

REPORTING FORM

This form is for those licensed under the Medical Marihuana Facilities Licensing Act (MMFLA) and/or the Michigan Regulation and Taxation of Marihuana Act (MRTMA) that are reporting one or more of the following situations:

- Criminal convictions, charges, civil judgments against the applicant/licensee in this state or any other state, federal, or foreign jurisdiction
- Regulatory disciplinary action taken against the applicant/licensee by this state or any other state, federal, or foreign jurisdiction, including any pending action
- Initiation or conclusion of any new judgments, lawsuits, legal proceedings, charges, or government investigations that involve the applicant/licensee
- Proposed change of processing machinery or equipment
- Proposed change or modification to the marijuana business
- Violation of an ordinance of zoning regulation committed by the licensee
- Eviction from licensed location
- Denial or revocation of municipal license

Supporting Documents Checklists
If reporting a criminal conviction, charge, or civil judgment, provide: <input type="checkbox"/> Court record detailing the conviction, charge, or judgment
If reporting a regulatory disciplinary action taken, provide: <input type="checkbox"/> Notice of disciplinary action from regulatory body
If reporting the initiation or conclusion of any new judgments, lawsuits, legal proceedings, charges, or government investigations, provide: <input type="checkbox"/> Notice of initiation or conclusion of new judgment, lawsuit, legal proceeding, charge, or government investigation
If reporting a change of processing machinery or equipment, provide: <input type="checkbox"/> Description of the change
If reporting any change or modification to the marijuana business, provide: <input type="checkbox"/> Updated floor plan <input type="checkbox"/> Updated marijuana business location plan
If reporting a violation of an ordinance or zoning regulation, provide: <input type="checkbox"/> Violation notification letter/documents
If reporting an eviction, provide: <input type="checkbox"/> Eviction notice <input type="checkbox"/> Request to Withdraw Application form or Request to Close License form
If reporting the denial or revocation of a municipal marijuana license, provide: <input type="checkbox"/> Municipal denial notification letter/documents <input type="checkbox"/> Request to Withdraw Application or Request form to Close License form

***If documentation does not exist, provide a detailed explanation stating why the documentation is not available.**

Email completed form to: CRA-Amendments@Michigan.gov.
 Subject of email: *Reporting Form – Applicant/Licensee Name*

REPORTING 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 supplemental applicant, provide the supplemental applicant legal name:	If the update involves a supplemental applicant, provide the supplemental applicant record number (e.g., IRG-000000, AU-IR-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: <input type="checkbox"/> Medical (MMFL) Only <input type="checkbox"/> Adult-Use (AU) Only <input type="checkbox"/> Both MMFL and AU	Date applicant/licensee became aware of change/update:
Item(s) Being Reported	
<input type="checkbox"/> Criminal convictions, charges, civil judgments <input type="checkbox"/> Regulatory disciplinary action taken <input type="checkbox"/> Initiation or conclusion of any new judgment, lawsuit, legal proceeding, charge, or government investigation <input type="checkbox"/> Proposed change of processing machinery or equipment <input type="checkbox"/> Proposed change or modification to the marijuana business <input type="checkbox"/> Violation of an ordinance or a zoning regulation committed by the licensee <input type="checkbox"/> Eviction from licensed location <input type="checkbox"/> Denial or revocation of municipal license	
Provide a Detailed Description of the Item/Change Being Reported	
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 Marijuana Facilities Licensing Act (MMFLA) and/or the Michigan Regulation and Taxation of Marijuana 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: _____	Date: _____