

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

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

## TEMPORARY MARIJUANA EVENT LICENSE APPLICATION

(An active marijuana event organizer license is required before applying)

### *Temporary Marijuana Event License Application*

- Page 1: Demographic Information
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- Page 3: Attestation 4-B – Confirmation of Section 6 Compliance
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### *Supporting Documents*

- Copy of business plan, including but not limited to:
  - Technology plan
  - Staffing plan
  - Inventory and recordkeeping plan
- Diagram of physical layout of event
- Copy of security plan
- Copy of responsible operations plan
- Copy of product & waste management plan
- Copy of marketing plan
- List of marijuana vendors and employees participating in event
- Copy of proof of financial responsibility (e.g., insurance policy, constant value bond)
- Copy of marijuana liability insurance policy (for each retailer and microbusiness vendors making sales)
- DBA documentation (if applicable) (obtained at county level)
- Certificate of Assumed Name (if applicable) (obtained from LARA Corporations Division)

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

### MARIJUANA EVENT ORGANIZER LICENSE INFORMATION

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

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

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

### TEMPORARY MARIJUANA EVENT INFORMATION

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

<b>Temporary Marijuana Event Name</b>	<b>Phone</b> <span style="float: right;"><b>E-mail Address</b></span>
<b>Mailing Address</b>	<b>Event Physical Address</b>
City <span style="float: right;">State      Zip Code</span>	City <span style="float: right;">State      Zip Code</span>

### PERSON COMPLETING APPLICATION

Please provide the following information for the individual who will act as the primary contact for this license application.

<b>Name</b> (First, Middle, Last)	<b>Date of Birth</b> (mm/dd/yyyy)
<b>Mailing Address</b>	<b>Phone</b>
City <span style="float: right;">State      Zip Code</span>	<b>E-mail Address</b>

<b><u>VALIDATION - FOR DEPARTMENT USE ONLY</u></b>
<b>CRA RECEIPT</b>

**ATTESTATION 4-A**

**ACKNOWLEDGMENT & CONSENT TO INVESTIGATIONS, STATUTE & RULE COMPLIANCE**

**(To be completed and submitted by the applicant)**

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

acknowledge that I am the person responsible for submitting this application and supporting documents.

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

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

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

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

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

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

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

Applicant Legal Name: \_\_\_\_\_

Proposed Event Name: \_\_\_\_\_

Proposed Event Venue: \_\_\_\_\_

Proposed Event Address: \_\_\_\_\_

Municipality of Proposed Event : \_\_\_\_\_

Name of Municipal Clerk/Designee: \_\_\_\_\_

Phone Number of Municipal Clerk/Designee: \_\_\_\_\_

Email Address of Municipal Clerk/Designee: \_\_\_\_\_

Mailing Address of Municipal Clerk/Designee: \_\_\_\_\_

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

am authorized to sign this attestation on behalf of the proposed temporary marijuana event identified above and attest to and confirm the following:

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

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

\_\_\_\_\_  
Date

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

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

Do not sign until notary is present

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

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

understand that I am submitting this attestation in accordance with the Administrative Rules.

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

\_\_\_\_\_  
Date

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

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

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

I, \_\_\_\_\_, of \_\_\_\_\_,  
Name of Representative/Designee Name of Insurance or Surety Company Authorized to do Business in this State

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

I further attest that:

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

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

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

\_\_\_\_\_

\_\_\_\_\_  
Representative or Designee Signature

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Date

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_.  
(Representative/Designee Name) (Date)

\_\_\_\_\_  
(Notary Public Signature)

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

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

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

**ACKNOWLEDGMENT OF ATTESTATIONS**

**(To be signed and submitted by the applicant)**

Do not sign until notary is present

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

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

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

Further, I affirm, under the penalties of perjury, that the information set forth in this application and all supporting documents is true, complete, and correct, and that no material information has been omitted.

\_\_\_\_\_  
Signature of Individual Authorized to Sign on Behalf of Main Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_.  
(Authorized Individual Name) (Date)

\_\_\_\_\_  
(Notary Public Signature)

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

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

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

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

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

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

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

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

**(2) BUSINESS SPECIFICATIONS**

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

Indoor       Outdoor       Both

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

Sale of Marijuana Products       Consumption of Marijuana Products       Both

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

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

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

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

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

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

**(3) MUNICIPALITY INFORMATION**

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

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

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

**(4) EMPLOYEE INFORMATION**

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