

Paper Application Instruction Booklet Adult-Use Establishment Licensing

STEP 2 - MARIJUANA ESTABLISHMENT LICENSE

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IMPORTANT NOTICE REGARDING TIME SENSITIVITY:

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

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

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

OVERVIEW – 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 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.

MARIJUANA ESTABLISHMENT 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.

The marijuana establishment license application can be found at the following link: Marijuana Establishment License Application.

APPLICATION CHECKLIST

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



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

This marijuana establishment license application is intended for applicants seeking a license for a marijuana grower (<u>class</u> A, B, or C), marijuana processor, marijuana retailer, marijuana secure transporter, marijuana safety compliance facility, marijuana microbusiness, or class A marijuana microbusiness.

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

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

MARIJUANA ESTABLISHMENT LICENSE APPLICATION Marijuana Establishment License Application □ Page 1: Demographic Information ☐ Page 2: Attestation 2-A - Acknowledgment & Consent to Investigations, Statute & Rule Compliance ☐ Page 3: Attestation 2-B - Interest & Experience Attestation ☐ Page 4: Attestation 2-C - Confirmation of Section 6 Compliance ☐ Page 5: Attestation 2-D - Confirmation of Insurance ☐ Page 6: Acknowledgment of Attestations Page 7: Disclosures: (1) Business Specifications, (2) Municipality Information, (3) Employee Information Supporting Documents □ Copy of Certificate of Use and Occupancy □ Copy of deed or lease agreement ☐ Copy of proof of financial responsibility (e.g., insurance policy, constant value bond) ☐ Copy of marijuana business location □ Copy of floor plan ☐ Copy of business plan, including but not limited to: □ Technology plan □ Marketing plan □ Staffing plan □ Inventory and recordkeeping plan ☐ DBA documentation (if applicable) (obtained at county-level) ☐ Certificate of Assumed Name (if applicable) (obtained from LARA Corporations Division) Marijuana Secure Transporter applicants only: ☐ Proof of auto insurance (for any vehicles used to transport marijuana product) ☐ Vehicle registration (for any vehicles used to transport marijuana product) ☐ Registration as a commercial motor vehicle (for any vehicles used to transport marijuana product)

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 establishment license application.

PAGE 1 – DEMOGRAPHIC INFORMATION

In the LICENSE TYPE section, select the license type for which the applicant is applying.

NSE TYPE indicate the license type for which you are app	olyin	g:	
Class A Marijuana Grower		Marijuana Microbusiness	Marijuana Retailer
Class B Marijuana Grower		Class A Marijuana Microbusiness	Marijuana Safety Compliance Facility
Class C Marijuana Grower		Marijuana Processor	Marijuana Secure Transporter

In the MARIJUANA ESTABLISHMENT 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.
- Assumed name/DBA/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 marijuana establishment.

MARIJUANA ESTABLISHMENT INFORMATION

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

Applicant Name (as appears on official business documents)	Assumed Name/DBA (Attach copy of filed assumed name certificate, if applicable)
Mailing Address	FEIN/SSN
City State Zip Code	Phone
E-mail Address	Business Location Zoning Category (e.g., agriculture, commercial, residential)

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)	7 * * * * * * * * *		Date of Birth (mm/dd/3323)	
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.

<u>PAGE 2 – ATTESTATION 2-A – ACKNOWLEDGMENT & CONSENT TO INVESTIGATIONS, STATUTE & RULE COMPLIANCE</u>

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.

