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

ENTITY PREQUALIFICATION

☐ $3,000 Application Fee (Main applicants only)

☐ Entity Prequalification Application

- ☐ Page 1: Demographic Information
- ☐ Page 2: Attestation 1-A – Acknowledgment, Agreement, & Consent
- ☐ Page 3: Attestation 1-B – Verification & Affidavit of Full Disclosure
- ☐ Page 4: Attestation 1-C – Authorization to Release Information
- ☐ Page 5: Attestation 1-D – Acknowledgment of Federal Law & Release of Liability
- ☐ Page 6: Attestation 1-E – Confirmation of Tax Compliance
- ☐ Page 7: Acknowledgment of Attestations (signed and notarized)
- ☐ Page 8: Disclosure E-1 – Entity Information
- ☐ Pages 10-11: Disclosure E-2 – Associated Parties
- ☐ Page 12: Disclosure E-3 – Tax & Tax Compliance
- ☐ Pages 13-14 : Disclosure E-4 – Government Regulation
- ☐ Page 15: Disclosure E-5 – Litigation History

☐ Supporting Documents

Entity Information Documents

- ☐ Copy of Governing Documents (e.g., operating agreement, bylaws)
- ☐ Certificate of Good Standing
- ☐ Approval to Conduct Business Transactions in Michigan (if applicable)
- ☐ Certificate of Assumed Name (if applicable) (obtained from LARA Corporations Division)
- ☐ Copy of Organizational Structure (required for main entities; not required for supplemental entities)
- ☐ Authorizing Resolution
- ☐ Social Equity Plan (required for main entities; not required for supplemental entities)

Regulation Documents

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

Tax Compliance Documents

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

Litigation Documents

- ☐ Copy of Litigation Documentation (if applicable)

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

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

Is the entity applying as the main applicant or a supplemental applicant? ☐ Main Applicant ☐ Supplemental Applicant

If applying as a supplemental applicant, provide the entity name of the main applicant: _____

DEMOGRAPHIC INFORMATION

Please provide the following information regarding the entity applicant.

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

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**

SOCIAL EQUITY INFORMATION

Please provide the following information regarding social equity. Attach additional pages of this form if necessary.

Is the entity 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)

VALIDATION - FOR DEPARTMENT USE ONLY	
CRA RECEIPT	**REVENUE SERVICES VALIDATION** CODE: 51060

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

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

On behalf of _____, I _____,
Name of Entity — Name & Title of Individual Authorized to Sign on Behalf of Entity

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.

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

ATTESTATION 1-B
VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE

(To be completed and submitted by the applicant)

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

On behalf of _____, I _____,
Name of Entity — Name & Title of Individual Authorized to Sign on Behalf of Entity
confirm the following:

1. I am the individual responsible for submitting this application and have full authority to execute this affidavit of full disclosure.

2. I authorize_____to be a contact person for the Cannabis Regulatory Agency (Agency). I understand that this person will have access to records and material submitted to the Agency for the purposes of this application. Further, I understand that this person will retain access and receive communication from the Agency regarding the applicant/licensee until the applicant/licensee submits an official request to remove this person's access and cease communication with this person. Please provide the information for this contact person below.

   E-mail Address: _____ Phone Number: _____

   Accela Citizen Access Login User ID (if applicable): _____

3. I authorize the person listed as the Person Completing Application within the demographic section of the application to be a contact person for the Agency. I understand that this person will have access to records and material submitted to the Agency for the purposes of this application. Further, I understand that this person will retain access and receive communication from the Agency regarding the applicant/licensee until the applicant/licensee submits an official request to remove this person's access and cease communication with this person.

4. I affirm that the information contained in this application is true, complete, and accurate to the best of my knowledge and belief.

5. Except as reported in this application, I have no agreements or understandings with any person or entity and no present intent to hold as agent, nominee, or otherwise any interest in the application.

6. Except as reported in this application, I have no agreements or 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.

7. I understand that the entity has an ongoing obligation to notify the Agency should the entity enter into any such agreement contemplated by this attestation.

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

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

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

On behalf of _____, I _____,
Name of Entity — Name & Title of Individual Authorized to Sign on Behalf of Entity

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

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

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

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

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

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

ATTESTATION 1-D
ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF LIABILITY

(To be completed and submitted by the applicant)

On behalf of _____, I _____,
Name of Entity — Name & Title of Individual Authorized to Sign on Behalf of Entity

hereby acknowledge and affirm the following:

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

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

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

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

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

ATTESTATION 1-E
CONFIRMATION OF TAX COMPLIANCE

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

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

On behalf of _____, I _____,
Name of Entity — Name & Title of Individual Authorized to Sign on Behalf of Entity

understand that I am submitting this Attestation in compliance with MRTMA and the Administrative Rules. I hereby attest that the statements that will be confirmed in Part B below are true to the best of my knowledge and belief. I further 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.

