



Medical Facilities License Application Instructions

Medical Facility Licensing

Cannabis Regulatory Agency
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IMPORTANT NOTICE REGARDING TIME SENSITIVITY:

Applying for a medical marijuana facility license is a time-sensitive venture. The Cannabis Regulatory Agency requires that a license determination be made—and the state operating license or notice of denial be issued—within 180 days after receiving a complete application.

In order to meet this statutory timeframe, the Cannabis Regulatory Agency (CRA) requires that any information or documentation requested by the agency be submitted to the agency within 5 calendar days.

Failure to provide any of the requested items to CRA within 5 days may result in the denial of the application. If you need additional time, please let the CRA know.

OVERVIEW – TWO-STEP APPLICATION PROCESS

The medical marijuana facility licensing application process is divided into two steps.

Step 1 is the prequalification application. During prequalification, background checks are completed on the main applicant and all supplemental applicants. There is a \$3,000 application fee for the main applicant. The application fee is nonrefundable and does not apply to supplemental applicants.

Step 2 of the application process is the medical marijuana facility license application. During Step 2, review of the proposed marijuana facility is completed.

In short, prequalification involves vetting the applicant and the supplemental applicants; facility licensing involves vetting the physical facility.

An application is considered complete when Step 1, the application fee, and Step 2 have been submitted. It is not advised to submit a Step 2 application unless the facility seeking a state operating license is fully built and ready to pass an inspection within 60 days after the Step 2 license application is submitted.

Prequalification status is valid for a period of two years after CRA issues a notice of prequalification. If the applicant does not submit a Step 2 application within that timeframe, the prequalification status will expire. If the applicant wishes to complete the medical marijuana facility application process after that time, a new application and fee will be required.

If any questions arise while completing the application, please do not hesitate to contact CRA by telephone at:

517-284-8599

Or by e-mail at:

CRA-MedicalMarijuana@Michigan.gov

MAIN AND SUPPLEMENTAL APPLICANTS EXPLANATION

The **main applicant** and all **supplemental applicants** are required to submit prequalification applications.

Who is the Main Applicant?

The main applicant is whomever is seeking to hold the marijuana facility license in their name. When the license prints, it will print in the name of the main applicant.

The main applicant can be either an **entity** (limited liability company, corporation, partnership, trust, etc.) or an **individual** (sole proprietor).

Who is a Supplemental Applicant?

Supplemental applicants will depend on the ownership structure of the main applicant. Supplemental applicants include the following:

- **All managerial employees** of the main applicant who control or direct the affairs of the marijuana facility and/or have the ability to make policy concerning the marijuana facility. Please note, an employee with the title of “manager” without aforementioned responsibilities is not required to complete prequalification.
- **All entities with greater than 10 percent ownership interest**, either directly or indirectly, in the main applicant entity.
- **All individuals with greater than 10 percent ownership interest**, either directly or indirectly, in the main applicant entity.
- **And the following for each type of main applicant:**
 - For an **individual** or **sole proprietorship**:
 - The individual or proprietor
 - Spouse of the individual or proprietor
 - For a **partnership** and **limited liability partnership**:
 - All partners
 - Spouses of all partners
 - For a **limited partnership** and **limited liability limited partnership**:
 - All general and limited partners holding a direct or indirect ownership interest of **greater than 10 percent**
 - Spouses of all general and limited partners holding a direct or indirect ownership interest of **greater than 10 percent**

- For a **limited liability company**:
 - All managers
 - Spouses of all managers
 - All members holding a direct or indirect ownership interest of **greater than 10 percent**
 - Spouses of all members and managers holding a direct or indirect ownership interest of **greater than 10 percent**
- For a **publicly held corporation**:
 - All corporate officers or persons with equivalent titles
 - Spouses of all corporate officers or persons with equivalent titles
 - All directors
 - Spouses of all directors
 - All shareholders holding a direct or indirect ownership interest of **greater than 10 percent**
 - Spouses of all shareholders holding a direct or indirect ownership interest of **greater than 10 percent**
- For a **privately held corporation**:
 - All corporate officers or persons with equivalent titles
 - Spouses of all corporate officers or persons with equivalent titles
 - All directors
 - Spouses of all directors
 - All shareholders holding a direct or indirect ownership interest of **greater than 10 percent**
 - Spouses of all shareholders holding a direct or indirect ownership interest of **greater than 10 percent**
- For a **trust**:
 - All trustees
 - All individuals or bodies who are able to control or direct the affairs of the trust
 - All beneficiaries who receive or who have the right to receive **greater than 10 percent** of the gross or net profit of the trust during any full or partial calendar or fiscal year
 - Spouses of all beneficiaries who receive or have the right to receive **greater than 10 percent** of the gross or net profit of the trust during any full or partial calendar or fiscal year
- For a **nonprofit corporation**:
 - All individuals and entities with membership or shareholder rights
 - Spouses of all individuals and entities with membership or shareholder rights

Please see the business structure examples on Pages 6-7 of this instruction booklet for a visual representation of supplemental applicants.

Step 1 – Prequalification Application Types

- **Applicant Entity Prequalification:** This application must be completed for entities who intend to hold a license in their name as a main applicant entity.
- **Sole Proprietor Prequalification:** This application must be completed for individuals who intend to hold a license in their name as a sole proprietor.
- **Supplemental Entity Prequalification:** This application must be completed for each entity meeting the above definition of a supplemental applicant.

- **Supplemental Individual Prequalification:** This application must be completed for each individual meeting the above definition of a supplemental applicant.

Prequalification Application Fee

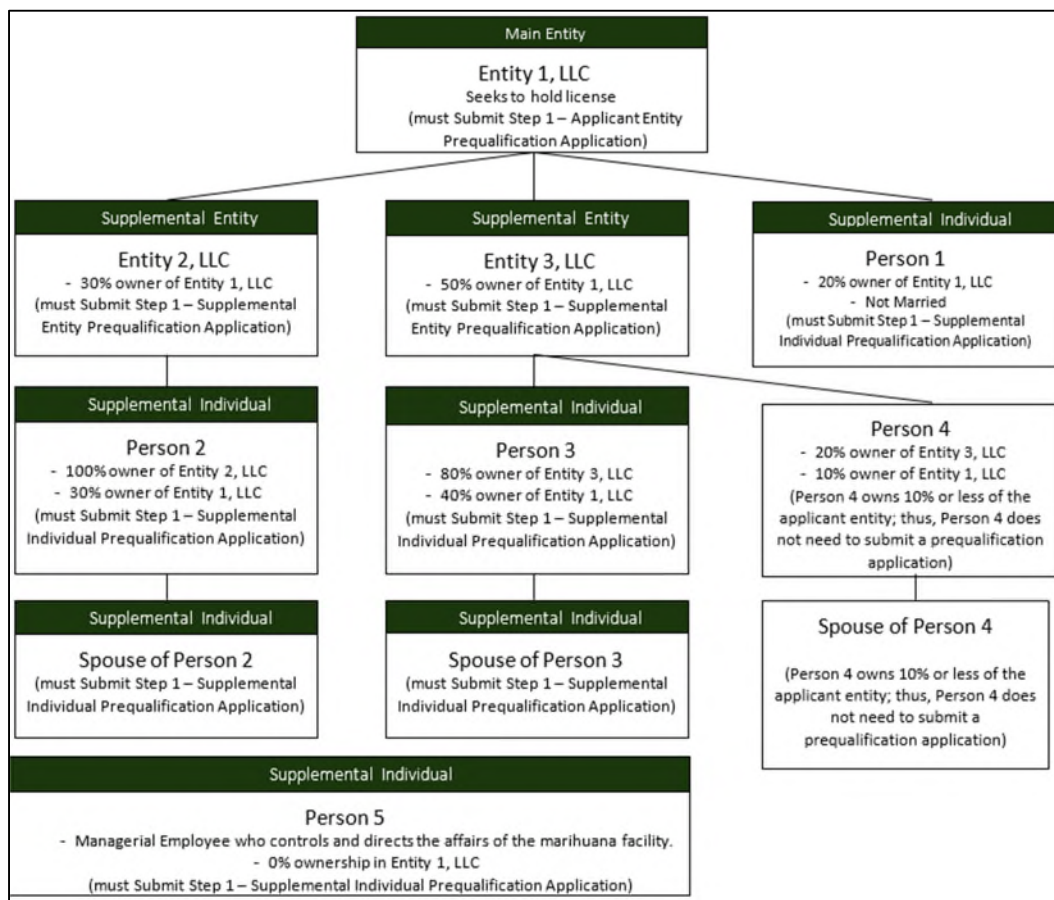
The prequalification application fee for the main applicant is \$3,000.00 and must be paid in full at the time of submitting the prequalification application materials. The application fee is non-refundable and does not apply to supplemental applicants. No review of the application will take place until the application fee is paid.

Upon payment of the application fee, review of the application will begin. Please do not submit the application fee until the main application and all supplemental applications are submitted.

The application fee can be paid in person at our office with cash, check, or money order, or paid via postal mail by sending a check or money order with the application materials.

Checks or money orders should be made payable to: **State of Michigan.**

Business Structure Example – Main Applicant Entity



In this business structure example, **Entity 1 seeks to hold a medical marijuana facility license.** The license would print under the name “Entity 1, LLC.” This entity is considered the main entity as they will hold the license. Entity 1 must complete the Applicant Entity Prequalification.

Entity 1 is owned by Entity 2, Entity 3, and Person 1.

Entity 2 owns 30% of Entity 1. Entity 2 is considered a supplemental applicant as they directly hold greater than 10% ownership interest in the main applicant. Entity 2 must complete a supplemental entity prequalification.

Entity 3 owns 50% of Entity 1. Entity 3 is considered a supplemental applicant as they directly hold greater than 10% ownership interest in the main applicant. Entity 3 must complete a supplemental entity prequalification.

Person 1 owns 20% of Entity 1. Person 1 is considered a supplemental applicant as they directly hold greater than 10% ownership interest in the main applicant. Person 1 must complete a supplemental individual prequalification. Person 1 is not married. If Person 1 was married, their spouse would be required to complete supplemental individual prequalification.

Entity 2 is owned by Person 2.

Person 2 owns 100% of Entity 2. Entity 2 owns 30% of Entity 1. Therefore, **Person 2 indirectly owns 30% of Entity 1** ($100\% \times 30\% = 30\%$). Person 2 is considered a supplemental applicant as they indirectly hold greater than 10% ownership interest in the main applicant. Person 2 must complete a supplemental individual prequalification.

Person 2 is married. Spouse of Person 2 is considered a supplemental applicant as their spouse indirectly holds greater than 10% ownership interest in the main applicant. Spouse of Person 2 must complete a supplemental individual prequalification.

Entity 3 is owned by Person 3 and Person 4.

