Reporting Form Instructions

Reporting Form Process - Enforcement

Cannabis Regulatory Agency
517-284-8599
Michigan.gov/CRA
CRA-Amendments@michigan.gov

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CANNABIS
REGULATORY AGENCY

Reporting Form Instructions

General Overview

Reporting Form Instructions

General Overview

Per the MMFLA, MRTMA, and the Administrative Rules, applicants/licensees shall report to the agency any proposed changes as indicated in R 420.14 and R 420.802.

The applicant/licensee must submit the Reporting Form for each item being reported and/or requested. If a proposed change applies to both Medical Facilities Licensing and Adult-Use Licensing, only one Reporting Form should be filed as this will be indicated on the Reporting Form.

The Reporting Form must be submitted with the appropriate supporting documentation as listed on page one of the Reporting Form. Reporting Forms must be filed on the Accela Citizen Access Portal (ACA). Any additional documents after the initial submission should also be uploaded to ACA. Please do not email documents.

After initial review of the Reporting Form, additional supporting documentation may be required, and the applicant/licensee will receive a notice from the agency if applicable.

If there are any questions regarding a Reporting Form, please contact the agency by calling (517) 284-8599 or emailing CRA-Amendments@michigan.gov.

Reporting Form Instructions

Supporting Documentation

Reporting Form Instructions – Enforcement

Supporting Documentation

Before initiating the Reporting Form process, be advised each Reporting Form type will have a specific set of documents that will be required to be submitted with the Reporting Form. The following documentation will be required in addition to the Reporting Form:

If reporting a **change of processing machinery or equipment**, provide:

- Description of Change

If reporting a **change to operational or method changes requiring inspection**, provide:

- Description of Change

Additions or reductions in equipment or processes, provide:

- Description of Change

Increase or decrease in the size or capacity of the marijuana business, provide:

- Description of Change

Alterations of ingress or egress, provide:

- Description of Change

Reporting Form Instructions – Enforcement

Supporting Documentation

Before initiating the Reporting Form process, be advised each Reporting Form type will have a specific set of documents that will be required to be submitted with the Reporting Form. The following documentation will be required in addition to the Reporting Form:

Changes that impact **security, fire safety, and building safety**, provide:

- Description of Change

If reporting any **change or modification to the marijuana business**, provide:

- Updated floor plan
- Updated marijuana business location plan

If reporting any **action by another party or employee in violation of the acts or rules**, provide:

- Name of the “other” party or name of the employee
- Description of conduct

If reporting **an unwanted fire**, provide:

- Date of fire
- Date licensee notified BFS
- Report number (if available)
- Copy of report (if available)
- Description of event

Reporting Form Instructions – Enforcement

Supporting Documentation

Before initiating the Reporting Form process, be advised each Reporting Form type will have a specific set of documents that will be required to be submitted with the Reporting Form. The following documentation will be required in addition to the Reporting Form:

If reporting any **theft or loss of any marihuana product or criminal activity at the marihuana business**, provide:

- Date of incident
- Date reported to police
- Name of law enforcement agency
- Report number (if available)
- Copy of report (if available)
- Description of event
- Spreadsheet exported from METRC that includes a list of package tags affected and amounts stolen/lost
- Copy of METRC adjustment report showing affected tags have been adjusted

Reporting Form Instructions

Completing the Reporting Form

Reporting Form Instructions

Reporting Form – Enforcement - Checklist

Checklist: Indicate on the checklist which item you are reporting. Only one item should be reported per reporting form.

Supporting Documents Checklists
If reporting a change of processing machinery or equipment, provide: ☐ Description of the change
If reporting a change operational or method changes requiring inspection, provide: ☐ Description of the change
Additions or reductions in equipment or processes, provide: ☐ Description of the change
Increase or decrease in the size or capacity of the marijuana business, provide: ☐ Description of the change
Alterations of ingress or egress, provide: ☐ Description of the change
Changes that impact security, fire safety, and building safety, provide: ☐ Description of the change
If reporting any change or modification to the marijuana business, provide: ☐ Updated floor plan ☐ Updated marijuana business location plan
If reporting action by another party or employee in violation of the acts or rules, provide: ☐ Name of the "other" party or name of the employee ☐ Description of conduct
If reporting an unwanted fire, provide: ☐ Date of the fire ☐ Date licensee notified BFS ☐ Report number (if available) ☐ Copy of report (if available) ☐ Description of event
If reporting theft or loss of any marihuana product or criminal activity at the marihuana business, provide: ☐ Date of incident ☐ Date reported to police ☐ Name of law enforcement agency ☐ Report number (if available) ☐ Copy of report (if available) ☐ Description of event ☐ Spreadsheet exported from METRC that includes a list of package tags affected and amounts stolen/lost ☐ Copy of METRC adjustment report showing affected tags have been adjusted

Reporting Form Instructions

Reporting Form - Enforcement - General Information

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

- *Main Applicant/Licensee Legal Name* - This section should be the official name of the company, not an Assumed Name/Doing Business As name.
- *Main Applicant/Licensee Prequalification Record Number (e.g., ERG-000000, AU-ER-000000)* - This section requires all prequalification record numbers the specific Reporting Form will apply to. If you are unsure of the record number, please login to your ACA account to find the correct numbers or send an email to CRA-Amendments@michigan.gov.
- *If the update pertains to a licensed location, provide the assumed name or DBA being used at the location (if applicable):* - This section requires the current name being used for this location, if different than the entity legal name.
- *If the update involves a licensed location, provide the license number (e.g., PC-000000, AU-R-000000)* - This section requires the specific license number the Reporting Form will apply to.

General Information	
Main Applicant/Licensee Legal Name:	Main Applicant/Licensee Prequalification Record Number (e.g., ERG-000000, AU-ER-000000):
If the update pertains to a licensed location, provide the assumed name or DBA being used at the location (if applicable):	If the update involves a licensed location, provide the license number (e.g., PC-000000, AU-R-000000):
Change applies to: ☐ Medical (MMFL) Only ☐ Adult-Use (AU) Only ☐ Both MMFL and AU	Date applicant/licensee became aware of change/update:
Physical Address (if more than one location, please file a separate form):	

Reporting Form Instructions

Reporting Form - Enforcement - General Information

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

- *Change applies to* – One checkbox must be selected to indicate if this Reporting Form will apply to Medical, Adult-Use, or both.
- *Date applicant/licensee became aware of change/update –* This section requires the date the applicant/licensee became aware of the item being reported.
- *Physical Address* – This section requires the physical location of the license. Only one address can be listed per form.

General Information	
Main Applicant/Licensee Legal Name:	Main Applicant/Licensee Prequalification Record Number (e.g., ERG-000000, AU-ER-000000):
If the update pertains to a licensed location, provide the assumed name or DBA being used at the location (if applicable):	If the update involves a licensed location, provide the license number (e.g., PC-000000, AU-R-000000):
Change applies to: ☐ Medical (MMFL) Only ☐ Adult-Use (AU) Only ☐ Both MMFL and AU	Date applicant/licensee became aware of change/update:
Physical Address (if more than one location, please file a separate form):	

Reporting Form Instructions

Reporting Form - Enforcement

Reporting Form Type: Select the checkbox that is associated to the type of item the licensee is reporting.

Item(s) Being Reported
☐ Change of processing machinery or equipment
☐ Change operational or method changes requiring inspection
☐ Additions or reductions in equipment or processes
☐ Increase or decrease in the size or capacity of the marijuana business
☐ Alterations of ingress or egress
☐ Changes that impact security, fire safety, and building safety
☐ Change or modification to the marijuana business
☐ Action by another party or employee in violation of the acts or rules
☐ The occurrence of an unwanted fire
☐ Theft or loss of any marihuana product or criminal activity at the marihuana business

Reporting Form Instructions

Reporting Form - Description of Proposed Reporting Form

Provide a Detailed Description of the Item/Change Being Reported: Give a detailed explanation of the item or change being reported, including the names of all parties involved.

- For example: ABC 123 Inc. is adding a new egress window to its location at 567 Example St. Lansing, MI 48906.

