

This excess marijuana grower license application is intended for applicants holding 5 adult-use class C marijuana grower licenses and at least 2 medical marijuana grower class C licenses. Each excess marijuana grower license allows the licensee to grow up to 2,000 excess marijuana plants. The licensee’s total adult-use excess plant count cannot exceed the licensee’s authorized medical marijuana grower class C plant count.

**DO NOT** SUBMIT AN EXCESS MARIJUANA GROWER 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.

## EXCESS MARIJUANA GROWER LICENSE APPLICATION

### *Marijuana Establishment License Application*

- Page 1: Demographic Information
- Page 2: Attestation 5-A – Acknowledgment & Consent to Investigations, Statute & Rule Compliance
- Page 3: Attestation 5-B – Interest & Experience Attestation
- Page 4: Attestation 5-C – Confirmation of Section 6 Compliance
- Page 5: Attestation 5-D – Confirmation of Insurance (if applicable)
- Page 6: Acknowledgment of Attestations (signed & notarized)
- Pages 7-8: Disclosures: (1) Excess Grow Amount Information, (2) Class C Marijuana Grower Licenses, (3) Business Specifications, (4) Municipality Information, (5) Employee Information

### *Supporting Documents*

- Copy of business plan, including but not limited to:
  - Technology plan
  - Marketing plan
  - Staffing plan
  - Inventory 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)

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.



**EXCESS MARIJUANA GROWER INFORMATION**

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

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

**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>
<b>City</b> <b>State</b> <b>Zip Code</b>	<b>E-mail Address</b>

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

**ATTESTATION 5-A**

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

**(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  
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.

**ATTESTATION 5-B**  
**INTEREST & EXPERIENCE ATTESTATION**  
(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

hereby acknowledge and affirm the following:

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.

**ATTESTATION 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 \_\_\_\_\_, 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 marijuana establishment identified above and attest to and confirm the following:

1. The municipality in which the proposed establishment is to be located has not adopted an ordinance prohibiting adult-use marijuana establishments.
2. I am in compliance with all ordinances the municipality has adopted relating to marijuana establishments, 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 marijuana establishment.
4. I will report to the CRA any municipal establishment approvals.
5. I will report to the CRA any violations of a municipal or zoning regulation.

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

\_\_\_\_\_  
Date

**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 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 5-A: Acknowledgment & Consent to Investigations, Statute & Rule Compliance
- Attestation 5-B: Interest & Experience Attestation
- Attestation 5-C: Confirmation of Section 6 Compliance
- Attestation 5-D: 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) 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 adult-use 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 \$24,000. Each additional excess marijuana grower license is an additional \$24,000 initial licensure fee.

**(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.

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Medical License No.

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Medical License No.

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Medical License No.

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Medical License No.

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Medical License No.

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Medical License No.

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Medical License No.

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Medical License No.

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Medical License No.

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Medical License No.

**B. Adult-Use Class C Marijuana Grower Licenses:** Provide the license numbers for your adult-use class C marijuana grower licenses.

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Adult-Use License No.

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Adult-Use License No.

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Adult-Use License No.

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Adult-Use License No.

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Adult-Use License No.



**(3) 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

\_\_\_\_\_  
Property Street Address

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

**(4) MUNICIPALITY INFORMATION**

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

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

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

**(5) EMPLOYEE INFORMATION**

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