Person 3 owns 80% of Entity 3. Entity 3 owns 50% of Entity 1. Therefore, **Person 3 indirectly owns 40% of Entity 1** ($80\% \times 50\% = 40\%$). Person 3 is considered a supplemental applicant as they indirectly hold greater than 10% ownership interest in the main applicant. Person 3 must complete a supplemental individual prequalification.

Person 3 is married. Spouse of Person 3 is considered a supplemental applicant as their spouse indirectly holds greater than 10% ownership interest in the main applicant. Spouse of Person 3 must complete a supplemental individual prequalification.

Person 4 owns 20% of Entity 3. Entity 3 owns 50% of Entity 1. Therefore, **Person 4 indirectly owns 10% of Entity 1** ($20\% \times 50\% = 10\%$). Person 4 is not considered a supplemental applicant as they do not hold greater than 10% ownership interest in the main applicant and do not participate in the management of the company. Person 4 is not required to submit an application for prequalification.

Person 4 is married. Spouse of Person 4 is not considered a supplemental applicant as their spouse does not hold greater than 10% ownership interest in the main applicant. Spouse of Person 4 is not required to submit a prequalification application.

Person 5 does not have ownership interest in Entity 1, but is a managerial employee who controls or directs the affairs of Entity 1. Person 5 is considered a supplemental applicant and must complete a supplemental individual prequalification (Spouses of managerial employees are not required to complete prequalification).

APPLICANT ENTITY PREQUALIFICATION

The Applicant Entity Prequalification Application can be found at the following link: [Applicant Entity Prequalification](#).

Download the Applicant Entity Prequalification Application.

The main applicant entity will need to complete an Applicant Entity Prequalification Application in its entirety.

APPLICATION CHECKLIST

Ensure you have gathered all applicable items on the checklist before submitting the application. The last page of the application instruction booklet contains a checklist that provides further information on what each supporting document should entail.

APPLICANT ENTITY PREQUALIFICATION	
<input type="checkbox"/> \$3,000 Application Fee	
<p>Applicant Entity Prequalification Application</p> <ul style="list-style-type: none"> <input type="checkbox"/> Page 1: Applicant Entity Prequalification Checklist <input type="checkbox"/> Page 2: Medical License Types & Descriptions <input type="checkbox"/> Page 3: Entity Demographics <input type="checkbox"/> Page 4: ATTESTATION A – Acknowledgment, Agreement, & Consent <input type="checkbox"/> Page 5: ATTESTATION B – Authorization to Release Information <input type="checkbox"/> Page 6: ATTESTATION C – Verification & Affidavit of Full Disclosure <input type="checkbox"/> Page 7: ATTESTATION D – Acknowledgment of Federal Law & Release of Liability <input type="checkbox"/> Page 8: ATTESTATION F – Confirmation of Tax Compliance <input type="checkbox"/> Page 9: Acknowledgement of Attestations (signed and notarized) <input type="checkbox"/> Page 10: DISCLOSURE 1 – Entity Information <input type="checkbox"/> Pages 11-14: DISCLOSURE 2 – Affiliated Parties <input type="checkbox"/> Page 15: DISCLOSURE 3 – Interests of Public Officials <input type="checkbox"/> Page 16: DISCLOSURE 4 – Debt, Insolvency, or Bankruptcy Actions <input type="checkbox"/> Page 17: DISCLOSURE 5 – Tax & Tax Compliance <input type="checkbox"/> Pages 18-19: DISCLOSURE 6 – Government Regulation <input type="checkbox"/> Page 20: DISCLOSURE 8 – Litigation History 	<p>Supporting Documents</p> <p>Entity Information Documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Governing Documents (e.g., Operating Agreement, Bylaws) <input type="checkbox"/> Certificate of Good Standing <input type="checkbox"/> Approval to Conduct Business Transactions in Michigan (if applicable) <input type="checkbox"/> Certificate of Assumed Name (if applicable) (obtained from LARA Corporations Division) <input type="checkbox"/> Copy of Organizational Structure (required) <input type="checkbox"/> Authorizing Resolution <p>Capitalization Documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> CPA Attestation <input type="checkbox"/> Statement of Money Lender Form <input type="checkbox"/> Promissory Note/Line of Credit Documents <p>Debt, Insolvency, or Bankruptcy Documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Discharge Documentation (if applicable) <p>Tax Liability and Delinquency Documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Initial Notice and Notice of Release (if applicable) <input type="checkbox"/> Copy of Payment Plan Documentation (if applicable) <p>Regulation Documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Marijuana Licenses (if applicable) <input type="checkbox"/> Copy of Any Other Commercial Licenses or Any Comparable License from Other Jurisdictions (if applicable) <input type="checkbox"/> Summary of Facts and Circumstances Concerning License Denial, Restriction, Revocation, Suspension, or Nonrenewal (if applicable) <p>Litigation Documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Complaint (if applicable) <input type="checkbox"/> Copy of Judgment (if applicable)
<p><input type="checkbox"/> SUPPLEMENTAL APPLICATIONS</p> <p>Every managerial employee, every entity and individual with greater than 10% direct or indirect ownership interest in the main applicant, and every spouse of a supplemental individual must submit an application for prequalification.</p>	

PAGE 2 – MEDICAL LICENSE TYPES & DESCRIPTIONS

Within the **Medical License Types & Descriptions** table, indicate which license type(s) and the number of licenses the main applicant entity intends to apply for in Step 2.

<u>MEDICAL LICENSE TYPES & DESCRIPTIONS</u>			
<p>There is a non-refundable \$3,000 application fee for main applicants. The main applicant is the entity which intends to hold the medical marijuana facility license. No review of the application will take place until the fee had been paid.</p> <p>Indicate the license type(s) the main entity applicant intends to apply for in step two. This selection is not permanent until step two of the application is completed.</p>			
	License Type	Number of Licenses	Description of License
<input type="checkbox"/>	Grower Class A		Licensee is authorized to grow not more than 500 marijuana plants.
<input type="checkbox"/>	Grower Class B		Licensee is authorized to grow not more than 1000 marijuana plants.
<input type="checkbox"/>	Grower Class C		Licensee is authorized to grow not more than 1500 marijuana plants.
<input type="checkbox"/>	Processor		Licensee is authorized to purchase marijuana only from a grower and sale of marijuana-infused products or marijuana only to a provisioning center or another processor.
<input type="checkbox"/>	Provisioning Center		Licensee is authorized to the purchase or transfer of marijuana only from a grower or processor and sale or transfer to only a registered qualifying patient or registered primary caregiver.
<input type="checkbox"/>	Safety Compliance Facility		Licensee is authorized to receive marijuana from, test marijuana for, and return marijuana to only a marijuana facility.
<input type="checkbox"/>	Secure Transporter		Licensee is authorized to store and transport marijuana and associated money between marijuana facilities.

The following is a detailed description of each license type:

Grower Class A

- License authorizes the licensee to grow not more than 500 marijuana plants.
- Authorizes the sale of marijuana plants to a grower only by means of a secure transporter.
- Authorizes the sale or transfer of seeds, seedlings, or tissue cultures to a grower from a registered primary caregiver or another grower without using a secure transporter.
- Authorizes sale of marijuana, other than seeds, seedlings, tissue cultures, and cuttings, to a processor or a provisioning center.
- The applicant and each investor in the grower must not have an interest in a secure transporter or safety compliance facility.

Grower Class B

- License authorizes the licensee to grow not more than 1,000 marijuana plants.
- Authorizes the sale of marijuana plants to a grower only by means of a secure transporter.
- Authorizes the sale or transfer of seeds, seedlings, or tissue cultures to a grower from a registered primary caregiver or another grower without using a secure transporter.
- Authorizes sale of marijuana, other than seeds, seedlings, tissue cultures, and cuttings, to a processor or a provisioning center.
- The applicant and each investor in the grower must not have an interest in a secure transporter or safety compliance facility.

Grower Class C

- License authorizes the licensee to grow not more than 1,500 marijuana plants.
- Authorizes the sale of marijuana plants to a grower only by means of a secure transporter.
- Authorizes the sale or transfer of seeds, seedlings, or tissue cultures to a grower from a registered primary caregiver or another grower without using a secure transporter.
- Authorizes sale of marijuana, other than seeds, seedlings, tissue cultures, and cuttings, to a processor or a provisioning center.
- The applicant and each investor in the grower must not have an interest in a secure transporter or safety compliance facility.

Processor

- License authorizes the licensee to purchase marijuana only from a grower and sale of marijuana-infused products or marijuana only to a provisioning center or another processor.
- The applicant and each investor in the processor must not have an interest in a secure transporter or safety compliance facility.

Provisioning Center

- License authorizes the licensee to purchase or transfer marijuana only from a grower or processor and sale or transfer to only a registered qualifying patient or registered primary caregiver.
- The applicant and each investor in the provisioning center must not have an interest in a secure transporter or safety compliance facility.

Safety Compliance Facility

- License authorizes the licensee to receive marijuana from, test marijuana for, and return marijuana to only a marijuana facility.
- Must be accredited by an entity approved by the agency by 1 year after the date the license is issued or have previously provided drug testing services to this state or this state's court system and be a vendor in good standing in regard to those services.
- The applicant and each investor with any interest in the safety compliance facility must not have an interest in a grower, secure transporter, processor, or provisioning center.
- Retain and employ at least 1 laboratory manager with a relevant advanced degree in a medical or laboratory science.

Secure Transporter

- License authorizes the licensee to store and transport marijuana and associated money between marijuana facilities.
- The applicant and each investor with an interest in the secure transporter must not have an interest in a grower, processor, provisioning center, or safety compliance facility
- The applicant and each investor must not be a registered qualifying patient or registered primary caregiver.
- Each driver transporting marijuana must have a chauffeur's license issued by this state.
- Each employee who has custody of marijuana or money that is related to a marijuana transaction shall not have been convicted of or released from incarceration for a felony under the laws of this state, any other state, or the United States within the past 5 years or have been convicted of a misdemeanor involving a controlled substance within the past 5 years.

PAGE 3 – DEMOGRAPHIC INFORMATION

Check the appropriate box to indicate if the Applicant Entity Prequalification Application is the initial filing of the prequalification application or if the applicant entity’s prequalification previously expired and a prequalification application is being refiled.