Provide a Detailed Description of the Item/Change Being Reported

Reporting Form Instructions

Reporting Form - Description of Proposed Reporting Form

Onsite Contact for Purposes of this Reporting Form Only: Provide the first and last name, phone number, and email address for the person who will be the contact for the CRA and BFS while these changes are being made.

Onsite Contact for Purposes of this Reporting Form Only:		
First and Last Name:	Phone:	Email:

Reporting Form Instructions

Reporting Form - Person Completing Form

Signature & Declaration: Complete all fields in this section.

- *Signature* – This form must be signed by an authorized individual.
- *Date*- Provide the date the form was signed.
- *Printed Name* - Provide the name of the person who signed the form.
- *Affiliation with Main Applicant/Licensee* - Provide the affiliation that the person signing the form has with the Main Applicant/Licensee.

Signature & Declaration

I attest the information I provided on this reporting form is true and accurate and that I will comply with the requirements of the Medical Marihuana Facilities Licensing Act (MMFLA) and/or the Michigan Regulation and Taxation of Marihuana Act (MRTMA) and associated rules. I understand that falsified or fraudulent information could subject the licensee to disciplinary action as provided in the MMFLA, MRTMA, and associated rules, up to and including license revocation.

Signature: **Date:**

Printed Name:

Affiliation to Main Applicant/Licensee:

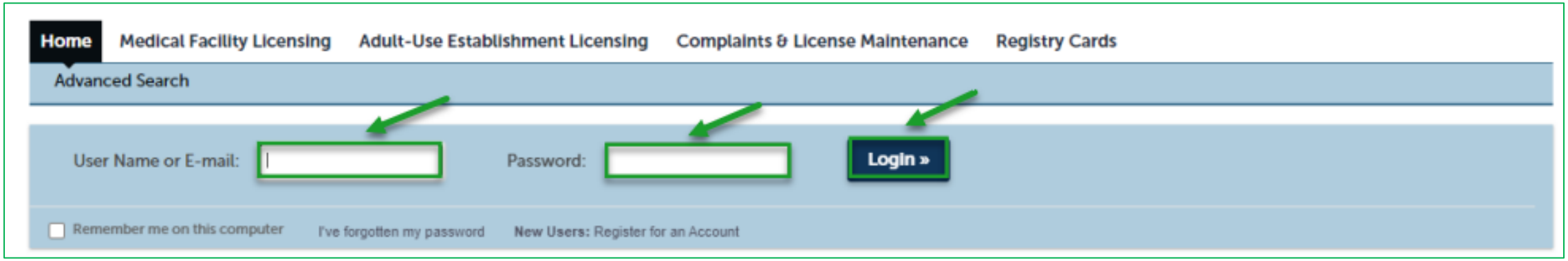
Reporting Form Instructions

Submitting the Reporting Form

Reporting Form Instructions

Reporting Form Submission - Login to ACA

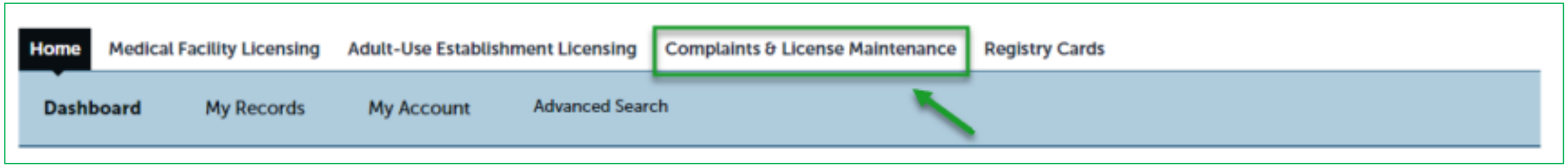
- Go to ***www.Michigan.gov/CRAonline***.
- Enter ***User Name or E-mail.***
- Enter ***Password***.
- Select ***Login***.



