

Paper Application Instruction Booklet Adult-Use Establishment Licensing

STEP 2 - EXCESS MARIJUANA GROWER LICENSE

CRA Adult-Use Paper Application Instruction Booklet - Step 2 - Excess Marijuana Grower License (Revised Mar-2022) CRA 5318

TABLE OF CONTENTS

Important Notice Regarding Time Sensitivity	2
Overview – Excess Marijuana Grower License Application Process	
Step 2 – License Application	
Excess Marijuana Grower License Application	4

IMPORTANT NOTICE REGARDING TIME SENSITIVITY:

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

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

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

OVERVIEW – EXCESS MARIJUANA GROWER APPLICATION PROCESS

The excess marijuana grower is a special license type that allows a licensee holding five adult-use marijuana class C grower licenses and at least two medical marijuana class C grower licenses to grow additional adult-use marijuana plants in increments of 2,000 additional plants per excess marijuana grower license.

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

Step 2 of the application process is the marijuana establishment license application. During Step 2, review of the proposed marijuana establishment is completed. An applicant for an excess marijuana grower would need to be approved for five adult-use licenses before they could apply.

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 CRA by telephone at:

517-284-8599

Or by e-mail at:

CRA-Adult-Use-Marijuana@Michigan.gov

STEP 2 – LICENSE APPLICATION

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

517-284-8599

After prequalification status has been granted to the main applicant and all applicable supplemental applicants, the main applicant should submit a Step 2 license application.

It is not recommended to submit a Step 2 license application unless the physical location of the establishment is in place and will be ready to pass an inspection within 60 days after the day you submit the application.

Prequalification status expires after two years. If you do not submit an adult-use Step 2 license application within that timeframe, you will be required to submit a new Step 1 prequalification application and application fee if you still wish to continue the adult-use licensing process.

Step 2 – Establishment License Application Types

- Marijuana Establishment License Application: This is the standard Step 2 license application. This application is intended for applicants seeking a license for a marijuana microbusiness, marijuana grower (class A, B, or C), marijuana processor, marijuana retailer, marijuana secure transporter, or marijuana safety compliance facility.
- Marijuana Event Organizer License Application: This application is intended for applicants seeking to hold temporary marijuana events. A marijuana event organizer license is required in order to apply for temporary marijuana event licenses.
- **Temporary Marijuana Event License Application:** This application is intended for licensed marijuana event organizers seeking a license for a temporary marijuana event.
- **Designated Consumption Establishment License Application:** This application is intended for applicants seeking a license for an establishment which permits adults 21 years of age or older to consume marijuana products on the premises.
- Excess Marijuana Grower License Application: This application is intended for licensees who have 5 adultuse class C marijuana grower licenses and at least 2 medical marijuana grower class C licenses.

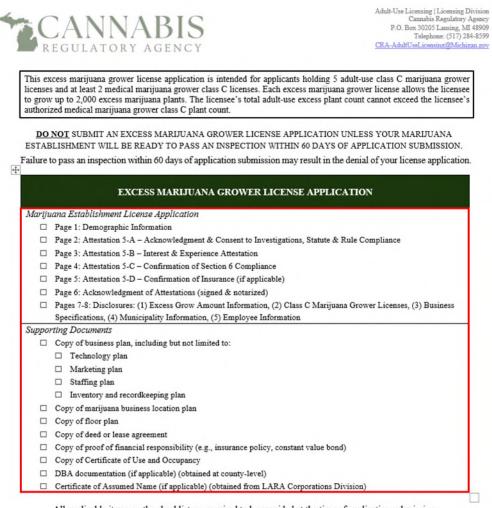
EXCESS MARIJUANA GROWER LICENSE APPLICATION

This application is intended for applicants holding five adult-use class C marijuana grower licenses and at least two medical marijuana grower class C licenses. The excess marijuana plant count must be in increments of 2,000 and cannot exceed the licensee's authorized medical marijuana grower class C plant count.

The excess marijuana grower license application can be found at the following link: Excess Marijuana Grower License Application.

APPLICATION CHECKLIST

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



All applicable items on the checklist are <u>required</u> 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 establishment license application.