<u>ENTITY DEMOGRAPHICS</u>
<input type="checkbox"/> Initial Prequalification Application <input type="checkbox"/> Refiled Application of Lapsed Prequalification

In the **DEMOGRAPHIC INFORMATION** section, provide the following information for the main applicant entity in the corresponding field on the application:

- **Entity Name** as it appears on official business documents
- **Assumed Name** of the main applicant entity, if operating under a name other than the main applicant entity’s official name.
- **Mailing Address** of the main applicant entity
- **Federal Employer Identification Number (FEIN)** of the applicant entity
- **Phone Number** of the main applicant entity
- **Email Address** of the main applicant entity

DEMOGRAPHIC INFORMATION				
Please provide the following information regarding the main entity applicant.				
Entity Name (as appears on official business documents)			Assumed Name (attach copy of filed assumed name certificate, if applicable)	
Entity Mailing Address			FEIN	
City	State	Zip Code	Entity Phone	Entity Email Address

In the **PERSON COMPLETING APPLICATION** section, provide the following information in the corresponding field on the application:

- **Name** of the individual completing the application
- **Date of Birth** of the individual completing the application
- **Mailing Address** of the individual completing the application
- **Phone Number** of the individual completing the application
- **Email Address** of the individual completing the application

PERSON COMPLETING APPLICATION				
Please provide the following information regarding the person completing this application.				
Name (First, Middle, Last)			Date of Birth (mm/dd/yyyy)	
Mailing Address			Phone	
City	State	Zip Code	Email Address	

Ensure all contact information is accurate and that current email addresses have been provided, as most correspondence from CRA will be sent via email.

PAGES 4-9 – ATTESTATIONS

Read all attestations carefully as the applicant will be acknowledging and agreeing to the information and stipulations contained in these attestations.

If you are unsure of what an item within an application means, please consult an attorney. CRA cannot provide legal interpretation of the statute or rules.

PAGE 4 - ATTESTATION A – ACKNOWLEDGMENT, AGREEMENT, AND CONSENT

After reading the attestation, provide the name of the main applicant entity and the name of the individual authorized to sign on behalf of the main applicant entity in the spaces provided.

<u>ATTESTATION A - ENTITY</u> <u>ACKNOWLEDGMENT, AGREEMENT, & CONSENT</u> (To be completed and submitted by the applicant)	
On behalf of _____	I _____
<small>Name of Entity</small>	<small>Name & Title of Individual Authorized to Sign on Behalf of Entity</small>
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 in order to carry out its statutory duties. I hereby agree to submit such supplemental materials as requested by the Agency 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 hereby acknowledge that any issuance of a license is a privilege. I have the responsibility to prove that it is eligible, suitable, and qualified to be licensed. I must accept any risk of adverse public notice, embarrassment, criticism, or other action, or financial loss, which may result from action with respect to an application or the public disclosure of information requested in this application, and expressly waive any claim for damages as a result thereof. Information not called for in this application or in addition to that provided in response to this application, may be requested.	
I, as the applicant submitting this application, hereby certify that I do not have an interest in any other state operating license that is prohibited by the Medical Marihuana Facilities Licensing Act, 2016 PA 281 (MMFLA).	
I hereby acknowledge that I am under a continuing duty to promptly disclose to the Agency any changes in the information provided in the application and supporting documents submitted to the Agency. To comply with this requirement, I hereby acknowledge that I must submit a letter to the Agency stating any changes with reference to the specific information within the application to which the changes pertain.	
I hereby consent to investigations of compliance, regular inspections, examinations, searches, seizures, and auditing of books and records as provided in MMFLA Section 303(1)(c)(i) to (iv) and the MMFLA Administrative Rules, and to disclose to the Agency and its agents of otherwise confidential records, including tax records held by any federal, state, or local agency, or credit agency or financial institution, while applying for or holding a state operating license. This consent is authorization to review and inspect tax records administered under the Michigan Revenue Act, 1941 PA 122.	
I hereby acknowledge that the finding of prequalification status for a pending application is valid for two years after the Agency issues a notice of prequalification status unless otherwise determined by the agency. I understand that after two years have expired, I may be required to submit a new application and pay a new nonrefundable application fee.	

PAGE 6 - ATTESTATION C – VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE

After reading the attestation, provide the name of the main applicant entity and the name and title of the individual authorized to sign on behalf of the main applicant entity in the spaces provided.

In Section 2, provide the name of the contact person who is authorized to speak with the Agency about the application in the space provided on the form. Provide their email address, phone number, and Accela Citizen Access Login User ID (if known) in the spaces provided.

If you wish to designate more than one contact person, please add additional pages of this form to the application with each contact person on a separate Attestation C form.

NOTE: If an individual contacts CRA about the application and that individual is not a supplemental applicant, not the individual completing the application, and not an authorized contact person listed on Attestation C, the Agency will not provide information to that individual.

ATTESTATION C - ENTITY VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE (To be completed and submitted by the applicant)	
Add additional pages of this form if authorizing more than one contact person.	
On behalf of _____	I _____
<small>Name of Entity</small>	<small>Name & Title of Individual Authorized to Sign on Behalf of Entity</small>
confirm the following:	
1. I am the individual responsible for submitting this application and have full authority to execute this affidavit of full disclosure.	
2. I authorize _____ to be a contact person for the Cannabis Regulatory Agency (Agency). I understand that this person will have access to records and material submitted to the Agency for the purposes of this application. Further, I understand that this person will retain access and receive communication from the Agency regarding the applicant/licensee until the applicant/licensee submits an official request to remove this person's access and cease communication with this person. Please provide the information for this contact person below.	
E-mail Address: _____	Phone Number: _____
Accela Citizen Access Login User ID (if applicable): _____	
3. I authorize the person listed as the Person Completing Application within the demographic section of the application to be a contact person for the Agency. I understand that this person will have access to records and material submitted to the Agency for the purposes of this application. Further, I understand that this person will retain access and receive communication from the Agency regarding the applicant/licensee until the applicant/licensee submits an official request to remove this person's access and cease communication with this person.	
4. I affirm that the information contained in this application is true, complete, and accurate to the best of my knowledge and belief.	
5. Except as reported in this application, I have no agreements or understandings with any person or entity and no present intent to hold as agent, nominee, or otherwise any interest in the application.	
6. Except as reported in this application, I have no agreements or understanding with any person or entity and no present intent to pay any sums of money or give anything of value as, including but without limitation, a finder's fee or commission to any person or entity related to the interest in this application.	
7. I understand that the entity has an ongoing obligation to notify the Agency should the entity enter into any such agreement contemplated by this attestation.	

PAGE 7 - ATTESTATION D – ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF LIABILITY

After reading the attestation, provide the name of the main applicant entity and the name and title of the individual authorized to sign on behalf of the main applicant entity in the spaces provided.

<u>ATTESTATION D - ENTITY</u> <u>ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF LIABILITY</u> (To be completed and submitted by the applicant)	
On behalf of _____, <small style="text-align: center;">Name of Entity</small>	I _____, <small style="text-align: center;">Name & Title of Individual Authorized to Sign on Behalf of Entity</small>
hereby acknowledge and affirm the following:	
<p>The Federal Controlled Substances Act, Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. § 801 <i>et seq.</i>, regulates marijuana as a Schedule I controlled substance, for which there is “no currently accepted medical use in treatment in the United States.” 21 U.S.C. § 812(b)(1)(B). Although the state of Michigan has recognized and authorized the use of medical marijuana pursuant to the Michigan Medical Marihuana Act, 2008 IL 1, MCL 333.26421 to 333.26430, has authorized the issuance of state operating licenses to medical marijuana facilities pursuant to the Medical Marihuana Facilities Licensing Act, 2016 PA 281, MCL 333.27101 to MCL 333.27801, and has provided for a statewide monitoring system in the Marihuana Tracking Act, 2016 PA 282, MCL 333.27901 to 333.27904, these state authorized activities remain prohibited by federal law.</p>	
<p>I understand that a state operating license does not insulate or shield me or my business from federal seizure and/or forfeiture as allowed by federal law and does not insulate me from federal criminal arrest and/or prosecution.</p>	
<p>I understand that choosing to file an application for a state operating license and, if issued a license, choosing to establish and operate a marijuana facility pursuant to that license, is done so at my own risk.</p>	
<p>By my signature and attestation to this form, I hereby completely release and forever discharge the State of Michigan, the Michigan Department of Licensing and Regulatory Affairs, and the Cannabis Regulatory Agency, and its respective employees, agents, facilities, insurers, indemnors, successors, heirs and/or assigns from any and all past, present or future claims, demands, obligations, actions, causes of action, wrongful death claims, rights, damages, costs, losses of services, expenses and compensation of any nature whatsoever, whether based on a tort, contract or other theory of recovery, which I may now have, or which may hereafter accrue or otherwise be acquired, on account of, or may in any way arise out of my application for a state operating license and, if issued a license, my operation of a marijuana facility.</p>	

PAGE 8 – ATTESTATION F – CONFIRMATION OF TAX COMPLIANCE

PART A – After reading this section of the attestation, provide the name of the main applicant entity, the name and title of the individual authorized to sign on behalf of the main applicant entity, the signature of the individual authorized to sign, the entity FEIN, and the date in the spaces provided. Ensure a return mailing address is provided so the Department of Treasury is able to return the form.

ATTESTATION F – ENTITY
CONFIRMATION OF TAX COMPLIANCE
(To be completed by the designee of the Michigan Department of Treasury and submitted by the applicant)

PART A (to be completed by the applicant before submitting to the Department of Treasury):

On behalf of _____, I _____
Name of Entity Name & Title of Individual Authorized to Sign on Behalf of Entity

understand that I am submitting this Attestation in compliance with the Medical Marihuana Facilities Licensing Act (MMFLA) and the Administrative Rules. I affirm that if I have been making sales, I am registered and remitting sales tax to the Michigan Department of Treasury, as required. Additionally, I am not more than one year delinquent in the payment of taxes required under federal, state, or local law.

The Revenue Act, 1941 PA 122, MCL 205.28(1)(f), makes taxpayer information acquired in the administration of a tax confidential. I authorize the Michigan Department of Treasury to furnish tax returns and provide tax return information to the Cannabis Regulatory Agency for the limited purpose of determining my qualification and fitness for licensure under MMFLA. This limited authorization relates to all tax types administered under the Revenue Act. This limited authorization continues for two years from the date of my signature below or until the applicant is no longer licensed, whichever is later.

Signature of Individual Authorized to Sign on Behalf of Entity Date

Entity FEIN

Return Address for Completed Form:

Name

Representative Name (if applicable)

Return Email Address or Mailing Address

Phone Number

Treasury Phone: 517-636-6925 | Treasury Email: Treas-MI-Marihuana-Tax@michigan.gov

PART B – The applicant must have this section of the attestation completed by an authorized designee of the Michigan Department of Treasury. The designee will confirm the required information and sign the form if applicable.

To assist in the completion of this attestation please note that the Department of Treasury defines delinquency as follows:

- 1. For underpaid or no remittance tax returns, a taxpayer is considered “delinquent” in the payment of the required tax if the amount due indicated on the return has not been paid in full by the due date of the return.*
- 2. For post-return adjustments made by Treasury such as adjustments made when the return is processed, or as part of the audit process, a taxpayer is considered “delinquent” in the payment of the tax deficiency on the date that Treasury issues an assessment (Final Bill for Taxes Due) with respect to the determined deficiency.*
- 3. For “failure to file” situations, the taxpayer is considered “delinquent” in the payment of the tax at issue beginning on the day following the due date of the return that was required, but was not filed.*

An authorized designee of the Michigan Department of Treasury can be contacted at:

Michigan Department of Treasury
Hours: Monday – Friday, 8:00 a.m. to 4:00 p.m.
Phone: 517-636-6925
Fax: 517-636-4520
Email: Treas-MI-Marihuana-Tax@michigan.gov

For any questions, please utilize the information above to contact treasury directly.