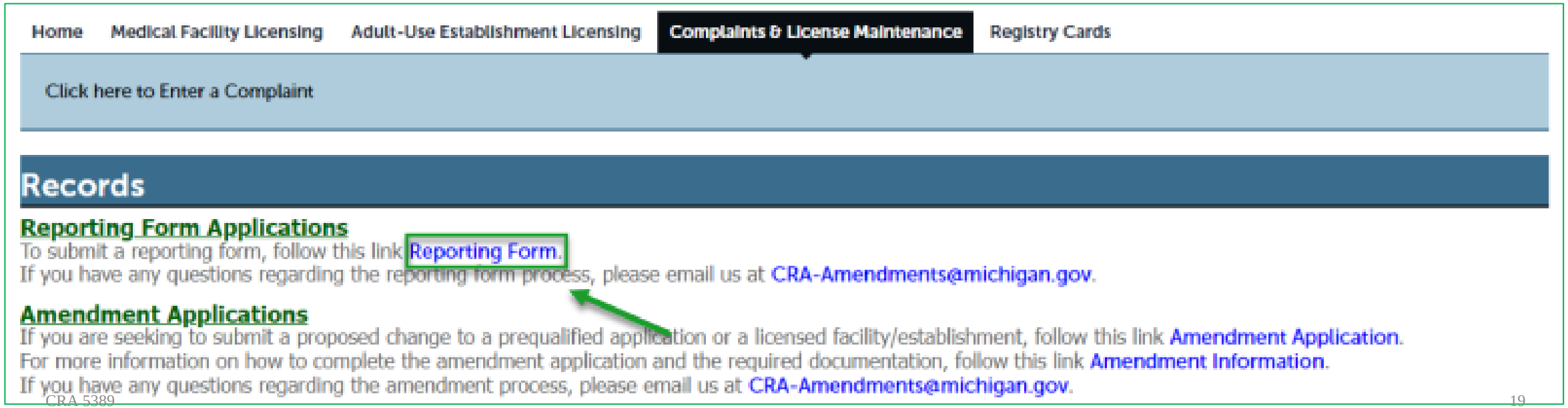
Reporting Form Instructions

Reporting Form Submission - Select Licensing Section

- Select ***Complaints & License Maintenance.***



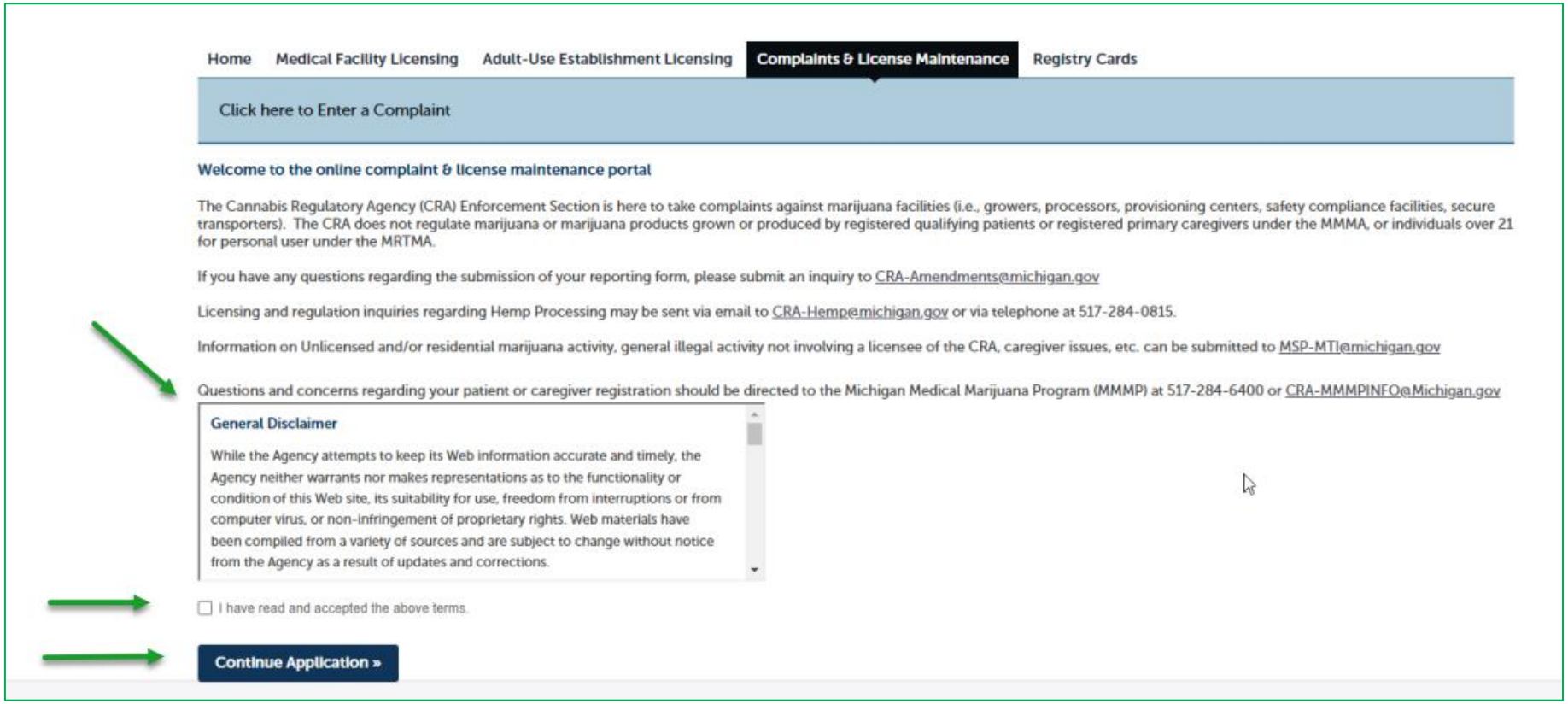
- Select ***Reporting Form.***



Reporting Form Instructions

Reporting Form Submission - General Disclaimer

- Read the ***General Disclaimer.***
- Check the box stating ***I have read and accepted the above terms***.
- Select ***Continue Application***.

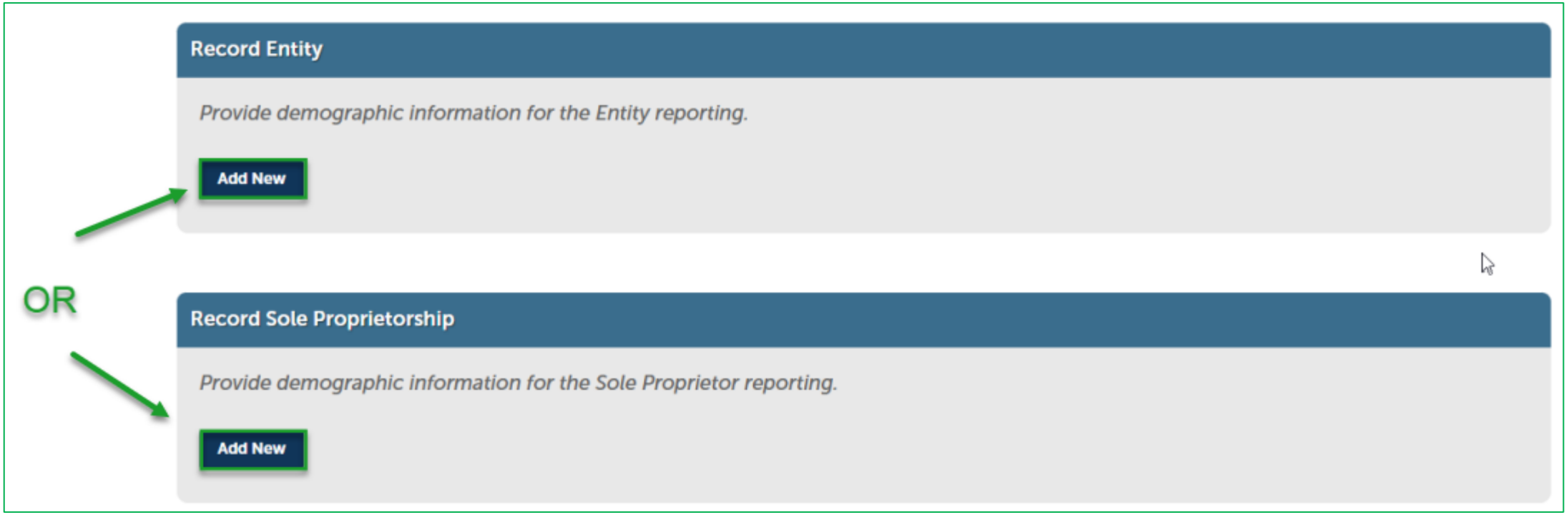


Reporting Form Instructions

Reporting Form Submission - Select Reporting Form Applicant Contact Type

- For a Reporting Form for an entity, provide demographic information for the entity by selecting ***Add New under Record Entity.***
- For a Reporting Form for an individual, provide demographic information for the individual by selecting ***Add New under Record Sole Proprietorship.***

Note: you must ***Add New*** for either Record Entity OR Record Sole Proprietorship.

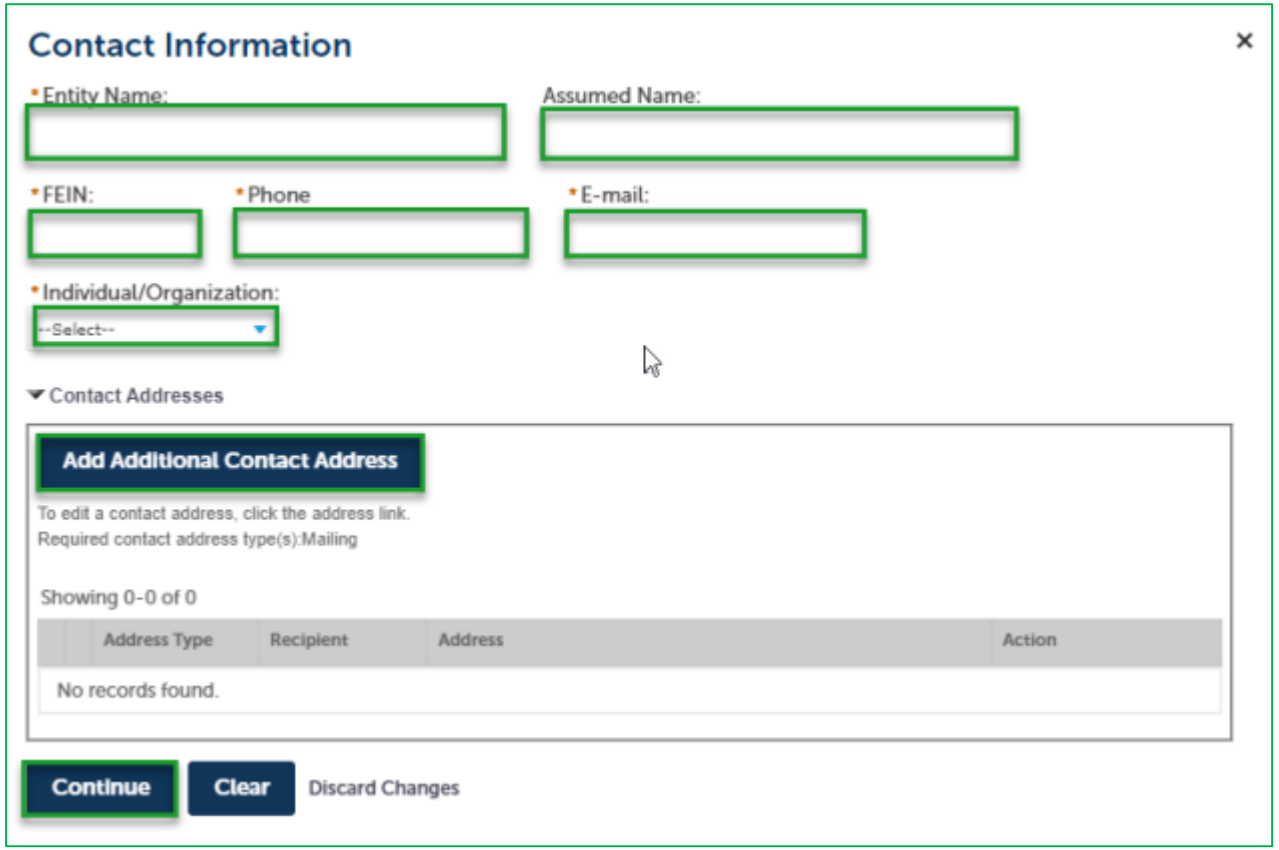


Reporting Form Instructions

Reporting Form Submission - Add Contact Info: Entity

For an entity:

- Enter ***Entity*** name.
- Enter ***Assumed Name*** if operating publicly with a name other than the Reporting Form entity name. Separate multiple assumed names with commas.
- Enter ***Federal Employer Identification Number (FEIN).***
- Enter ***Phone Number***.
- Enter ***E-mail Address***.
- Select ***Add Additional Contact Address.*** Another window will open.

