

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

CRA-AdultUseLicensing@Michigan.gov

MARIJUANA EVENT ORGANIZER LICENSE APPLICATION		
Marijuana Event Organizer License Application		
☐ Page 1: Demographic page		
☐ Page 2: Attestation A - Acknowledgment of Application		
Supporting Documents		
☐ DBA documentation (if applicable) (obtained at county-level)		
☐ Certificate of Assumed Name/DBA documentation (if applicable) (obtained from LARA Corporations Division)		
MARIJUANA EVENT ORGANIZER INFORMATION Please provide the following information for the proposed temporary marijuana event license applicant.		
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 Email Address	
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/yyyy)		
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Mailing Address	Phone	
City State Zip Code	Email Address	

VALIDATION - FOR DEPARTMENT USE ONLY	
CRA RECEIPT	

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ATTESTATION A ACKNOWLEDGMENT OF APPLICATION

(To be completed and submitted by the applicant)

Do not sign until notary is present

On behalf of	, I,
On behalf of	Name & Title of Individual Authorized to Sign on Behalf of Main Applicant
acknowledge the following:	
1. I am currently prequalified to receive a state license from the	Cannabis Regulatory Agency.
2. I understand that a marijuana event organizer license is valid	for a period of 1 year.
3. I understand that I must submit a temporary marijuana even	t license application to the Agency and that application must
be approved before I can hold a temporary marijuana event.	
4. I understand that I must submit a temporary marijuana event	license application to the Agency at least 90 days before the
first day of the proposed event.	
is true, complete, and correct, and that no material information has Signature of Individual Authorized to Sign on Behalf of Main Applicant	Date
Subscribed and sworn to by	
(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:	

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