Failure to submit this attestation with the signature of an authorized Michigan Department of Treasury designee will result in a Notice of Deficiency. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of the application.

PAGE 9 - ACKNOWLEDGMENT OF ATTESTATIONS

Do not sign this form until in the presence of a notary. Provide the name of the main applicant entity and the name and title of the individual authorized to sign on behalf of the main applicant entity in the spaces provided. Indicate by checking the boxes that the main applicant entity acknowledges and consents to each attestation.

The individual who is authorized to sign documents on behalf of the main applicant entity should sign this form in the presence of an active notary, providing the entity name, their name, signature, and date in the spaces provided. The individual who is authorized to sign on behalf of the main applicant entity signature date and notary signature date must match.

If the notary signature is invalid and/or the dates do not match, the applicant will receive a Notice of Deficiency. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of the application.

<u>ACKNOWLEDGMENT OF ATTESTATIONS</u> (To be completed and submitted by the applicant) <small>Do not sign until notary is present</small>	
On behalf of _____, I _____	
<small>Name of Entity</small>	<small>Name & Title of Individual Authorized to Sign on Behalf of Entity</small>
hereby swear, acknowledge, and consent to the following attestations (check all that apply to indicate the applicant's acknowledgment and consent):	
<input type="checkbox"/> Attestation A: Acknowledgment, Agreement & Consent	
<input type="checkbox"/> Attestation B: Authorization to Release Information	
<input type="checkbox"/> Attestation C: Verification & Affidavit of Full Disclosure (with contact designated, if applicable)	
<input type="checkbox"/> Attestation D: Acknowledgment of Federal Law & Release of Liability	
<input type="checkbox"/> Attestation F: Confirmation of Tax Compliance	
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.	
_____ <small>Signature of Individual Authorized to Sign on Behalf of Entity</small>	_____ <small>Date</small>
Subscribed and sworn to by _____ before me on _____	
<small>(Authorized Individual Name)</small>	<small>(Date)</small>
_____ <small>(Notary Public Signature)</small>	_____ <small>(Notary Public Printed Name)</small>
State of _____, County of _____, Acting in the county of _____, _____	
	<small>(County) (State)</small>
My commission expires: _____	

PAGE 10 - DISCLOSURE 1 – ENTITY INFORMATION

PAGE 10 - Provide the main applicant entity’s name and phone number in the space provided at the top of this disclosure form.

<u>DISCLOSURE 1 – ENTITY INFORMATION</u>	
Entity Name _____	Phone No. _____

In the **(1) ENTITY STRUCTURE** section, check the box that best describes the business structure of the main applicant entity. If you select “Other,” indicate the entity structure type in the space provided.

(1) ENTITY STRUCTURE	
<input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Privately Held Corporation <input type="checkbox"/> Publicly Held Corporation <input type="checkbox"/> Publicly Held Corporation	<input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____

In the **(2) ENTITY PRIOR NAMES** section, provide any prior names used by the main applicant entity during the past three years. Add additional pages if necessary. If the main applicant entity has not had any previous names, this section can be left blank.

(2) ENTITY PRIOR NAMES		
Provide any prior name used by the entity during the past 3 years, if applicable. Add additional pages if necessary.		
Entity Prior Name	Date Use Began	Date Use Ceased

In the **(3) ENTITY PRIOR ADDRESSES** section, provide any prior addresses used by the main applicant entity during the past three years. Add additional pages if necessary. If the main applicant entity has not had any previous addresses, this section can be left blank.

(3) ENTITY PRIOR ADDRESSES			
Provide any prior address used by the entity during the past 3 years, if applicable. Add additional pages if necessary.			
Entity Prior Street Address	City, State, Zip Code	Date Use Began	Date Use Ceased

In the (4) **ENTITY OTHER BUSINESS INTERESTS** section, provide any other business interests of the main applicant entity. Add additional pages if necessary. If the main applicant entity does not have any other business interests, this section can be left blank.

(4) ENTITY OTHER BUSINESS INTERESTS			
Provide any other business interests of the main applicant entity, regardless of whether the business is related to the marijuana industry. Add additional pages if necessary.			
Name of Other Business Interest	Type of Business Entity (e.g., LLC, Corporation, Sole Proprietor, etc.)	Type of Business Conducted	Extent of Involvement

The main applicant entity should gather the following documentation in support of the Entity Information disclosure:

- Copy of Governing Documents (e.g., Operating Agreement or Bylaws)
- Certificate of Good Standing
- Approval to Conduct Business Transactions in Michigan (if applicable)
- Certificate of Assumed Name (if applicable)
- Copy of Organizational Structure (see requirements and example within application)
- Authorizing Resolution (if applicable)

PAGES 11 & 12 – MAIN ENTITY ORGANIZATIONAL STRUCTURE REQUIREMENTS & EXAMPLE

Each main applicant entity is required to submit an organizational structure with their application as one of the supporting documents. This page of the application outlines the requirements of the organizational chart and gives an example of how to format this document.

When creating the organizational structure document for the main applicant entity, be sure to include the ownership interest percentage for any entity or individual involved in the business.

NOTE: All parties listed below must be disclosed; however, some parties listed below may not rise to the level of being a supplemental applicant.

Limited Liability Companies (LLCs) must disclose:

- All members holding any direct or indirect ownership interest of 2.5% or greater in the main applicant seeking licensure
 - Important: Members that exercise control over or participate in the management of the applicant must be disclosed regardless of their ownership percentage
 - Spouses of members (if the member holds a direct or indirect ownership interest of greater than 10% in the main applicant seeking licensure and/or exercises control over or participates in the management of the applicant)

- All managers (for manager-managed LLCs)
 - Spouses of all managers (for manager-managed LLCs)
- All managerial employees (employees who can control and direct the affairs of the marihuana business and/or can make policy concerning the marihuana business)

Publicly Held Corporations must disclose:

- All corporate officers or persons with equivalent titles
 - Spouses of all corporate officers or persons with equivalent titles
- All directors
 - Spouses of all directors
- All shareholders holding a direct or indirect interest of greater than 5% in the main applicant seeking licensure
 - Spouses of shareholders (if the shareholder holds a direct or indirect ownership interest of greater than 10% in the main applicant seeking licensure)
- All managerial employees (employees who can control and direct the affairs of the marihuana business and/or can make policy concerning the marihuana business)

Privately Held Corporations must disclose:

- All corporate officers or persons with equivalent titles
 - Spouses of all corporate officers or persons with equivalent titles
- All directors
 - Spouses of all directors
- All shareholders holding a direct or indirect interest of 2.5% or greater in the main applicant seeking licensure
 - Spouses of shareholders (if the shareholder holds a direct or indirect ownership interest of greater than 10% in the main applicant seeking licensure)
- All managerial employees (employees who can control and direct the affairs of the marihuana business and/or can make policy concerning the marihuana business)

For a Trust, the following must be disclosed:

- All trustees
- All individuals or bodies able to control or direct the affairs of the trust
- All beneficiaries that have an ownership interest of 2.5% or greater in the main applicant seeking licensure
 - Important: Beneficiaries that exercise control over or participate in the management of the applicant must be disclosed regardless of their ownership percentage
 - Spouses of beneficiaries (if the beneficiary receives or has the right to receive greater than 10% of the gross or net profit of the trust during any full or partial calendar or fiscal year)

Partnerships and Limited Liability Partnerships must disclose:

- All partners
 - Spouses of all partners
- All managerial employees (employees who can control and direct the affairs of the marihuana business and/or can make policy concerning the marihuana business)

Limited Partnerships and Limited Liability Limited Partnerships must disclose:

- All general and limited partners that have an ownership interest of 2.5% or greater in the main applicant seeking licensure
 - Important: Partners that exercise control over or participate in the management of the applicant must be disclosed regardless of their ownership percentage
 - Spouses of all general and limited partners (if the partner holds a direct or indirect ownership interest of greater than 10% in the main applicant seeking licensure and/or exercises control over or participates in the management of the main applicant seeking licensure)
- All managerial employees (employees who can control and direct the affairs of the marihuana business and/or can make policy concerning the marihuana business)

Nonprofit corporations must disclose:

- All entities and individuals with membership or shareholder rights of 2.5% or greater in the main applicant seeking licensure
 - Spouses of all individuals with membership or shareholder rights
- All managerial employees (employees who can control and direct the affairs of the marihuana business and/or can make policy concerning the marihuana business)

PAGE 13 - DISCLOSURE 2 – AFFILIATED PARTIES (Affiliated Parties & Spouses)

PAGE 13 - Provide the main applicant entity's name and phone number in the space provided at the top of this disclosure form.

<u>DISCLOSURE 2 - AFFILIATED PARTIES</u>	
<u>Entity Name</u>	<u>Phone No.</u>
<u>Affiliated Parties & Spouses</u>	

In the table provided on the disclosure, list the following:

If the entity is a:	Disclose:
Main applicant	All managerial employees and the following for the entity types below:
Limited Liability Company	All managers (for manager-managed LLC's), all members that have greater than 10% ownership interest in the main applicant seeking licensure and/or that exercise control over or participate in the management of the main applicant, and the spouses of these individuals.
Publicly or Privately Held Corporation	All corporate officers or persons with equivalent titles, all directors, all shareholders holding greater than 10% ownership interest, and the spouses of these individuals.
Trust	All trustees, all individuals or bodies able to control or direct the affairs of the trust, all beneficiaries, and the spouses of these individuals.
Partnership or Limited Liability Partnership	All partners and their spouses.
Limited Partnership or Liability Limited Partnership	All general and limited partners with greater than 10% ownership interest and their spouses.
Nonprofit Corporation	All entities and individuals with membership or shareholder rights and their spouses.

NOTE: Managerial employees are individuals who can control and direct the affairs of the marijuana facility and/or can make policy concerning the marijuana facility.

E.g., If the application is being filled out for the main applicant entity, Entity 1 from the MAIN ENTITY ORGANIZATIONAL STRUCTURE REQUIREMENTS & EXAMPLE on page 11 the application, **Managerial Employee 1** and **Managerial Employee 2** would be listed on page 13- DISCLOSURE 2 – AFFILIATED PARTIES (Affiliated Parties & Spouses), as they are managerial employees who can direct the affairs of and make policy concerning the marijuana facility.

Entity 2, Entity 3, and Entity 4 would be listed on this section of the disclosure as they directly hold greater than 10% ownership interest in Entity 1.

Entity 6, Individual 2, Individual 3, and Individual 5 would be listed on this section of the disclosure as they indirectly hold greater than 10% ownership interest in Entity 1.