PAGE 1 – MARIJUANA ESTABLISHMENT INFORMATION

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

- Applicant name as it appears on official documents
- Mailing address of the applicant **Please note, the physical license will be mailed to this address.
- E-mail address of the applicant
- DBA/Assumed name/fictitious name of the applicant, if applicable
- Federal Employer Identification Number (FEIN) or Social Security Number (SSN) of the applicant
- Phone number of the applicant
- Business Location Zoning Category of the establishment

EXCESS MARIJUANA GROWER INFORMATION Please provide the following information regarding the marijuana establi	
Applicant Name (as appears on official business documents)	DBA/Assumed Name (Attach copy of filed assumed name certificate, if applicable)
Mailing Address	FEINSSN
City State Zip Code	Phone
E-mail Address	Business Location Zoning Category (e.g., agriculture, commercial)

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

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

PERSON COMPLETING APPLICATION Please provide the following information for the individual who will	act as the primary contact for this license application.
Name (First, Middle, Last)	Date of Birth (mm/dd/3333)
Mailing Address	Phone
City State Zip Code	E-mail Address

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

PAGES 2-6 – ATTESTATIONS

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

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

PAGE 2 – ATTESTATION 5-A – ACKNOWLEDGMENT & CONSENT TO INVESTIGATIONS, STATUTE & RULE COMPLIANCE

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

<u>ATTESTATION 5-A</u> <u>ACKNOWLEDGMENT & CONSENT TO INVESTIGATIONS, STATUTE & RULE COMPLIANCE</u> (To be completed by the applicant)

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

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

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

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

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

PAGE 3 – ATTESTATION 5-B – INTEREST & EXPERIENCE ATTESTATION

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

<u>ATTESTATION 5-B</u> <u>INTEREST & EXPERIENCE ATTESTATION</u> (To be completed by the applicant)

On behalf of

Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

hereby acknowledge and affirm the following:

Name of Main Applicant

I attest and affirm that if I am applying for a GROWER A, B, or C license that I do not have any interest in a microbusiness, secure transporter, or safety compliance facility. I attest that my investors do not have any interest in a microbusiness, secure transporter, or safety compliance facility. I further attest that I do not and will not have an interest in more than 5 marijuana grower licenses.

I attest and affirm that if I am applying for a PROCESSOR license that I do not have any interest in a microbusiness, secure transporter, or safety compliance facility. I attest that my investors do not have any interest in a microbusiness, secure transporter, or safety compliance facility.

I attest and affirm that if I am applying for a SECURE TRANSPORTER license that I do not have an interest in a grower, processor, retailer, safety compliance facility, microbusiness, marijuana event organizer, or temporary event.

I attest and affirm that if I am applying for a RETAILER license that I do not have any interest in a microbusiness, secure transporter, or safety compliance facility. I attest that my investors do not have any interest in a microbusiness, secure transporter, or safety compliance facility.

I attest and affirm that if I am applying for a SAFETY COMPLIANCE FACILITY license that I do not have any interest in a grower, secure transporter, processor, retailer, or microbusiness. I attest that my investors do not have any interest in a grower, secure transporter, processor, retailer, microbusiness, designated consumption area, marijuana event organizer, or temporary event.

I attest and affirm that if I am applying for a MICROBUSINESS license that I do not have any interest in a grower, processor, retailer, safety compliance facility, secure transporter, or another microbusiness. I further attest that I do not and will not have an interest in more than one microbusiness.

I hereby understand that if I am found to be noncompliant with these requirements, as set forth in the Michigan Regulation and Taxation of Marihuana Act (MRTMA), 2018 IL 1, Sec. 9, I may be subject to disciplinary action or risk loss of licensure.

PAGE 4 – ATTESTATION 5-C – CONFIRMATION OF SECTION 6 COMPLIANCE

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

Provide the proposed establishment name, the proposed establishment type, the municipality of the proposed establishment, the name of the municipal clerk or designee, phone number of the municipal clerk or designee, email address of the municipal clerk or designee, and the mailing address of the clerk or designee.