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

_____ _____
Signature of Individual Authorized to Sign on Behalf of Entity — Date

_____
Entity FEIN

Return Address for Completed Form:

_____
Name

_____
Representative Name (if applicable)

_____
Return Email Address or Mailing Address

_____
Phone Number

Treasury Phone: 517-636-6925 | Treasury Email: Treas-MI-Marihuana-Tax@michigan.gov

PART B (to be completed by a designee of the Michigan Department of Treasury and returned to the applicant):

I,_____(designee) of the Michigan Department of Treasury, hereby confirm to the Cannabis Regulatory Agency (Agency) that the applicant for a state license as named above in Part A:

☐ does not have federal employer identification number, therefore, Treasury cannot verify the applicant has no delinquency in payments.

☐ has no delinquency in payments and has satisfied all obligations for any sales, excise, or any other taxes that were to be levied on the sale of marijuana in accordance with the treasury bulletin titled "Notice to the Taxpayers Regarding the Michigan Regulation and Taxation of Marihuana Act" which was issued January 29, 2019, as well as any subsequent bulletins released regarding tax obligations. This attestation is provided in accordance with the Michigan Regulation and Taxation of Marihuana Act, 2018 IL 1 (MRTMA), and the Administrative Rules.

So long as Treasury can verify the applicant has no delinquency in payments, I further confirm that:

1. The applicant is in good standing with the Michigan Department of Treasury for any taxes for which the applicant is responsible.
2. There are no outstanding obligations for any taxes levied for which the applicant is responsible.
3. Any tax delinquencies for which the applicant is responsible, have been satisfied, if applicable.

_____ _____
Signature of Treasury Designee — Date

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

ACKNOWLEDGMENT OF ATTESTATIONS

(To be completed and submitted by the applicant)

Do not sign until notary is present

On behalf of _____, I _____,
Name of Entity — Name & Title of Individual Authorized to Sign on Behalf of Entity

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

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

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

_____ _____
Signature of Individual Authorized to Sign on Behalf of Entity — Date

Subscribed and sworn to by_____before me on_____.
(Authorized Individual Name) — (Date)

_____ _____
(Notary Public Signature) — (Notary Public Printed Name)

State of_____, County of_____. Acting in the county of_____, _____.
(county) — (state)

My commission expires:_____.

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

DISCLOSURE E-1 – ENTITY INFORMATION

_____
Entity Name

(1) ENTITY STRUCTURE

- ☐ Limited Liability Company (LLC)
- ☐ C Corporation
- ☐ S Corporation
- ☐ Joint Venture
- ☐ Partnership
- ☐ Trust
- ☐ Other: _____

(2) ENTITY PRIOR NAMES

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

Entity Prior Name	Date Use Began	Date Use Ceased

(3) ENTITY PRIOR ADDRESSES

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

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

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

MAIN ENTITY ORGANIZATIONAL STRUCTURE REQUIREMENTS & EXAMPLE

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

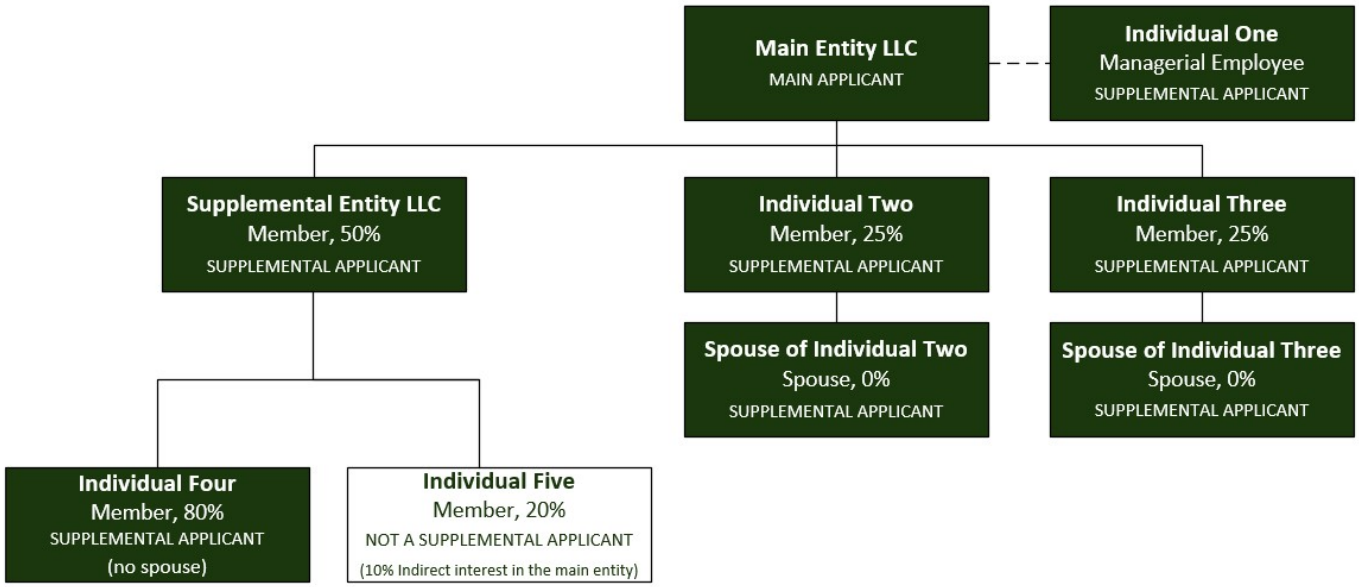
Limited Liability Company	All members, the spouses of all members holding a direct or indirect ownership interest of greater than 10% in the main applicant; all managers, and the spouses of all managers.
Publicly Held Corporation **Privately Held Corporation**	All corporate officers or persons with equivalent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