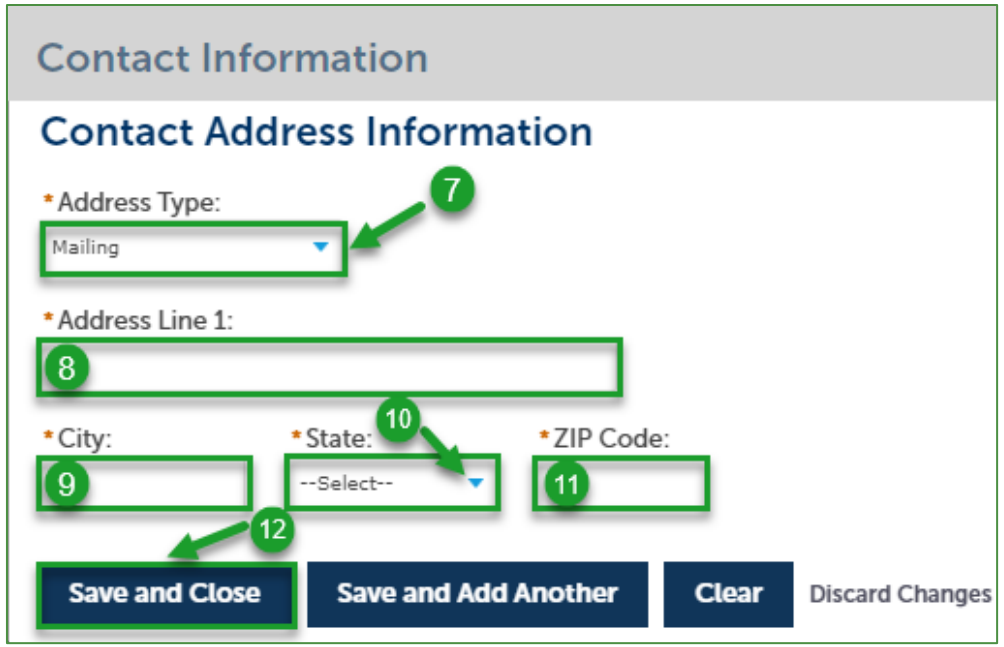


Reporting Form Instructions

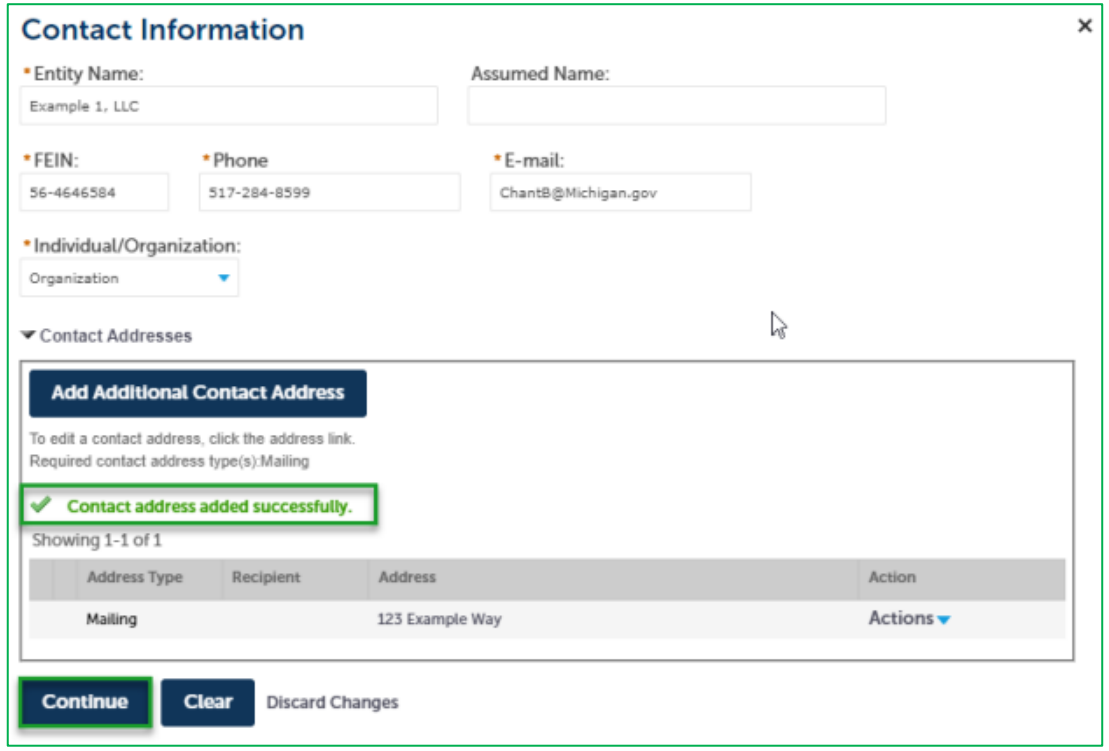
Reporting Form Submission - Add Contact Address: Entity

For an entity:

- ***Mailing Address** type is required.
- Enter ***Street Address***.
- Enter ***City***.
- Select to add ***State***.
- Enter ***ZIP Code***.
- Select ***Save and Close***.



- ***Contact Address Added Successfully*** message will appear.
- Select ***Continue.***