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

ATIFSTATION 5-C CONFIRMATION OF SECTION 6 COMPLIANCE (To be completed and submitted by the applicant)
Proposed Establishment Name:
Proposed Establishment Address:
Proposed Establishment Type:
Municipality of Proposed Establishment:
Name of Municipal Clerk/Designee:
Phone Number of Municipal Clerk/Designee:
Email Address of Municipal Clerk/Designee:
Mailing Address of Municipal Clerk/Designee:
On behalf of Name of Main Applicant I Name & This of table shade Autorized to Sign on Buhalf of Main Applicant and autorized to sign this attestation on behalf of the proposed marijuana establishment identified above and attest to and confirm the following:
 The municipality in which the proposed establishment is to be located has not adopted an ordinance prohibiting adult- use marijuana establishments.
 I am in compliance with all ordinances the municipality has adopted relating to marijuana establishments, including zoning regulations.
I will report to the Cannabis Regulatory Agency (CRA) any changes that occur with municipal ordinances or zoning regulations that relate to the proposed marijuana establishment.
4. I will report to the CRA any municipal establishment approvals.
s. I will report to the CRA any violations of a municipal or zoning regulation.
Antonnoo Indrivina Signature Date

PAGE 5 – ATTESTATION 5-D – CONFIRMATION OF INSURANCE

PART A – After reading the attestation, provide the name of the main applicant and the name and title of the individual authorized to sign on behalf of the main applicant in the spaces provided. The applicant must also provide their signature, the establishment name/insured party name, the address of the marijuana establishment/insured party address, and date in the spaces provided.

ATTESTATION 5-D CONFIRMATION OF INSURANCE (To be signed by the agent or designee of the insurance or surety company and submitted by the applicant) Do not sign unit locary is present		
PART A (to be completed by the applicant):		
On behalf of	, I	
Name of Main Applicant	Name & Title of Indi-	vidual Authorized to Sign on Behalf of Main Applicant
understand that I am submitting this attestation in accordance	with the Administrative Rule	55.
Applicant Signature		Date
Establishment Name/Insured Party Name		
Establishmant Address Insurad Darty Address		

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

Failure to submit this attestation with the signature of the agent or designee will result in a Notice of Deficiency letter. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of the application.

I,		, of		
	Name of Representative Designee		Name of Insurance or Surety Compa	my Authorized to do Business in this State
coverage for bodi or adulterated mai	ly injury to lawful users resulting	ng from the manufact mount not less than	ure, distribution, transportati \$100,000.00 and that no prod	named above in part A, has liabilit on, or sale of adulterated marijuan lucts liability exclusion exists in th d in the Administrative Rules.
further attest that	t			
The part of the p	olicy number for the above-re-	ferenced insurance p	olicy is	, with an effective date o
	, and expiration date of	The declarat	ion page of the above-referen	aced policy is attached hereto.
The ba	and number for the above-refe	renced constant val	ie bond is	, with an effective date o
	, and expiration date of	. A copy of th	e bond is attached hereto.	
	ty bond listed above covers the			the policy or bond):
The policy or sure Representative or De		 following locations Company Addre 		the policy or bond):
				the policy or bond);
Representative or De	nignee Signature	Company Addre		28
Representative or De Date	nignee Signature		4	
Representative or De Date	nignee Signature	Company Addre	4	28
Representative or De Date Subscribed and sw (Notay Public Signatur	nignee Signature	Company Addre	iabefore me (before me (98(Date)

PAGE 6 - ACKNOWLEDGMENT OF ATTESTATIONS

Do not sign this form until in the presence of a notary. After reading the attestation, provide the name of the main applicant and the name and title of the individual authorized to sign on behalf of the main applicant in the spaces provided.

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

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

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

	Do not sign until no	tary is present	
On behalf of		_, I	therized to Sign on Behalf of Main Applicant
hereby swear, acknowle acknowledgment and cor	Name of Main Applicant edge, and consent to the following att isent):		
Attestation 5-A: A	Acknowledgment & Consent to Investigat	tions, Statute & Rule Compl	iance
Attestation 5-B; I	nterest & Experience Attestation		
Attestation 5-C: C	Confirmation of Section 6 Compliance		
Attestation 5-D: C	Confirmation of Insurance		
is true, complete, and con	he penalties of perjury, that the informat rect, and that no material information ha	s been omitted.	on and all supporting document
is true, complete, and con			on and all supporting document
is true, complete, and con Signature of Individual Author	rect, and that no material information ha ized to Sign on Behalf of Main Applicant	s been omitted.	
is true, complete, and con Signature of Individual Author	rect, and that no material information ha	s been omitted. Date	
is true, complete, and con Signature of Individual Author	rect, and that no material information ha ized to Sign on Behalf of Main Applicant	s been omitted. Date	

PAGE 7-8 – DISCLOSURES

(1) EXCESS GROW AMOUNT INFORMATION

This section contains an explanation of the excess marijuana grower plant allowance.