Additionally, **Spouse of Individual 2, Spouse of Individual 3, and Spouse of Individual 5** would also be listed on this section of the disclosure as they are spouses of individual's who directly or indirectly hold greater than 10% ownership interest in Entity 1.

Provide the following information for each entity or individual with direct or indirect ownership interest in the main applicant entity for which the application is being completed in the corresponding field on the table:

- Full Name as it appears on legal documents
- FEIN if an entity, SSN if an individual
- Email Address
- Date of Birth if an individual

- If the entity or individual is from out of the country, select “Yes” in the “Out of Country Applicant?” column
 - **NOTE:** If the out-of-country applicant has greater than 10 percent direct or indirect ownership interest in the main applicant entity, their supplemental application **must** be submitted via paper documents. The online system cannot account for out-of-country addresses.

PAGE 13 - DISCLOSURE 2 – AFFILIATED PARTIES (Affiliated Parties & Spouses)

EXAMPLE FOR ENTITY 1:

Entity or Individual Name	FEIN or SSN	E-mail Address	Date of Birth (if applicable)	Out of Country Applicant?
Managerial Employee 1	132-45-6789	Managerialemp1@email.com	1/1/1991	<input type="checkbox"/> Yes
Managerial Employee 2	456-88-9856	Managerialemp2@email.com	5/9/1967	<input type="checkbox"/> Yes
Entity 2, LLC	58-2358965	Entity2@email.com		<input type="checkbox"/> Yes
Entity 3, LLC	44-5142359	Entity3@email.com		<input type="checkbox"/> Yes
Entity 4, LLC	97-5892141	Entity4@email.com		<input type="checkbox"/> Yes
Entity 6, LLC	35-8878851	Entity6@email.com		<input type="checkbox"/> Yes
Individual 2	985-25-3257	Individual2@email.com	8/24/1997	<input type="checkbox"/> Yes
Spouse of Individual 2	458-65-8568	SpouseInd2@email.com	2/5/1998	<input type="checkbox"/> Yes
Individual 3	225-63-7843	Individual3@email.com	5/30/1954	<input type="checkbox"/> Yes
Spouse of Individual 3	124-98-5781	SpouseInd3@email.com	7/5/1954	<input type="checkbox"/> Yes
Individual 5	325-35-2143	Individual5@email.com	12/8/1975	<input type="checkbox"/> Yes
Spouse of Individual 5	659-41-3253	SpouseInd5@email.com	2/13/1976	<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes

PAGE 14- DISCLOSURE 2 – AFFILIATED PARTIES, CONTINUED
(Ten Percent or Less)

PAGE 14 - Provide the main applicant entity’s name and phone number in the space provided at the top of this disclosure form.

<u>DISCLOSURE 2 – AFFILIATED PARTIES, CONTINUED</u>	
Entity Name _____	Phone No. _____
<u>Ten Percent or Less</u>	

In the table provided on the disclosure, list the following:

If the entity is a:	Disclose:
Limited Liability Company	All members holding 2.5% to 10% ownership interest.
Publicly Held Corporation	All shareholders holding greater than 5% to 10% ownership interest.
Privately Held Corporation	All shareholders holding 2.5% to 10% ownership interest.
Trust	All beneficiaries receiving or who have the right to receive 2.5% to 10% of the gross or net profit of the trust during any full or partial calendar or fiscal year.
Limited Partnership or Liability Limited Partnership	All general and limited partners holding 2.5% to 10% ownership interest.

E.g., If the application is being filled out for Entity 1 in the MAIN ENTITY ORGANIZATIONAL STRUCTURE REQUIREMENTS & EXAMPLE on page 11 the application, **Individual 1** would be listed on DISCLOSURE 2 – AFFILIATED PARTIES, CONTINUED (Ten Percent or Less), as they directly hold 10% or less ownership interest in Entity 1. If Individual 1 is married, their spouse is not required to be disclosed.

Entity 5 would be listed on this section of the disclosure, as it indirectly holds 10% or less ownership interest in Entity 1 (15% x 60% = 9%).

Individual 4 would be listed on this section of the disclosure, as they indirectly hold 10% or less ownership interest in Entity 1 (100% x 15% x 60% = 9%). If Individual 4 is married, their spouse is not required to be disclosed.

Provide the following information in the corresponding field on the table for each entity or individual with direct or indirect ownership interest of 10% or less in the main applicant entity for which the application is being completed:

- Full Name as it appears on legal documents
- Mailing Address
- Email Address
- Date of Birth if an individual

PAGE 14 - DISCLOSURE 2 – AFFILIATED PARTIES, CONTINUED (Ten Percent or Less)			
EXAMPLE FOR ENTITY 1			
Entity or Individual Name	Address	E-Mail Address	Date of Birth (if applicable)
Individual 1	123 Main St., Lansing, MI 48906	Individual1@email.com	9/9/1969
Entity 5, LLC	123 Main St., Lansing, MI 48906	Entity5@email.com	
Individual 4	123 Main St., Lansing, MI 48906	Individual4@email.com	10/10/1970

PAGE 15 - DISCLOSURE 3 – INTERESTS OF PUBLIC OFFICIALS

PAGE 15 - Provide the main applicant entity’s name and phone number in the space provided at the top of this disclosure form.

DISCLOSURE 3 – INTERESTS OF PUBLIC OFFICIALS	
Entity Name	Phone No.

List the names and titles of all public officials or officers of any unit of government as well as the spouses, parents, and children of those public officials or officers, who directly, or indirectly:

- Own any financial interest in the entity
- Have any beneficial interest in the entity
- Are the creditors of the entity
- Hold any debt instrument issued by the entity
- Hold or have any interest in any contractual or service relationship with the entity

Please list the names and titles of all public officials or officers of any unit of government as well as the spouses, parents, and children of those public officials or officers, who directly, or indirectly:	
1.	Own any financial interest in the entity
2.	Have any beneficial interest in the entity
3.	Are the creditors of the entity
4.	Hold any debt instrument issued by the entity
5.	Hold or have any interest in any contractual or service relationship with the entity
Name of Public Official/Office of Governmental Unit	Title

Check the appropriate box to indicate if the interest of the public official or officer is of a governmental unit.

Is the interest that of the public official or officer of a governmental unit? <input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes”, state the percentage/capacity of interest on the space provided.

If yes, state the percentage/capacity of interest _____

If “No”, provide the following information about the interest of the family member of the public official or officer in the table provided:

- **Name** of family member
- **Relationship** of family member
- **Date of Birth** of family member
- **Address** of family member
- **Percentage/Capacity of Interest** of family member

If no, provide the following information about the interest of the family member of the public official or officer:

Name of Family Member	Relationship	Date of Birth	Address	Percentage/ Capacity of Interest

PAGE 16 - DISCLOSURE 4 – DEBT, INSOLVENCY, OR BANKRUPTCY ACTIONS

PAGE 16 - Provide the main applicant entity’s name and phone number in the space provided at the top of this disclosure form.

DISCLOSURE 4 – DEBT, INSOLVENCY, OR BANKRUPTCY ACTIONS

Entity Name _____
Phone No. _____

Check the appropriate box to indicate if the main applicant entity has filed or had filed against it, a proceeding for bankruptcy or been involved in any formal process to adjust, defer, suspend, or otherwise work out payment of a debt in the past seven years?

(1) Has the main applicant entity filed, or had filed against it, a proceeding for bankruptcy or been involved in any formal process to adjust, defer, suspend or otherwise work out payment of a debt in the past seven years?

Yes No
 If yes, provide information in the following sections.
If no, this disclosure form is complete.

If the answer to this question is “No,” you are finished with this disclosure.

If “Yes”, provide the following information related to the main applicant entity’s past or current debt, bankruptcy, or other insolvency proceeding.

- **Date of Filing** of the debt, bankruptcy, or other insolvency proceeding
- **Name & Location of Court** of the debt, bankruptcy, or other insolvency proceeding
- **Case Number** of the debt, bankruptcy, or other insolvency proceeding
- **Date of Disposition** of the debt, bankruptcy, or other insolvency proceeding
- **Disposition** of the debt, bankruptcy, or other insolvency proceeding

(2) Provide the following information related to the main applicant entity’s past or current debt, bankruptcy, or other insolvency proceeding.

Date of Filing	Name & Location of Court	Case No.	Date of Disposition	Disposition

The main applicant entity should gather the following supporting documents in relation to the Debt, Insolvency, or Bankruptcy Actions disclosure:

- Copy of Discharge Documentation (if applicable)

PAGE 17 - DISCLOSURE 5 – TAX & TAX COMPLIANCE

PAGE 17 - Provide the main applicant entity’s name and phone number in the space provided at the top of this disclosure form.

<u>DISCLOSURE 5 - TAX & TAX COMPLIANCE</u>	
Entity Name _____	Phone No. _____

In the (1) **TAXING AGENCIES** section, indicate if the main applicant entity was subject to taxation during the past 12 months by selecting “Yes” or “No” to the question at the top of the page.

If “Yes,” list all federal, state, local, and foreign taxing agencies in which the main applicant entity was subject to taxation for the past 12 months in the table provided.

(1) TAXING AGENCIES
 Has the main applicant entity been subject to taxation during the last year?

Yes No If you answered **yes**, provide the information requested below for each federal, state, local, and foreign jurisdictions in which the main applicant entity was subject to taxation during the last year. Add additional pages if necessary.

Taxing Agency	Type of Tax (E.g., Federal income tax, state income tax, sales tax)

E.g., “Taxing Agency” = IRS, “Type of Tax” = Federal Income Tax;

E.g., “Taxing Agency” = Michigan Department of Treasury, Type of Tax = State Income Tax, Sales Tax

In the (2) **TAX COMPLIANCE** section, indicate if the main applicant entity has had a tax complaint filed against them or been served with a notice regarding a tax delinquency by selecting “Yes” or “No” to this question.

If “Yes,” provide the taxing agency, type of tax, tax period, and amount of the delinquent tax payment in the table provided in this section.

(2) TAX COMPLIANCE
 Has the main applicant entity ever been served with, or had filed against it, a complaint or other notice regarding the delinquent payment of any tax required under federal, state, local, or foreign jurisdictions?

Yes No If you answered **yes**, provide the requested information for each delinquent tax payment and provide all applicable required supporting documents (e.g., copy of notice of tax liability due). Add additional pages if necessary.

Taxing Agency	Type of Tax	Tax Year	Amount	Disposition

The main applicant entity should gather the following supporting documents in relation to the Tax & Tax Compliance disclosure:

- Copy of Initial Notice and Notice of Release (if applicable)
- Copy of Payment Plan Documentation (if applicable)

PAGE 18 - DISCLOSURE 6 – GOVERNMENT REGULATION

PAGE 18 - Provide the main applicant entity’s name and phone number in the space provided at the top of this disclosure form.

<u>DISCLOSURE 6 - GOVERNMENT REGULATION</u>	
Entity Name _____	Phone No. _____

Select “Yes” or “No” to the three questions in the top section of the page.