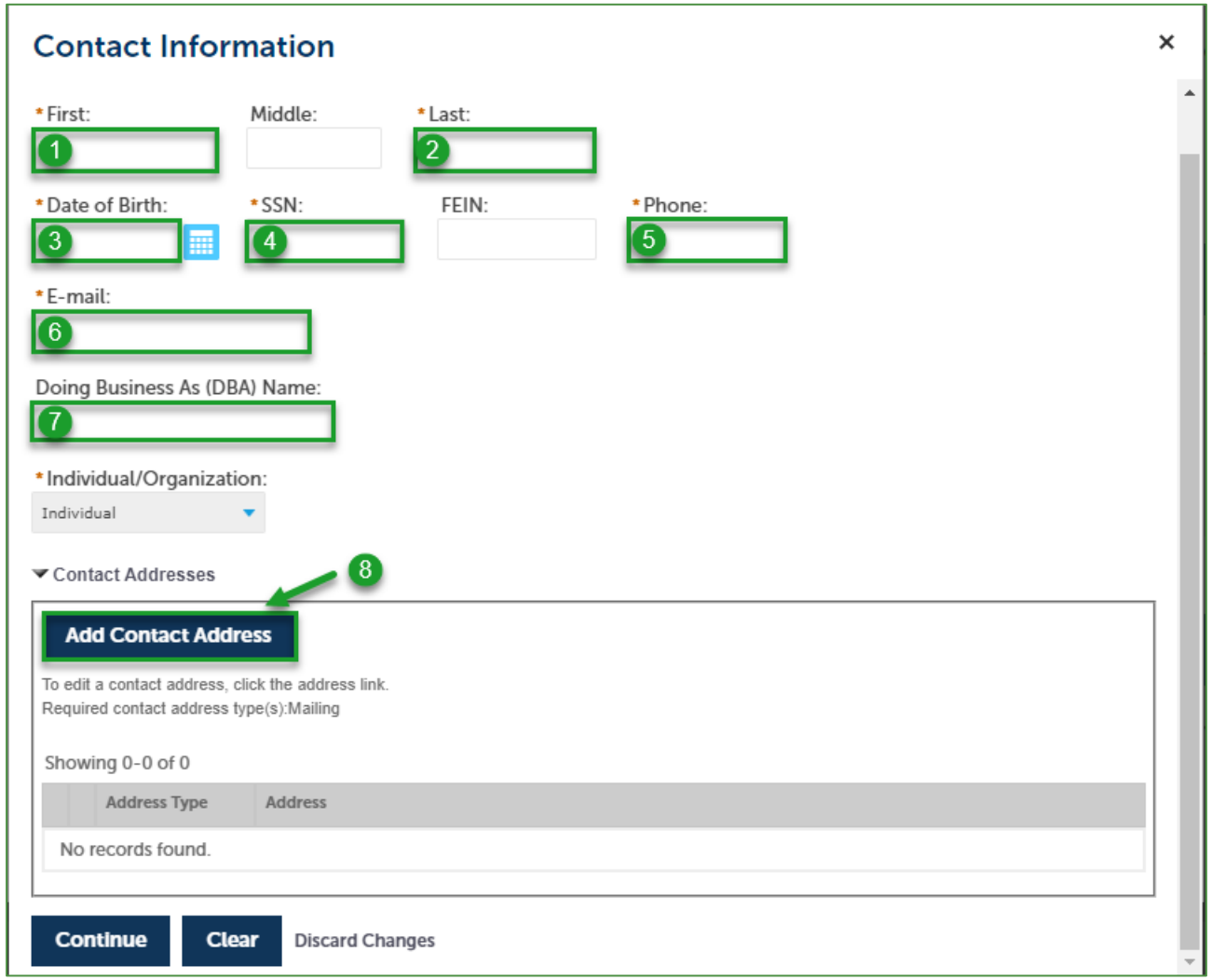


Reporting Form Instructions

Reporting Form Submission - Add Contact Info: Individual

For an individual:

- Enter Individual's ***First Name***.
- Enter Individual's ***Last Name***.
- Enter Individual's ***Date of Birth (DOB)***.
- Enter Individual's ***Social Security Number (SSN).***
- Enter Individual's ***Phone Number***.
- Enter Individual's ***E-mail Address***.
- Enter Individual's ***Doing Business As (DBA),*** if applicable.
- Select ***Add Contact Address.*** Another window will open.

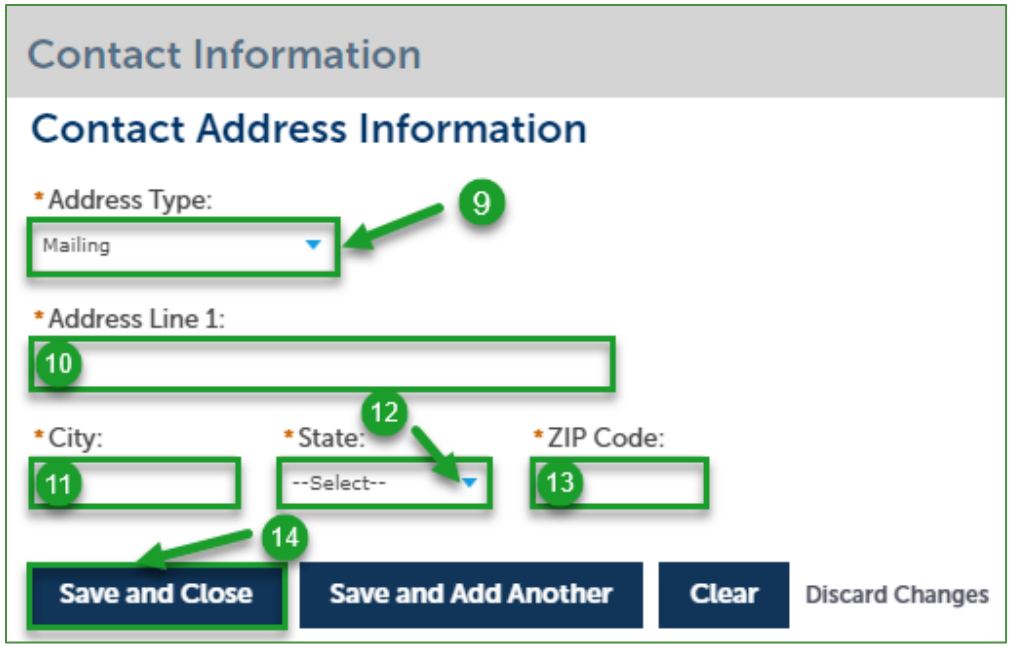


Reporting Form Instructions

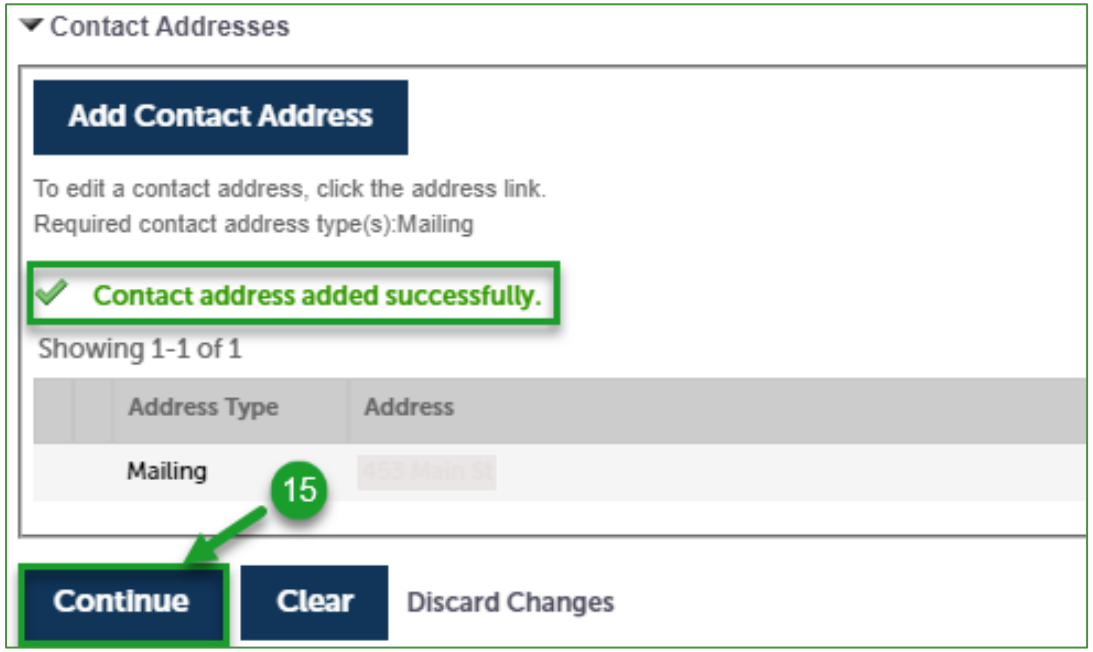
Reporting Form Submission - Add Contact Address: Individual

For an individual:

- ***Mailing Address** type is required.
- Enter ***Street Address***.
- Enter ***City***.
- Select to add ***State***.
- Enter ***ZIP Code***.
- Select ***Save and Close***.



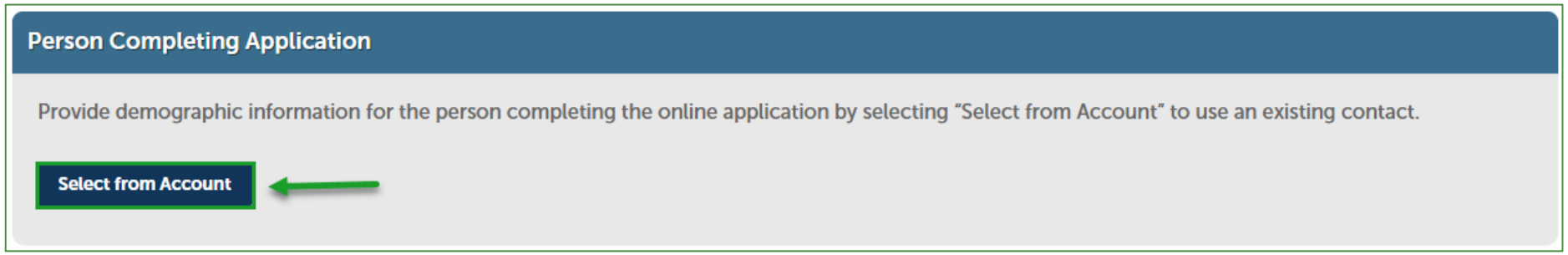
- ***Contact Address Added Successfully*** message will appear.
- Select ***Continue.***



