



# Demographic Amendment Application Instructions

Cannabis Regulatory Agency  
517-284-8599  
[mi.gov/cra](http://mi.gov/cra)  
[CRA-Amendments@michigan.gov](mailto:CRA-Amendments@michigan.gov)

# Demographic Amendment Application Instructions

## Demographic Amendment Application Form - General Overview

If an applicant/licensee needs to make a change to their demographic information (change of individual name, mailing address, email address, phone number or change/addition of an assumed name), they must submit a demographic amendment application to the CRA. If a change applies to both Medical Facilities Licensing and Adult-Use Licensing, only one demographic amendment is required to be submitted.

The demographic amendment application must be emailed with the appropriate supporting documentation (if applicable) to [CRA-Amendments@michigan.gov](mailto:CRA-Amendments@michigan.gov).

After initial review of the demographic amendment application, the License Maintenance Section will contact you if further information is required or when a determination has been made.

If there are any questions regarding a demographic amendment, please contact the CRA by calling (517) 284-8599 or emailing [CRA-Amendments@michigan.gov](mailto:CRA-Amendments@michigan.gov).

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## Demographic Amendment Application Form - General Information

**General Information:** Complete all fields within the general information section.

- Entity/Individual to be Updated: *This should be the name of the person that needs the updates to be made. If an entity needs to alter their contact information the name of the entity should be completed. If an individual member of the business will need to update their contact information, their individual name should be provided. One form is required per person and all fields must be completed.*
  - *Examples:*
    - *Green, LLC has a new phone number. The name to be completed in Green, LLC.*
    - *John Doe has a new email. The name to be completed is John Doe.*

General Information
Entity/Individual to be Updated:

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## Demographic Amendment Application Form - Amendment Type

**Amendment Type:** Complete all fields in this section. The Name section can remain empty if a change of legal individual name is not being requested.

- All fields must be completed specific to the applicant/licensee and not a third party. Third party information will be housed in a separate contact as an authorized contact on the record.
- A change in legal entity name (as filed on the Articles) will require a complex amendment.

Demographic Amendment Information
<input type="checkbox"/> Name (an updated Government ID is required if changing an individual's name):
<input type="checkbox"/> Phone Number:
<input type="checkbox"/> Email Address:
<input type="checkbox"/> Mailing Address:

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## Demographic Amendment Application Form - Amendment Type

- Assumed Name and/or DBA Change:** Enter the proposed assumed name and/or DBA that will be utilized for the business.
- List the record numbers for every license that the change applies to. Use multiple pages if needed.

Assumed Name and/or DBA Change		
<input type="checkbox"/> Proposed Assumed Name/DBA:		
The change applies to the following licenses:		
License Number	License Number	License Number
License Number	License Number	License Number
License Number	License Number	License Number
License Number	License Number	License Number
License Number	License Number	License Number
License Number	License Number	License Number
License Number	License Number	License Number
License Number	License Number	License Number

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## Demographic Amendment Application Form - Person Completing Form

**Person Completing Form:** Complete all fields in this section.

- Name - Provide the name of the person completing the form.
- Affiliation with Amendment Applicant - Provide the affiliation that the person completing the form has with the amendment applicant.
- Email Address - Provide the email address of the person completing the form.
- Phone - Provide the phone number of the person completing the form.

Person Completing Form	
Name (First, Middle, Last):	Affiliation with Applicant/Licensee:
Email Address:	Phone:



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