<p>Is the main applicant entity subject to regulation by a public agency in any other jurisdiction (e.g., Does the main applicant entity hold any license, certificate, permit, etc., that is regulated by a department of a local, state, federal, or foreign government)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the main applicant entity hold any commercial licenses? (Not including the license in which they are currently applying.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the main applicant entity ever applied for or been granted any commercial license or certificate issued by a licensing authority in any jurisdiction, that has been denied, restricted, suspended, revoked, or not renewed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Question 1 - If the main applicant entity is subject to regulation by a public agency (holds any license, certificate, permit, etc. which is regulated by a department of a local, state, federal, or foreign government—such as a liquor license, building permit, sales tax license, other marijuana licenses, etc.), select “Yes.”

If “Yes,” disclose any marijuana businesses in Section (1) **MARIJUANA BUSINESS INTERESTS** and any other regulation type in Section (2) **COMMERCIAL LICENSES OR CERTIFICATES**.

Question 2 - If the main applicant entity holds any commercial licenses (e.g. food establishment license, retail gas outlet license, marijuana license, liquor license, commercial driver’s license, etc.) select “Yes.”

If “Yes,” disclose any marijuana businesses in Section (1) **MARIJUANA BUSINESS INTERESTS** and any other regulation type in Section (2) **COMMERCIAL LICENSES OR CERTIFICATES**.

Question 3 - If the main applicant entity has ever applied for a license or certificate that was denied, or if the main applicant entity has ever been granted a license or certificate that has been restricted, suspended, revoked, or not renewed, select “Yes.”

If “Yes,” disclose these licenses in Section (3) **COMMERCIAL LICENSES OR CERTIFICATES DENIED, RESTRICTED, SUSPENDED, REVOKED, OR NOT RENEWED** on the second page of this disclosure.

If the answer to all three of these questions is “No,” you are finished with this disclosure.

In the (1) **MARIJUANA BUSINESS INTERESTS** section, list any marijuana business in which the main applicant entity has any direct or indirect equity interest. For each marijuana business, provide the business entity’s name, license number, and the state of license issuance. If the entity does not own other marijuana businesses, this section can be left blank.

(1) MARIJUANA BUSINESS INTERESTS
 Provide the requested information for any interest that the main applicant entity has in any other corporation, partnership or other business entity that is directly or indirectly involved in the *growing, processing, testing, transporting, or sale of marijuana*. Add additional pages if necessary.

Marijuana Business Entity Name	License Number	State of Issuance	Country of Issuance

In Section (2) **COMMERCIAL LICENSES OR CERTIFICATES**, list any (non-marijuana) commercial licenses or certificates held by the main applicant entity.

(2) COMMERCIAL LICENSES OR CERTIFICATES
 Provide the requested information for all non-marijuana commercial licenses or certificates held by the main applicant entity. Add additional pages if necessary.

License or Certificate Type	License Number or Other Identifying Number	Issuing Agency

E.g., “License or Certificate Type” = *Liquor license*, “License No. or Other Identifying No.” = *RQ-1810-12345*, “Issuing Agency” = *Michigan Liquor Control Commission*

E.g., “License or Certificate Type” = *Sales tax license*, “License No. or Other Identifying No.” = *89-6745231*, “Issuing Agency” = *Michigan Department of Treasury*

PAGE 19 - DISCLOSURE 6 – GOVERNMENT REGULATION, CONTINUED

PAGE 19 – Provide the main applicant entity’s name and phone number in the space provided at the top of this disclosure form.

DISCLOSURE 6 - GOVERNMENT REGULATION, CONTINUED

Entity Name _____ Phone No. _____

In the **(3) COMMERCIAL LICENSES OR CERTIFICATES DENIED, RESTRICTED, SUSPENDED, REVOKED, OR NOT RENEWED** section, list any license or certificate that was applied for and denied, and list any license or certificate that has been restricted, suspended, revoked, or not renewed.

(3) <u>COMMERCIAL LICENSES OR CERTIFICATES DENIED, RESTRICTED, SUSPENDED, REVOKED, OR NOT RENEWED</u>			
Provide the requested information for all commercial licenses or certificates with which the main applicant entity has had an application or license denied, restricted, suspended, revoked, or not renewed. Add additional pages if necessary.			
#	License or Certificate Type	License Number or Other Identifying Number	Issuing Agency
1			
	Action Taken	Reason for Action	Date Action Taken
#	License or Certificate Type	License Number or Other Identifying Number	Issuing Agency
2			
	Action Taken	Reason for Action	Date Action Taken
#	License or Certificate Type	License Number or Other Identifying Number	Issuing Agency
3			
	Action Taken	Reason for Action	Date Action Taken

“Action Taken” = *denied, restricted, suspended, revoked, or not renewed*

In the **(4) PENDING LICENSES OR CERTIFICATES** section, list any pending licenses or certificates in which the main applicant entity has applied for, and a determination has not yet been made.

(4) <u>PENDING LICENSES OR CERTIFICATES</u>		
Disclose any application for a commercial license or certificate in this state or any other jurisdiction that is currently pending and for which a determination has not been made. Do not include this current application for a marijuana license or any commercial license or certificate previously disclosed on this application. Add additional pages if necessary.		
License or Certificate Type	Issuing Agency	Application Number or Other Identifying Number

The main applicant entity should gather the following documentation in support of the Government Regulation disclosures:

- Copy of Marijuana Licenses (if applicable)
- Copy of Any Other Commercial Licenses or Any Comparable Licenses from Other Jurisdictions (if applicable)
- Summary of Facts and Circumstances Concerning A License Denial, Restriction, Revocation, Suspension, or Nonrenewal (If Applicable)

PAGE 20- DISCLOSURE 8 – LITIGATION HISTORY

PAGE 20 - Provide the main applicant entity’s name and phone number in the space provided at the top of this disclosure form.

<u>DISCLOSURE 8 – LITIGATION HISTORY</u>	
Entity Name _____	Phone No. _____

In the **LITIGATION HISTORY** section, select “Yes” or “No” to indicate if the main applicant entity has been a party to any litigation during the past five years.

If “Yes”, disclose the case caption, docket or case number, name and location of court, and the cause of action for the litigation in the table provided. Add additional pages if necessary.

(1) <u>LITIGATION HISTORY</u> Has the main applicant entity been a party to any litigation during the past five years (e.g., fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker’s compensation, discrimination, and tax laws and regulations)? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered <u>yes</u> , provide the requested information for all litigation related to the main applicant entity (e.g., fraud, environmental, food safety, labor, employment, worker’s compensation, discrimination, and tax laws and regulations) pending or concluded, for the past 5 years. Add additional pages if necessary.				
Case Caption	Docket/Case No.	Name & Location of Court	Cause of Action	Disposition

In the **PENDING LITIGATION** section, for any cases that are currently pending, provide a brief explanation in the area provided. Add additional pages if necessary.

(2) <u>PENDING LITIGATION</u> For any cases that are currently initiated or pending, provide a brief explanation regarding the allegations of the case. Add additional pages if necessary. _____ _____ _____ _____ _____ _____

In the **GOVERNMENT CHARGES & INVESTIGATIONS** section, disclose any charges and/or government investigations related to the main applicant entity’s business operations (e.g., fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker’s compensation, discrimination, and tax laws and regulation), whether initiated, pending, or concluded in the area provided. Add additional pages if necessary.

(3) GOVERNMENT CHARGES & INVESTIGATIONS

Disclose any charges and government investigations, whether initiated, pending, or concluded, related to the main applicant entity’s business operations unless they have been previously disclosed on this application (e.g., fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker’s compensation, discrimination, and tax laws and regulations). Add additional pages if necessary.

The main applicant entity should gather the following documentation in support of the Litigation History disclosure:

- Copy of Complaint (if applicable)
- Copy of Judgment (if applicable)

SUPPLEMENTAL APPLICATIONS FOR MAIN APPLICANT ENTITES

Supplemental applications are required to be submitted along with the main applicant entity application. Each entity and individual considered a supplemental applicant is required to submit a prequalification application. Refer to the **MAIN AND SUPPLEMENTAL APPLICANTS EXPLANATION** in this application instruction booklet for more information regarding supplemental applicants.

SUBMITTING THE APPLICATION

When submitting the application, ensure the main application, all supplemental applications, and all supporting documents are provided. Failure to submit all applications and supporting documents will result in a Notice of Deficiency. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of the application.

The application can be submitted online at: <https://aca3.accela.com/MIMM/Default.aspx>, in person at: 2407 North Grand River Avenue, Lansing, MI 49806, or via postal mail to:

Cannabis Regulatory Agency
Medical Facilities Licensing
P.O. Box 30205
Lansing, MI 48909

If any questions arise while completing the application, please do not hesitate to contact CRA by telephone at:
517-284-8599

The medical application submission should contain the following supporting documents:

- Copy of Governing Documents (e.g., Operating Agreement or Bylaws)
- Certificate of Good Standing
- Approval to Conduct Business Transactions in Michigan (if applicable)
- Certificate of Assumed Name (if applicable)
- Copy of Organizational Structure
- Authorization Resolution
- CPA Attestation
- Statement of Money Lender Form
- Promissory Note/Line of Credit Documents
- Copy of Discharge Documentation (if applicable)
- Copy of Initial Notice and Notice of Release (if applicable)
- Copy of Payment Plan Documentation (if applicable)
- Copy of Marijuana Licenses (if applicable)
- Copy of Any Other Commercial Licenses or Any Comparable License from Other Jurisdictions (if applicable)
- Summary of Facts and Circumstances Concerning License Denial, Restriction, Revocation, Suspension, or Nonrenewal (If Applicable)
- Copy of Complaint (if applicable)
- Copy of Judgment (if applicable)

SUPPLEMENTAL ENTITY PREQUALIFICATION

The Supplemental Entity Prequalification Application can be found at the following link: [Supplemental Entity Prequalification](#).

Download the Supplemental Entity Prequalification Application.

The supplemental entity will need to complete a Supplemental Entity Prequalification Application in its entirety.

APPLICATION CHECKLIST

Ensure you have gathered all applicable items on the checklist before submitting the application. The last page of the application instruction booklet contains a checklist that provides further information on what each supporting document should entail.