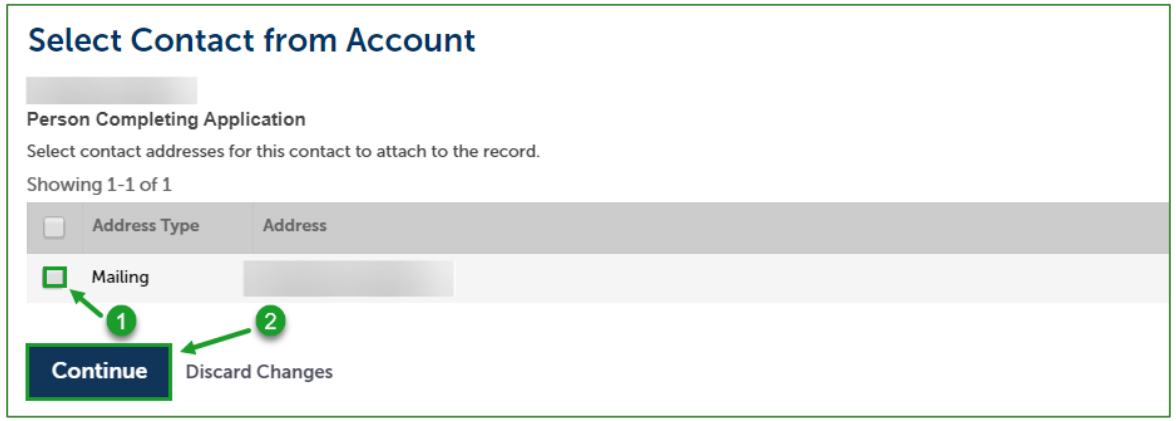
Reporting Form Instructions

Reporting Form Submission - Select Person Completing Application Contact

- Choose ***Select from Account.***



- Select the box for ***Mailing Address.***
- Select ***Continue***.

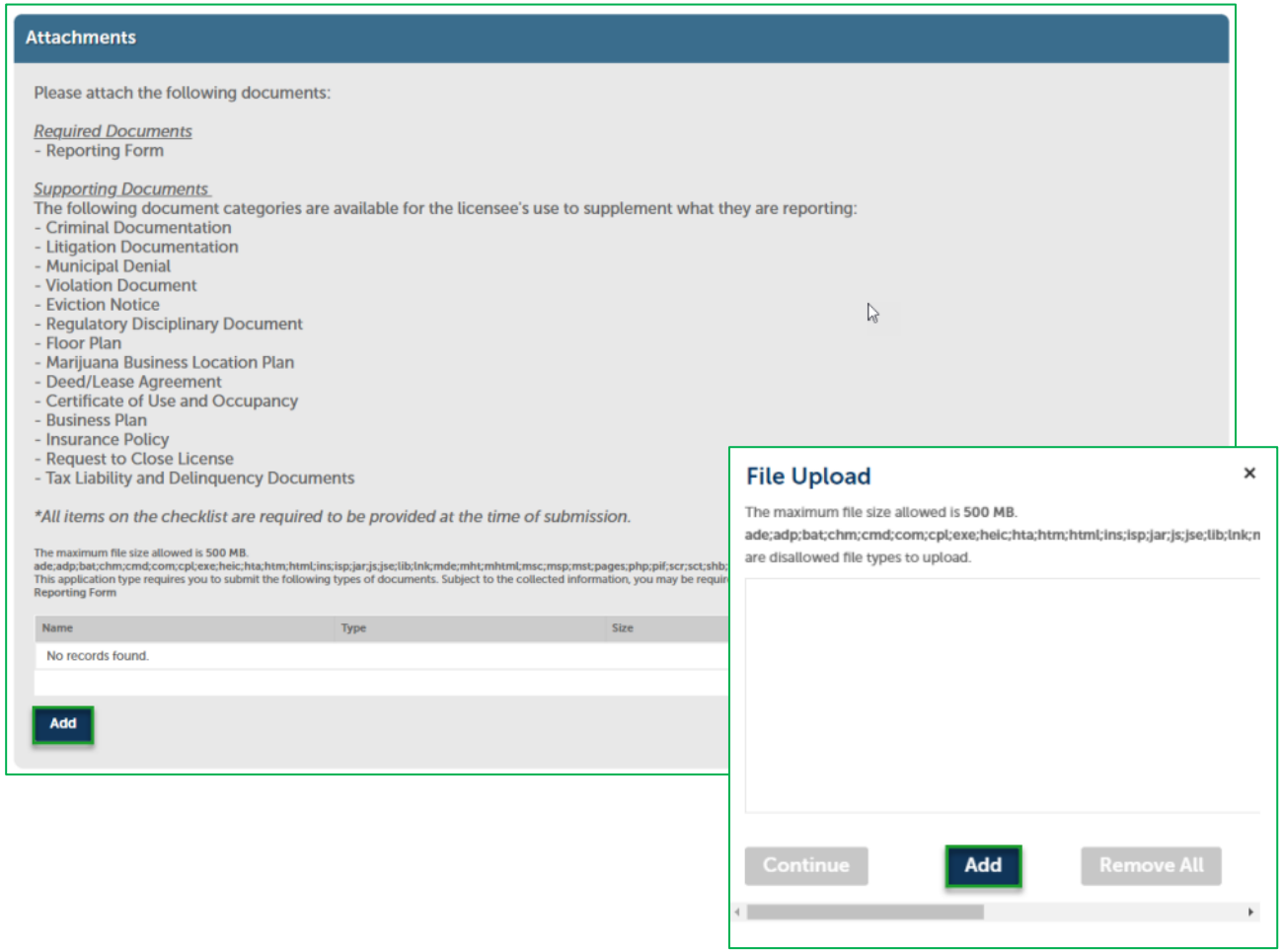


- After entering the demographic information for the Reporting Form applicant and the person completing the application, select ***Next***

Reporting Form Instructions

Reporting Form Submission - Upload Supporting Documents

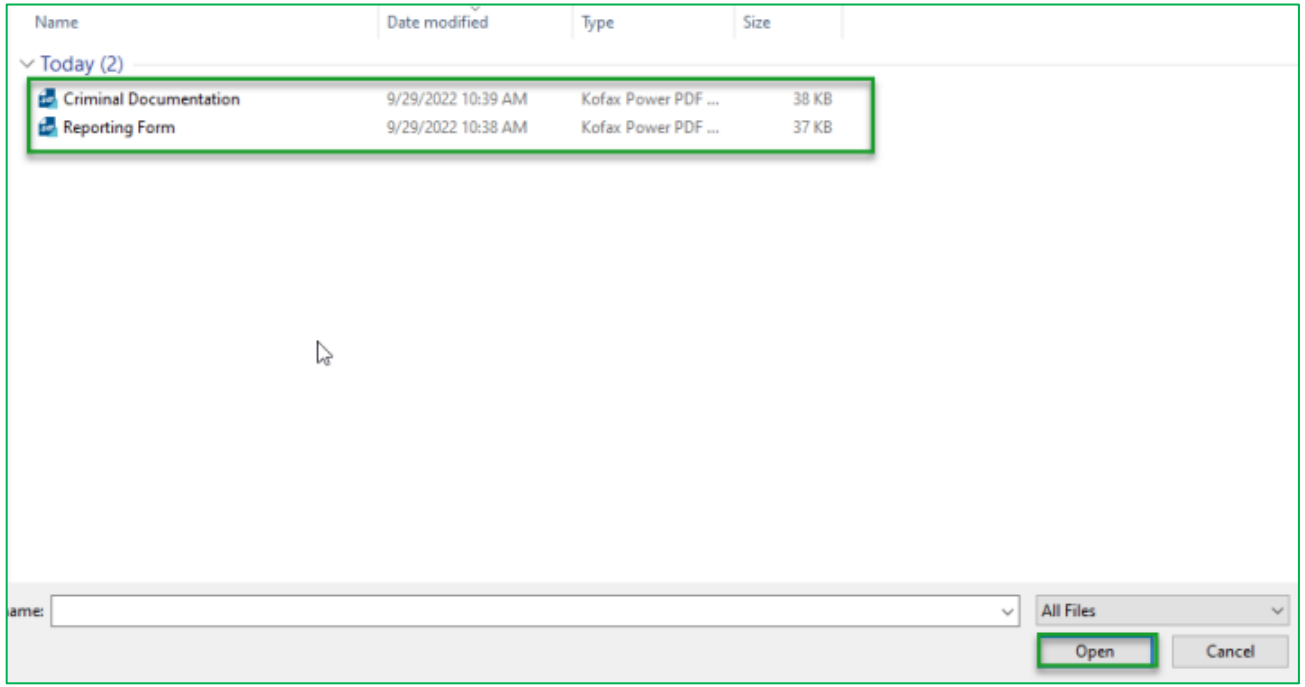
- **All applicable items on the checklist are required to be provided at the time of submission**.
- **Failure to submit any of the applicable checklist items may result in the denial of your reporting form.**
- Each document in the checklist must be uploaded individually; documents cannot be combined and uploaded as a single PDF.
- To attach documents, Select ***Add*** on the attachments page.
- Select ***Add*** on the file upload pop out window. **Please see next page to continue.**