ATTESTATION 2-A ACKNOWLEDGMENT & CONSENT TO INVESTIGATIONS, STATUTE & RULE COMPLIANCE (To be completed and submitted by the applicant) acknowledge that I am the person responsible for submitting this application and supporting documents I hereby acknowledge that the Cannabis Regulatory Agency (Agency) may require supplemental materials to carry out its statutory duties. I agree to submit such supplemental materials as requested in a timely manner. I understand that if the Agency identifies a deficiency in an application, the agency shall notify the applicant and the applicant shall submit the missing information or proof that the deficiency has been corrected to the agency within 5 days of the date the applicant received the deficiency notice. I acknowledge that failure to provide requested disclosures and documentation or to correct any notice of deficiency within 5 days of its receipt may result in the denial of an application I attest that the application information related to the governing municipality for the marijuana establishment which is the subject of this application is complete and accurate. Further, I attest that the use of the premises described therein complies with all covenants, easements, restrictions, and other matters of record including the use provisions of any applicable zoning ordinance and all other governmental requirements. I hereby consent to investigations of compliance, regular inspections, examinations, searches, seizures, and auditing of books and records as provided in MRTMA Section 7 and the MRTMA Administrative Roles. estand 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, maney receptacles, or equipment in which the records are stored. Failure to assist in an investigation may also result in demial, supremisin, revocation, or restriction of a license. I understand that sanctions may be imposed for violations on a licensee while bloemsed or after the maryinana bicsness has expired. I acknowledge that I shall have a physical structure ready for inspection so that I may receive a passing inspection by the 60% day after my complete application is submitted. In the event I do not have a passing inspection by the 60% day, I acknowledge that my application may be denied. I attest that if approved for a RETAILER or MICROBUSINESS license, I shall obtain marijuana liability insurance provided by a licensed and admitted insurance company in Michigan in a minimum amount of \$50,000 pursuant to section 11a of the MRTMA. Further, I attent that I will submit proof of the marijuana liability insurance to the Agency within 60 days after the RETAILER or MICROBUSINESS license is issued.

PAGE 3 – ATTESTATION 2-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.

ATTESTATION 2-B INTEREST & EXPERIENCE ATTESTATION (To be completed by the applicant)

On behalf of	, I
Name of Man Applicant	Same & Title of Individual Authorized to Sign on Behalf of Man Applicant
hereby acknowledge and affirm the following:	
transporter, or safety compliance facility. I attest that in	s, or C license that I do not have any interest in a microbusiness, secure ay investors do not have any interest in a microbusiness, secure hat I do not and will not have an interest in more than 5 marijuana
	R license that I do not have any interest in a microbusiness, secure by investors do not have any interest in a microbusiness, secure
I attest and affirm that if I am applying for a SECURE T processor, retailer, safety compliance facility, microbusine	RANSPORTER license that I do not have an interest in a grower, ss, marijuana event organizer, or temporary event.
	thicense that I do not have any interest in a microbusiness, secure by investors do not have any interest in a microbusiness, secure
grower, secure transporter, processor, retailer, or microbus	MPLIANCE FACILITY license that I do not have any interest in a ineas. I attest that my investors do not have any interest in a grower, gnated consumption area, marijuana event organizer, or temporary
	INESS license that I do not have any interest in a grower, processor, nother microbusiness. I further attest that I do not and will not have
	with these requirements, as set forth in the Michigan Regulation and

PAGE 4 – ATTESTATION 2-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.

Propose	ed Establishment Name:				
Propose	ed Establishment Address:				
Propose	ed Establishment Type:				
Municip	pality of Proposed Establishm	nent:			
Name o	of Municipal Clerk/Designee:				
Phone ?	Number of Municipal Clerk/D	esignee:			
Email A	Address of Municipal Clerk/D	esignee:			
Mailing	Address of A Continued Clark	Dasigmaa.			
	Address of Municipal Cierk	Designee.			
_	Address of Municipal Cierc	Designee.			
On beh	alf of	Main Applicant	, I	& Title of Individual Authorized to	Sign on Behalf of Main Applicant
On beh		Main Applicant	, I	& Title of Individual Authorized to	Sign on Behalf of Main Applicant
On beh	alf of	Main Applicant n on behalf of the pro	, I Nume posed marijuana	& Title of Individual Authorized to establishment identified	Sign on Behalf of Main Applicant I above and attest to and
On beh	Name of Name of the following: The municipality in which use marijuana establishmer	Main Applicant in on behalf of the pro the proposed establisheds.	, I, I	is Trite of Individual Authorized to establishment identified and the anotadopted an ord	Sun on Behilf of Main Applicant i above and attest to and dinance prohibiting adult-
On beh. am auti confirm 1.	Name of Design this attestation the following: The municipality in which use marijuana establishmen I am in compliance with al zoning regulations.	Main Applicant in on behalf of the pro the proposed establish ats. Il ordinances the munic is Regulatory Agency (, I Nime posed marijuana ment is to be locar ipality has adopt	is Title of Individual Audionated to establishment identified ed has not adopted an ord ed relating to marijuana o	Size on Behalf of Main Arphoset i above and attest to and dinance prohibiting adult-establishments, including
On behi am auti confirm 1.	alf of None et al.	Man Archant n on behalf of the pro the proposed establish nts. l ordinances the munic is Regulatory Agency (e proposed marijuana e	posed marijuana nent is to be local ipality has adopt CRA) any chang	is Title of Individual Audionated to establishment identified ed has not adopted an ord ed relating to marijuana o	Size on Behalf of Main Arphoset i above and attest to and dinance prohibiting adult-establishments, including