SUPPLEMENTAL ENTITY PREQUALIFICATION	
<p>Supplemental Entity Prequalification Application</p> <ul style="list-style-type: none"> <input type="checkbox"/> Page 1: Supplemental Entity Prequalification Checklist <input type="checkbox"/> Page 2: Supplemental Entity Demographics <input type="checkbox"/> Page 3: ATTESTATION A – Acknowledgment, Agreement, & Consent <input type="checkbox"/> Page 4: ATTESTATION B – Authorization to Release Information <input type="checkbox"/> Page 5: ATTESTATION C – Verification & Affidavit of Full Disclosure <input type="checkbox"/> Page 6: ATTESTATION D – Acknowledgment of Federal Law & Release of Liability <input type="checkbox"/> Page 7: ATTESTATION F – Confirmation of Tax Compliance <input type="checkbox"/> Page 8: Acknowledgement of Attestations (signed and notarized) <input type="checkbox"/> Page 9: DISCLOSURE 1 – Entity Information <input type="checkbox"/> Pages 10-11: DISCLOSURE 2 – Affiliated Parties <input type="checkbox"/> Page 12: DISCLOSURE 3 – Interests of Public Officials <input type="checkbox"/> Page 13: DISCLOSURE 4 – Debt, Insolvency, or Bankruptcy Actions <input type="checkbox"/> Page 14: DISCLOSURE 5 – Tax & Tax Compliance <input type="checkbox"/> Pages 15-16: DISCLOSURE 6 – Government Regulation <input type="checkbox"/> Pages 17: DISCLOSURE 8 – Litigation History 	<p>Supporting Documents</p> <p>Entity Information Documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Governing Documents (e.g., Operating Agreement, Bylaws) <input type="checkbox"/> Certificate of Good Standing <input type="checkbox"/> Approval to Conduct Business Transactions in Michigan (if applicable) <input type="checkbox"/> Certificate of Assumed Name (if applicable) (obtained from LARA Corporations Division) <input type="checkbox"/> Authorizing Resolution <p>Debt, Insolvency, or Bankruptcy Documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Discharge Documentation (if applicable) <p>Tax Liability and Delinquency Documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Initial Notice and Notice of Release (if applicable) <input type="checkbox"/> Copy of Payment Plan Documentation (if applicable) <p>Regulation Documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Marijuana Licenses (if applicable) <input type="checkbox"/> Copy of Any Other Commercial Licenses or Any Comparable License from Other Jurisdictions (if applicable) <input type="checkbox"/> Summary of Facts and Circumstances Concerning License Denial, Restriction, Revocation, Suspension, or Nonrenewal (if applicable) <p>Litigation Documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Complaint (if applicable) <input type="checkbox"/> Copy of Judgment (if applicable)

PAGE 2 – DEMOGRAPHIC INFORMATION

In the **DEMOGRAPHIC INFORMATION** section, provide the following information for the supplemental entity in the corresponding field on the application:

- **Entity Name** as it appears on official business documents
- **Assumed Name** of the supplemental entity, if operating under a name other than the supplemental entity’s official name
- **Mailing Address** of the supplemental entity
- **Federal Employer Identification Number (FEIN)** of the supplemental entity
- **Phone Number** of the supplemental entity
- **Email Address** of the supplemental entity

DEMOGRAPHIC INFORMATION				
Please provide the following information regarding the supplemental entity.				
Entity Name (as appears on official business documents)			Assumed Name (attach copy of filed assumed name certificate, if applicable)	
Entity Mailing Address			FEIN	
City	State	Zip Code	Entity Phone	Entity Email Address

In the **PERSON COMPLETING APPLICATION** section, provide the following information in the corresponding field on the application:

- **Name** of the individual completing the application
- **Date of Birth** of the individual completing the application
- **Mailing Address** of the individual completing the application
- **Phone Number** of the individual completing the application
- **Email Address** of the individual completing the application

PERSON COMPLETING APPLICATION				
Please provide the following information regarding the person completing this application.				
Name (First, Middle, Last)			Date of Birth (mm/dd/yyyy)	
Mailing Address			Phone	
City	State	Zip Code	Email Address	

Ensure all contact information is accurate and that current email addresses have been provided, as most correspondence from CRA will be sent via email.

PAGES 3-8 – ATTESTATIONS

Read all the attestations carefully as the applicant will be acknowledging and agreeing to the information and stipulations contained in these attestations.

If you are unsure of what an item within an attestation means, please consult an attorney. CRA cannot provide legal interpretation of the statute or rules.

PAGE 3 - ATTESTATION A – ACKNOWLEDGMENT, AGREEMENT, AND CONSENT

After reading the attestation, provide the name of the supplemental entity and the name of the individual authorized to sign on behalf of the supplemental entity in the spaces provided.

ATTESTATION A – ENTITY
ACKNOWLEDGMENT, AGREEMENT, & CONSENT
(To be completed and submitted by the applicant)

On behalf of _____, I _____
Name of Entity Name & Title of Individual Authorized to Sign on Behalf of Entity

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 in order to carry out its statutory duties. I hereby agree to submit such supplemental materials as requested by the Agency 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 hereby acknowledge that any issuance of a license is a privilege. I have the responsibility to prove that it is eligible, suitable, and qualified to be licensed. I must accept any risk of adverse public notice, embarrassment, criticism, or other action, or financial loss, which may result from action with respect to an application or the public disclosure of information requested in this application, and expressly waive any claim for damages as a result thereof. Information not called for in this application or in addition to that provided in response to this application, may be requested.

I, as the applicant submitting this application, hereby certify that I do not have an interest in any other state operating license that is prohibited by the Medical Marihuana Facilities Licensing Act, 2016 PA 281 (MMFLA).

I hereby acknowledge that I am under a continuing duty to promptly disclose to the Agency any changes in the information provided in the application and supporting documents submitted to the Agency. To comply with this requirement, I hereby acknowledge that I must submit a letter to the Agency stating any changes with reference to the specific information within the application to which the changes pertain.

I hereby consent to investigations of compliance, regular inspections, examinations, searches, seizures, and auditing of books and records as provided in MMFLA Section 303(1)(c)(i) to (iv) and the MMFLA Administrative Rules, and to disclose to the Agency and its agents of otherwise confidential records, including tax records held by any federal, state, or local agency, or credit agency or financial institution, while applying for or holding a state operating license. This consent is authorization to review and inspect tax records administered under the Michigan Revenue Act, 1941 PA 122.

I hereby acknowledge that the finding of prequalification status for a pending application is valid for two years after the Agency issues a notice of prequalification status unless otherwise determined by the agency. The entity understands that after two years have expired, the entity may be required to submit a new application and pay a new nonrefundable application fee.

PAGE 4 - ATTESTATION B – AUTHORIZATION TO RELEASE INFORMATION

After reading the attestation, provide the name of the supplemental entity and the name and title of the individual authorized to sign on behalf of the supplemental entity in the spaces provided.

ATTESTATION B – ENTITY
AUTHORIZATION TO RELEASE INFORMATION
(To be completed and submitted by the applicant)

To all courts, probation departments, selective service boards, employers, educational institutions, banks, financial and other such institutions, and all governmental agencies federal, state and local, without exception, both foreign and domestic:

On behalf of _____, I _____
Name of Entity Name & Title of Individual Authorized to Sign on Behalf of Entity

authorize the Cannabis Regulatory Agency (Agency) and its agents to conduct a full investigation into the background and activities of the applicant for purposes of determining the applicant’s eligibility for a marijuana facility prequalification and state operating license.

I understand that by the signing of this authorization, a financial background check will be performed. I authorize any financial institution to surrender to the Agency a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal financial records in whatever form and wherever located. I authorize my employers to release any employment information required to validate my financial history. I understand that the financial background check will include a credit history examination and that my credit report, credit history, and credit capacity information will be obtained.

I understand that by signing this authorization, a financial background check of my tax filing and tax obligation status will be performed. I authorize my respective state taxing agency to surrender to the Agency a complete and accurate record of any and all tax information or records relating to me for the purposes of this application. I authorize the Agency to obtain, receive, review, copy, discuss, and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as “confidential” or “nonpublic” under the provisions of state or federal laws.

I understand that by signing this authorization, a criminal history background check will be performed. I authorize the Agency to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located for purposes of completing this application. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and the sentence was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as “confidential” or “nonpublic” under the provisions of state or federal laws.

Therefore, you are hereby authorized to release any and all information pertaining to this applicant, documentary or otherwise, as requested by any employee or agent of the Agency, provided that he or she certifies to you that said applicant has an application pending before the Agency or that said applicant is a licensee or other person required to be qualified under the provisions of the Michigan Medical Marijuana Facilities Licensing Act (MMFLA).

This authorization shall supersede any prior request or authorization to the contrary and shall be in effect during the pendency of this application. A photocopy of this authorization will be considered as effective and valid as the original.

PAGE 5 - ATTESTATION C – VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE

After reading the attestation, provide the name of the supplemental entity and the name and title of the individual authorized to sign on behalf of the supplemental entity in the spaces provided.

In Section 2, provide the name of the contact person who is authorized to speak with the Agency about the application in the space provided on the form. Provide their email address, phone number, and Accela Citizen Access Login User ID (if known) in the spaces provided.

If you wish to designate more than one contact person, please add additional pages of this form to the application with each contact person on a separate Attestation C form.

NOTE: If an individual contacts CRA about the application and that individual is not a supplemental applicant, not the individual completing the application, and not an authorized contact person listed on Attestation C, the Agency will not provide information to that individual.

<u>ATTESTATION C – ENTITY</u> <u>VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE</u> <small>(To be completed and submitted by the applicant)</small>	
Add additional pages of this form if authorizing more than one contact person.	
On behalf of _____	I _____
<small>Name of Entity</small>	<small>Name & Title of Individual Authorized to Sign on Behalf of Entity</small>
confirm the following:	
1. I am the individual responsible for submitting this application and have full authority to execute this affidavit of full disclosure.	
2. I authorize _____ to be a contact person for the Cannabis Regulatory Agency (Agency). I understand that this person will have access to records and material submitted to the Agency for the purposes of this application. Further, I understand that this person will retain access and receive communication from the Agency regarding the applicant/licensee until the applicant/licensee submits an official request to remove this person's access and cease communication with this person. Please provide the information for this contact person below.	
E-mail Address: _____	Phone Number: _____
Accela Citizen Access Login User ID (if applicable): _____	
3. I authorize the person listed as the Person Completing Application within the demographic section of the application to be a contact person for the Agency. I understand that this person will have access to records and material submitted to the Agency for the purposes of this application. Further, I understand that this person will retain access and receive communication from the Agency regarding the applicant/licensee until the applicant/licensee submits an official request to remove this person's access and cease communication with this person.	
4. I affirm that the information contained in this application is true, complete, and accurate to the best of my knowledge and belief.	
5. Except as reported in this application, I have no agreements or understandings with any person or entity and no present intent to hold as agent, nominee, or otherwise any interest in the application.	
6. Except as reported in this application, I have no agreements or understanding with any person or entity and no present intent to pay any sums of money or give anything of value as, including but without limitation, a finder's fee or commission to any person or entity related to the interest in this application.	
7. I understand that the entity has an ongoing obligation to notify the Agency should the entity enter into any such agreement contemplated by this attestation.	

PAGE 6 - ATTESTATION D – ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF LIABILITY

After reading the attestation, provide the name of the supplemental entity and the name and title of the individual authorized to sign on behalf of the supplemental entity in the spaces provided.