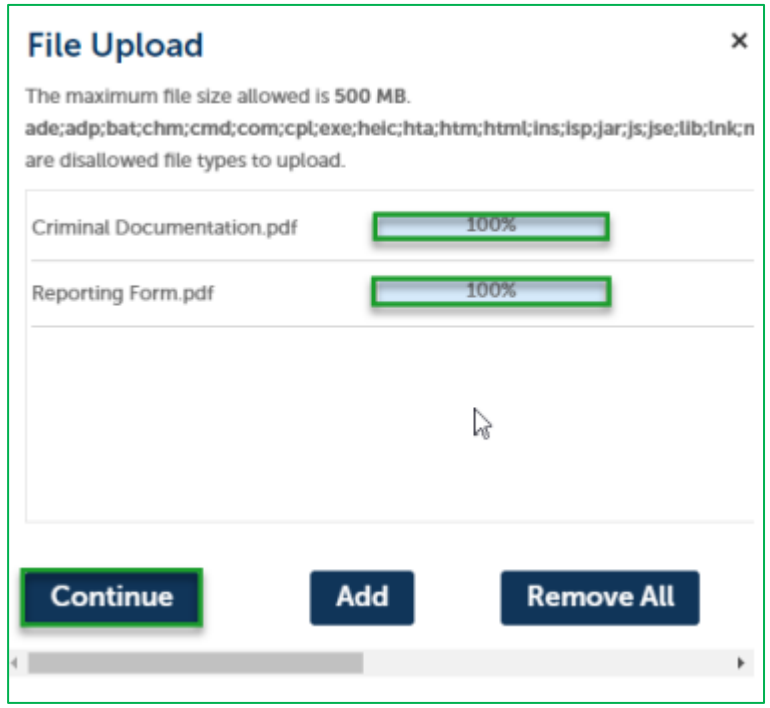
Reporting Form Instructions

Reporting Form Submission - Upload Supporting Documents

- ***Select*** and ***Open*** the file(s) you wish to upload.
  - Attachments should be uploaded in PDF format.
  - Files should be named according to their document type. For example, the Reporting Form PDF should be named "Reporting Form."



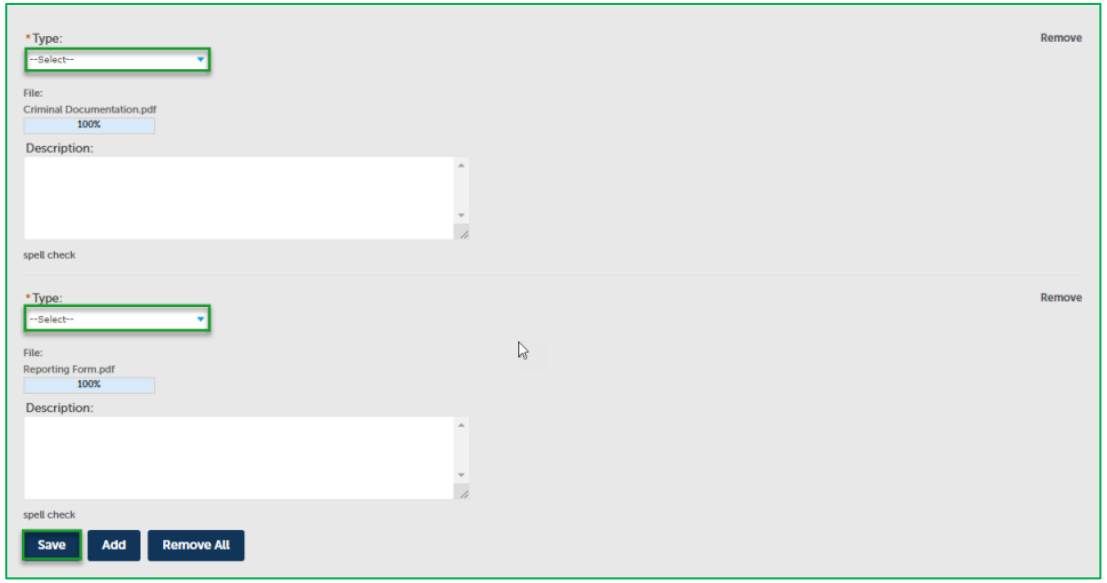
- Confirm the file(s) are 100% uploaded and select ***Continue.***

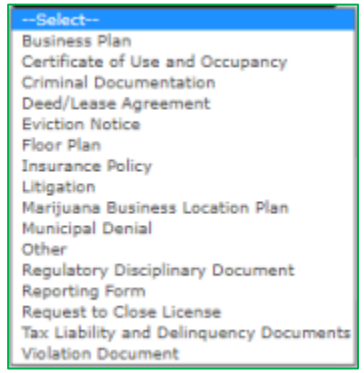


Reporting Form Instructions

Reporting Form Submission - Upload Supporting Documents

- Select document ***Type.***
  - All documents on the checklist have a corresponding type. You must choose the corresponding document type for each document that is uploaded. For example, when uploading the Criminal Documentation, you must select the “Criminal Documentation” type. If you do not have a corresponding document type for your document, you must use the “Other” type.
- Select ***Save***.
- ***You must repeat the process depicted for the Reporting Form and for all applicable documents on the checklist.***

