided:

- **Name of offense**
- If the offense was a **felony, misdemeanor, or local ordinance**
- **Date** of the offense
- **Arresting agency** of the offense
- **Name & location of court** where offense was litigated
- **Docket or case number** of the criminal litigation
- **Jurisdiction** of the case (e.g., Federal, State - State of Michigan, Municipal - City of Lansing)

**(4) CRIMINAL LITIGATION**

Has the sole proprietor been convicted of any crime under the laws of any jurisdiction?

☐ Yes ☐ No

If you answered **yes**, provide the requested information for all convictions related to the sole proprietor. Add additional pages if necessary.

#	Name of Offense	Felony, Misdemeanor, Local Ordinance	Date	Arresting Agency
1	Name & Location of Court		Docket/Case Number	Jurisdiction
#	Name of Offense	Felony, Misdemeanor, Local Ordinance	Date	Arresting Agency
2	Name & Location of Court		Docket/Case Number	Jurisdiction
#	Name of Offense	Felony, Misdemeanor, Local Ordinance	Date	Arresting Agency
3	Name & Location of Court		Docket/Case Number	Jurisdiction
#	Name of Offense	Felony, Misdemeanor, Local Ordinance	Date	Arresting Agency
4	Name & Location of Court		Docket/Case Number	Jurisdiction
#	Name of Offense	Felony, Misdemeanor, Local Ordinance	Date	Arresting Agency
5	Name & Location of Court		Docket/Case Number	Jurisdiction
#	Name of Offense	Felony, Misdemeanor, Local Ordinance	Date	Arresting Agency
6	Name & Location of Court		Docket/Case Number	Jurisdiction

The sole proprietor applicant should gather the following documentation in support of the civil and criminal litigation disclosure:

- Copy of Criminal History Documents (if applicable)
- Copy of Litigation Documents (if applicable)

**SUPPLEMENTAL APPLICATIONS FOR SOLE PROPRIETORS**

Supplemental applications are required to be submitted for all managerial employees of the sole proprietor, if applicable, and for the spouse of the sole proprietor, if applicable. If the sole proprietor has managerial employees or a spouse, each of these individuals must submit a supplemental individual prequalification application.

**SUBMITTING THE APPLICATION**

When submitting the application, ensure all supporting documents and all supplemental applications 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 sole proprietor prequalification application submission should contain the following supporting documents:

- Copy of Government Issued ID (e.g., driver's license, passport)
- DBA Documentation (if applicable) (obtained at county-level)
- Social Equity Plan which details how the sole proprietor plans to positively impact communities that have been disproportionately impacted by marijuana prohibition (this document is required regardless of the sole proprietor's participation in the Social Equity program)
- W2s and/or 1099s for the Past 12 Months
  - If the sole proprietor does not have W2s/1099s for the past 12 months, an explanation is required
- 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 any Tax Liability Due, if applicable
- Copy of Criminal and Civil Litigation Documents, if applicable