<u>PAGE 5 – ATTESTATION 2-D – CONFIRMATION OF INSURANCE</u>

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 2-D CONFIRMATION OF INSURANCE (To be completed by the applicant and an authorized representative or designee of the insurance or surety company, and submitted by the applicant) Do not sign unit notary is present			
PART A (to be compl	leted by the applicant):		
On behalf of		, I	I,
	Name of Main Applicant		Name & Title of Individual Authorized to Sign on Behalf of Main Applicant
understand that I am sub	emitting this attestation in accordance	with the Adi	dministrative Rules.
Applicant Signature			Date
Establishment Name Insured	Party Name		
Establishment Address/Insur	ed Party Address		

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

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

I,		, of	
	Name of Representative Designer	, of	saty Authorized to do Business in this State
coverage or adulter	for bodily injury to lawful users resulti- rated marijuana-infused products in an	y (Agency) that the applicant for a state license as ing from the maintfacture, distribution, transportat amount not less than \$100,000.00 and that no pro- licensee that would exclude the coverage mandat	ion, or sale of adulterated marijuans fucts liability exclusion exists in the
I further a	attest that:		
	The policy number for the above-re	eferenced insurance policy is	, with an effective date of
_		. The declaration page of the above-refere	
	The bond number for the above-refe	erenced constant value bond is	, with an effective date of
	, and expiration date of	. A copy of the bond is attached hereto.	
The polic		e following locations (list all locations covered by	the policy or bond):
			the policy or bond);
	y or surety bond listed above covers the	e following locations (list all locations covered by	the policy or bond):
Representa Date	y or surety bond listed above covers the	e following locations (list all locations covered by Company Address	the policy or bond):
Representa Date	y or surety bond listed above covers the street or Designee Signature	e following locations (list all locations covered by Company Address	
Representa Date Subscribe	y or surety bond listed above covers the street or Designee Signature	e following locations (list all locations covered by Company Address	on.
Representa Date Subscribe Ovotsey Publ	y or surety bond listed above covers the tive or Designee Signature If and sworm to by (Respondents)	e following locations (list all locations covered by Company Address	on(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 entity 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.

PAGE 7 – DISCLOSURES

(1) BUSINESS SPECIFICATION

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

(1) BUSINESS SPECIFICATIONS

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

Property Tax ID Number

Owner of Record

Type of Ownership or Use Interest (e.g., own, rent, land contract)

(2) MUNICIPALITY INFORMATION

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

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

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

(2) <u>N</u>	Œ	NICIPALITY INFORMATION
A		Name of municipality in which the marijuana establishment will be located:
Е		City, state, and zip code of municipality:
c	4	County of municipality:

(3) EMPLOYEE INFORMATION

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

(3) EMPLOYEE INFORMATION A. Number of employees who will work for this marijuana establishment: ________(if unknown,

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 adult-use establishment Step 2 license application should contain the following supporting documents:

- > Copy of Certificate of Use and Occupancy
- > Copy of deed or lease agreement
- Copy of proof of financial responsibility (e.g., copy of insurance policy or constant value bond)
- ➤ Copy of marijuana business location plan complying with Rule 8 in the Marihuana Licenses Rule Set (R 420.8)
- Copy of floor plan
- > Copy of business plan, including but not limited to:
 - O Technology plan
 - Marketing plan
 - O Staffing plan
 - O Inventory and recordkeeping plan
- > DBA documentation (if applicable) (obtained at county-level)
- > Certificate of Assumed name (if applicable) (obtained from LARA Corporations Division)

Marijuana secure transporter license applicants, also provide:

- Proof of auto insurance (for any vehicles used to transport marijuana product)
- > Vehicle registration (for any vehicles used to transport marijuana product)
- Registration as a commercial motor vehicle (for any vehicles used to transport marijuana product)