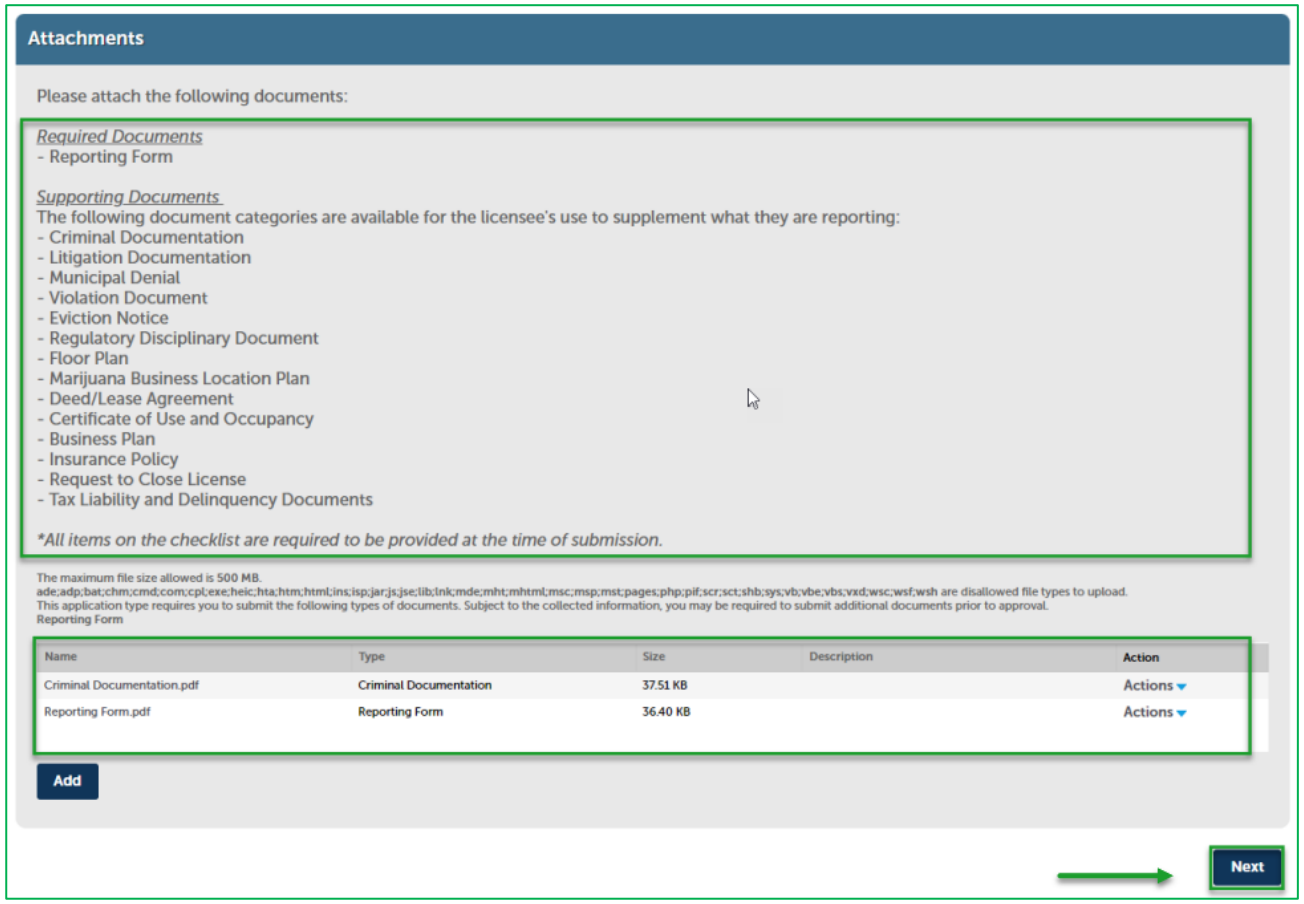




Reporting Form Instructions

Reporting Form Submission - Upload Supporting Documents

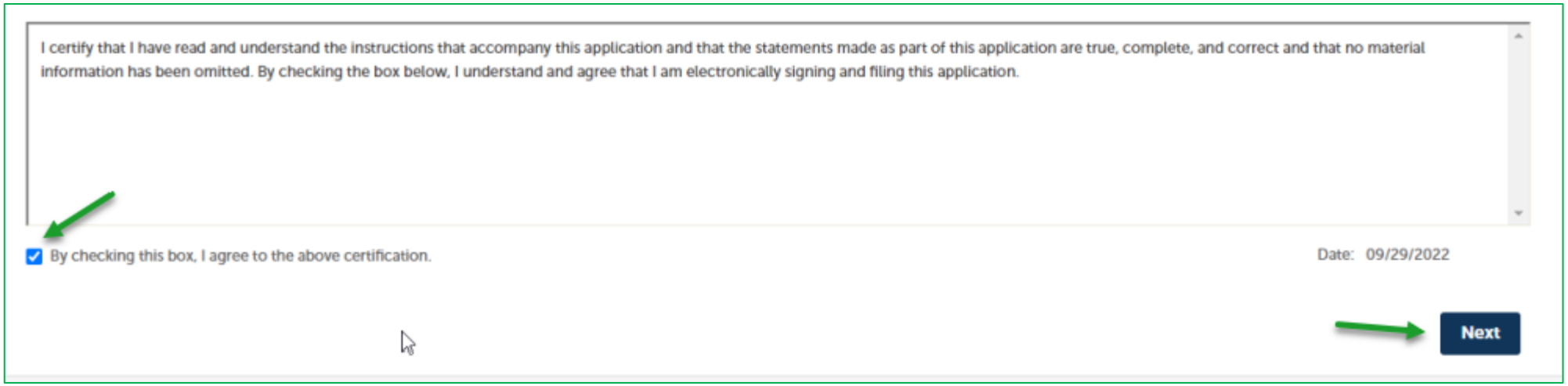
- After all applicable documents have been uploaded and **their corresponding document types have been selected and saved,** select ***Continue Application.***



Reporting Form Instructions

Reporting Form Submission - Application Certification

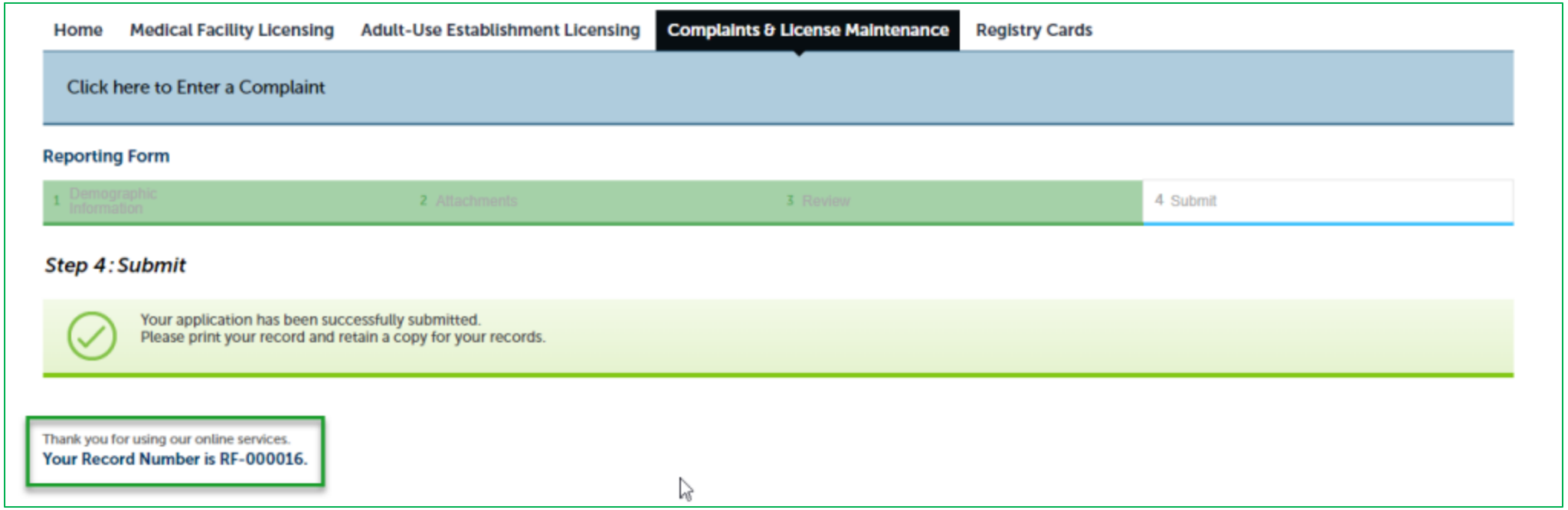
- After reviewing the Reporting Form, ***Check*** the box to electronically sign and file the reporting form thus certifying that the reporting form is true, complete, correct, and that no material information has been omitted.
- Select ***Next*** to submit the reporting form.



Reporting Form Instructions

Reporting Form Submission - Record Issuance

- The Reporting Form has now been submitted. Retain a copy of the record number.



Reporting Form Instructions

Reporting Form Submission - Submission Email

- The person completing the application and the Reporting Form applicant will receive the below email confirming the record was submitted, containing:
  - The Reporting Form number.
  - The Reporting Form name.

Dear Example 1, LLC,

You have successfully submitted a reporting form. The reporting form information is below. Make sure to retain this information for your records.

Reporting Form Name: Example 1, LLC
Reporting Form Number: RF-000016

An analyst will contact you if further information is required or when a determination has been made.

If there are any questions regarding this reporting form, please contact the Cannabis Regulatory Agency via telephone at (517) 284-8599 or via email at CRA-Amendments@michigan.gov.

Thank you,

Cannabis Regulatory Agency
Licensing Division
(517) 284-8599
CRA-Amendments@michigan.gov
www.michigan.gov/cra

CANNABIS
REGULATORY AGENCY

517-284-8599
CRA-Amendments@michigan.gov
Michigan.gov/CRA