Also Include:

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

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

Example:



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

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

DISCLOSURE E-2—ASSOCIATED PARTIES

_____
Entity Name

Associated Parties & Spouses

- **For a main entity applicant:** Disclose all managerial employees and the following for the applicable entity type below:
  - **For a limited liability company (LLC):** Disclose all managers, all members that have greater than 10% direct or indirect ownership interest and/or that exercise control over or participate in the management of the LLC, and the spouses of these individuals.
  - **For a publicly or privately held corporation:** Disclose all corporate officers or persons with equivalent titles, all directors, all shareholders holding a direct or indirect interest of greater than 10% in the corporation, and the spouses of these individuals.
  - **For a trust:** Disclose all trustees, all individuals or bodies able to control or direct the affairs of the trust, all beneficiaries receiving or who have the right to receive greater than 10% of the gross or net profit of the trust during any full or partial calendar or fiscal year, and the spouses of these beneficiaries.
  - **For a partnership or limited liability partnership:** Disclose all partners and their spouses.
  - **For a limited partnership and limited liability limited partnership:** Disclose all general and limited partners with greater than 10% ownership interest and their spouses.
  - **For a nonprofit corporation**: Disclose all entities and individuals with membership or shareholder rights and their spouses.

If this application is for a main entity applicant, all entities and individuals listed on this page must submit a prequalification application.

Entity or Individual Name	FEIN or SSN	E-mail Address	Mailing Address	Date of Birth (if applicable)	Out of Country Applicant?
					☐ Yes
					☐ Yes
					☐ Yes
					☐ Yes
					☐ Yes
					☐ Yes
					☐ Yes
					☐ Yes
					☐ Yes
					☐ Yes
					☐ Yes
					☐ Yes
					☐ Yes
					☐ Yes
					☐ Yes
					☐ Yes
					☐ Yes
					☐ Yes
					☐ Yes
					☐ Yes

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

DISCLOSURE E-2 – ASSOCIATED PARTIES, CONTINUED

_____
Entity Name

Ten Percent or Less

List all entities and individuals with 10% or less direct or indirect ownership in the entity for which this application is being completed. Those holding less than 2.5% direct or indirect ownership interest in the main entity are not required to be disclosed.

- **For a limited liability company (LLC):** Disclose all members with 10% or less ownership interest in the main applicant seeking licensure.
- **For a publicly and privately held corporation**: Disclose all shareholders holding an interest of 10% or less in the main applicant seeking licensure. Shareholders holding an interest of 5% or less in the main applicant seeking licensure are not required to be disclosed.
- **For a trust:** Disclose all beneficiaries receiving or who have the right to receive 10% or less of the gross or net profit of the trust during any full or partial calendar or fiscal year
- **For a limited partnership and limited liability limited partnership:** Disclose all general and limited partners with 10% or less ownership interest.

Entity or Individual Name	E-mail Address	Mailing Address	Date of Birth (if applicable)

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

DISCLOSURE E-3—TAX & TAX COMPLIANCE

_____
Entity Name

(1) TAXING AGENCIES

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

☐ Yes ☐ No

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

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

(2) TAX COMPLIANCE

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

☐ Yes ☐ No

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

Taxing Agency	Type of Tax	Tax Year	Amount

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

DISCLOSURE E-4 - GOVERNMENT REGULATION

_____
Entity Name

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

(1) MARIJUANA BUSINESS INTERESTS

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

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

(2) COMMERCIAL LICENSES OR CERTIFICATES

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

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

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

DISCLOSURE E-4 - GOVERNMENT REGULATION, CONTINUED

Entity Name _____

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

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

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

(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

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

DISCLOSURE E-5 - LITIGATION HISTORY

_____
Entity Name

(1) LITIGATION HISTORY

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

☐ Yes ☐ No

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

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

(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.

_____
_____
_____
_____
_____
_____

(3) GOVERNMENT CHARGES & INVESTIGATIONS

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

_____
_____
_____
_____
_____
_____