(1) EXCESS GROW AMOUNT INFORMATION

Each excess marijuana grower license allows the licensee to grow up to 2,000 excess marijuana plants. The licensee's total adultuse excess marijuana plant count cannot exceed the licensee's authorized medical marijuana grower class C plant count.

Example: If the excess marijuana grower applicant held 3 medical marijuana grower class C licenses (authorizing the licensee to grow up to 4,500 medical marijuana plants) they could then apply for up to 2 excess marijuana grower licenses (authorizing the licensee to grow up to 4,000 excess marijuana plants). If the applicant applied for 3 excess marijuana grower licenses (authorizing up to 6,000 plants), the 3rd license would be denied as the excess marijuana plant count (6,000) would exceed the plant count authorized under their medical marijuana grower class C licenses (4,500).

The initial licensure fee for each excess marijuana grower license is \$40,000. Each additional excess marijuana grower license is an additional \$40,000 initial licensure fee.

Below is a chart showing the number of excess marijuana grower licenses allowed based on the applicant's medical marijuana plant count under their MMFLA grower class C licenses.

AU Plant Count*	Med Grower Cs*	Medical Plant Count	Excess Marijuana Grower Licenses Allowed	Excess Plant Allowance*
10,000	2	3,000	1	2,000
10,000	3	4,500	2	4,000
10,000	4	6,000	3	6,000
10,000	5	7,500	3	6,000
10,000	6	9,000	4	8,000
10,000	7	10,500	5	10,000
10,000	8	12,000	6	12,000
10,000	9	13,500	6	12,000
10,000	10	15,000	7	14,000

Excess Marijuana Grower Plant Allowance & Fees

*Each AU Excess Marijuana Grower license allows up to 2,000 excess marijuana plants to be grown per license--up to the amount allowed under your medical grower class C licenses

(2) CLASS C MARIJUANA GROWER LICENSES CURRENTLY HELD

A. Medical Marijuana Grower Class C Licenses – Provide the license numbers of the applicant's MMFLA grower class C licenses (e.g. GR-C-000100). Use additional pages of this disclosure if necessary.

(2) CLASS C MARIJUANA GROWER LICENSES CURRENTLY HELD:
A. Medical Marijuana Grower Class C Licenses: Provide the license numbers for your medical marijuana grower class C licenses.
Medical License No.

B. Adult-Use Class C Marijuana Grower Licenses – Provide the license numbers of the applicant's five adult-use class C marijuana grower licenses.

B. Adult	-Use Class C Marijuana Grower Licenses: Provide the license numbers for your adult-use class C marijuana grower licenses.
Adult-Use Licen	se No.

(3) **BUSINESS SPECIFICATIONS**

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

(3) BUSINESS SPECIFICATIONS	
A. Establishment Ownership Information establishment to be licensed:	a: Provide the following information regarding ownership of the marijuana
Property Tax ID Number	Owner of Record
Property Street Address	Type of Ownership or Use Interest (e.g., own, rent, land contract)

(4) MUNICIPALITY INFORMATION

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

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

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

(4) <u>M</u>	UNICIPALITY INFORMATION
A	. Name of municipality in which the marijuana establishment will be located:
E	City, state, and zip code of municipality:
c	County of municipality:

(5) EMPLOYEE INFORMATION

Part A. – Indicate the number of employees who will work for the marijuana establishment. If unknown, provide an estimate.

SUBMITTING THE APPLICATION

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

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

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

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

The excess marijuana grower license application should contain the following supporting documents:

- > Copy of business plan, including but not limited to:
 - Technology plan
 - Marketing plan

 - Staffing planInventory and recordkeeping plan
- > Copy of marijuana business location plan
- Copy of floor plan
- Copy of deed or lease agreement
- > Copy of proof of financial responsibility (e.g., insurance policy, constant value bond)
- Copy of Certificate of Use and Occupancy
- DBA documentation (if applicable) (obtained at county-level)
- Certificate of Assumed Name (if applicable) (obtained from LARA Corporations Division)