<u>ATTESTATION D – ENTITY</u> <u>ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF LIABILITY</u> (To be completed and submitted by the applicant)	
On behalf of _____, <small style="text-align: center;">Name of Entity</small>	I _____, <small style="text-align: center;">Name & Title of Individual Authorized to Sign on Behalf of Entity</small>
hereby acknowledge and affirm the following:	
<p>The Federal Controlled Substances Act, Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. § 801 <i>et seq.</i>, regulates marijuana as a Schedule I controlled substance, for which there is “no currently accepted medical use in treatment in the United States.” 21 U.S.C. § 812(b)(1)(B). Although the State of Michigan has recognized and authorized the use of medical marijuana pursuant to the Michigan Medical Marihuana Act, 2008 IL 1, MCL 333.26421 to 333.26430, has authorized the issuance of state operating licenses to medical marijuana facilities pursuant to the Medical Marihuana Facilities Licensing Act, 2016 PA 281, MCL 333.27101 to MCL 333.27801, and has provided for a statewide monitoring system in the Marihuana Tracking Act, 2016 PA 282, MCL 333.27901 to 333.27904, these state authorized activities remain prohibited by federal law.</p>	
<p>I understand that a state operating license does not insulate or shield me or my business from federal seizure and/or forfeiture as allowed by federal law and does not insulate me from federal criminal arrest and/or prosecution.</p>	
<p>I understand that choosing to file an application for a state operating license and, if issued a license, choosing to establish and operate a marijuana facility pursuant to that license, is done so at my own risk.</p>	
<p>By my signature and attestation to this form, I hereby completely release and forever discharge the State of Michigan, the Michigan Department of Licensing and Regulatory Affairs, the Cannabis Regulatory Agency, and its respective employees, agents, facilities, insurers, indemnors, successors, heirs and/or assigns from any and all past, present or future claims, demands, obligations, actions, causes of action, wrongful death claims, rights, damages, costs, losses of services, expenses and compensation of any nature whatsoever, whether based on a tort, contract or other theory of recovery, which I may now have, or which may hereafter accrue or otherwise be acquired, on account of, or may in any way arise out of my application for a state operating license and, if issued a license, my operation of a marijuana facility.</p>	

PAGE 7 – ATTESTATION F – CONFIRMATION OF TAX COMPLIANCE

PART A – After reading this section of the attestation, provide the name of the supplemental entity, the name and title of the individual authorized to sign on behalf of the supplemental entity, the signature of the individual authorized to sign, the entity FEIN, and the date in the spaces provided. Ensure a return mailing address is provided so the Department of Treasury is able to return the form.

ATTESTATION F – SUPPLEMENTAL ENTITY
CONFIRMATION OF TAX COMPLIANCE
(To be completed by the designee of the Michigan Department of Treasury and submitted by the applicant)

PART A (to be completed by the applicant before submitting to the Department of Treasury):

On behalf of _____, I _____
Name of Entity Name & Title of Individual Authorized to Sign on Behalf of Entity

understand that I am submitting this Attestation in compliance with the Medical Marihuana Facilities Licensing Act (MMFLA) and the Administrative Rules. I affirm that if I have been making sales, I am registered and remitting sales tax to the Michigan Department of Treasury, as required. Additionally, I am not more than one year delinquent in the payment of taxes required under federal, state, or local law.

The Revenue Act, 1941 PA 122, MCL 205.28(1)(f), makes taxpayer information acquired in the administration of a tax confidential. I authorize the Michigan Department of Treasury to furnish tax returns and provide tax return information to the Cannabis Regulatory Agency for the limited purpose of determining my qualification and fitness for licensure under MMFLA. This limited authorization relates to all tax types administered under the Revenue Act. This limited authorization continues for two years from the date of my signature below or until the applicant is no longer licensed, whichever is later.

Signature of Individual Authorized to Sign on Behalf of Entity Date

Entity FEIN

Return Address for Completed Form:

Name

Representative Name (if applicable)

Return Email Address or Mailing Address

Phone Number

Treasury Phone: 517-636-6925 | Treasury Email: Treas-MI-Marihuana-Tax@michigan.gov

PART B – The supplemental entity must have this section of the attestation completed by an authorized designee of the Michigan Department of Treasury. The designee will confirm the required information and sign the form if applicable.

To assist in the completion of this attestation please note that the Department of Treasury defines delinquency as follows:

- 1. For underpaid or no remittance tax returns, a taxpayer is considered “delinquent” in the payment of the required tax if the amount due indicated on the return has not been paid in full by the due date of the return.*
- 2. For post-return adjustments made by Treasury such as adjustments made when the return is processed, or as part of the audit process, a taxpayer is considered “delinquent” in the payment of the tax deficiency on the date that Treasury issues an assessment (Final Bill for Taxes Due) with respect to the determined deficiency.*
- 3. For “failure to file” situations, the taxpayer is considered “delinquent” in the payment of the tax at issue beginning on the day following the due date of the return that was required, but was not filed.*

An authorized designee of the Michigan Department of Treasury can be contacted at:

Michigan Department of Treasury
Hours: Monday – Friday, 8:00 a.m. to 4:00 p.m.
Phone: 517-636-6925
Fax: 517-636-4520
Email: Treas-MI-Marihuana-Tax@michigan.gov

For any questions, please utilize the information above to contact treasury directly.

Failure to submit this attestation with the signature of an authorized Michigan Department of Treasury designee will result in a Notice of Deficiency. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of the application.

In the (1) **ENTITY STRUCTURE** section, check the box that best describes the business structure of the supplemental entity. If you select “Other,” indicate the entity structure type in the space provided.

(1) ENTITY STRUCTURE	
<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Partnership
<input type="checkbox"/> Privately Held Corporation	<input type="checkbox"/> Trust
<input type="checkbox"/> Publicly Held Corporation	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Publicly Held Corporation	

In the (2) **ENTITY PRIOR NAMES** section, provide any prior names used by the supplemental entity during the past three years. Add additional pages if necessary. If the supplemental entity has not had any previous names, this section can be left blank.

(2) ENTITY PRIOR NAMES		
Provide any prior name used by the entity during the past 3 years, if applicable. Add additional pages if necessary.		
Entity Prior Name	Date Use Began	Date Use Ceased

In the (3) **ENTITY PRIOR ADDRESSES** section, provide any prior addresses used by the supplemental entity during the past three years. Add additional pages if necessary. If the supplemental entity has not had any previous addresses, this section can be left blank.

(3) ENTITY PRIOR ADDRESSES			
Provide any prior address used by the entity during the past 3 years, if applicable. Add additional pages if necessary.			
Entity Prior Street Address	City, State, Zip Code	Date Use Began	Date Use Ceased

In the (4) **ENTITY OTHER BUSINESS INTERESTS** section, provide any other business interests of the supplemental entity. Add additional pages if necessary. If the supplemental entity does not have any other business interests, this section can be left blank.

(4) ENTITY OTHER BUSINESS INTERESTS			
Provide any other business interests of the supplemental entity, regardless of whether the business is related to the marijuana industry. Add additional pages if necessary.			
Name of Other Business Interest	Type of Business Entity (e.g., LLC, Corporation, Sole Proprietor, etc.)	Type of Business Conducted	Extent of Involvement

The supplemental entity applicant should gather the following documentation in support of the Entity Information disclosure:

- Copy of Governing Documents (e.g., Operating Agreement or Bylaws)
- Certificate of Good Standing
- Approval to Conduct Business Transactions in Michigan (if applicable)
- Certificate of Assumed Name (if applicable)
- Authorizing Resolution (if applicable)

PAGE 12 - DISCLOSURE 2 – AFFILIATED PARTIES (Affiliated Parties & Spouses)

PAGE 12 - Provide the supplemental entity’s name and phone number in the space provided at the top of this disclosure form.

<u>DISCLOSURE 2 - AFFILIATED PARTIES</u>	
<div style="border: 1px solid black; padding: 5px;"> <p>Entity Name _____</p> </div>	<div style="border: 1px solid black; padding: 5px;"> <p>Phone No. _____</p> </div>
<u>Affiliated Parties & Spouses</u>	

In the table provided on the disclosure, list the following:

If the entity is a:	Disclose:
Limited Liability Company	All managers (for manager-managed LLC’s), all members that have greater than 10% ownership interest in the main applicant seeking licensure, and the spouses of these individuals.
Publicly or Privately Held Corporation	All corporate officers or persons with equivalent titles, all directors, all shareholders holding greater than 10% ownership interest in the main applicant seeking licensure, and the spouses of these individuals.
Trust	All trustees, all individuals or bodies able to control or direct the affairs of the trust, all beneficiaries, and the spouses of these individuals.
Partnership or Limited Liability Partnership	All partners and their spouses.
Limited Partnership or Liability Limited Partnership	All general and limited partners with greater than 10% ownership interest and their spouses.
Nonprofit Corporation	All entities and individuals with membership or shareholder rights and their spouses.

Provide the following information for each entity or individual with direct or indirect ownership interest in the main applicant entity seeking licensure in the corresponding field on the table:

- Full Name as it appears on legal documents
- FEIN if an entity, SSN if an individual
- Email Address
- Date of Birth if an individual
- If the entity or individual is from out of the country, select “Yes” in the “Out of Country Applicant?” column
 - **NOTE:** If the out-of-country applicant has greater than 10 percent direct or indirect ownership interest in the main entity, their supplemental application **must** be submitted via paper documents. The online system cannot account for out-of-country addresses.

PAGE 13- DISCLOSURE 2 – AFFILIATED PARTIES, CONTINUED
(Ten Percent or Less)

PAGE 13 - Provide the supplemental entity’s name and phone number in the space provided at the top of this disclosure form.

<u>DISCLOSURE 2 – AFFILIATED PARTIES, CONTINUED</u>	
Entity Name _____	Phone No. _____
<u>Ten Percent or Less</u>	

In the table provided on the disclosure, list the following:

If the entity is a:	Disclose:
Limited Liability Company	All members holding 2.5% to 10% direct or indirect ownership interest in the main applicant seeking licensure.
Publicly Held Corporation	All shareholders holding greater than 5% to 10% ownership interest in the main applicant seeking licensure.
Privately Held Corporation	All shareholders holding 2.5% to 10% ownership interest in the main applicant seeking licensure.
Trust	All beneficiaries receiving or who have the right to receive 10% or less of the gross or net profit of the trust during any full or partial calendar or fiscal year.
Limited Partnership or Liability Limited Partnership	All general and limited partners holding 2.5% to 10% ownership interest in the main applicant seeking licensure.

Provide the following information in the corresponding field on the table for each entity or individual with direct or indirect ownership interest of 10% or less in the main applicant entity for which the application is being completed:

- Full Name as it appears on legal documents
- Mailing Address
- Email Address
- Date of Birth if an individual

PAGE 14 - DISCLOSURE 3 – INTERESTS OF PUBLIC OFFICIALS

PAGE 14 - Provide the supplemental entity’s name and phone number in the space provided at the top of this disclosure form.

<u>DISCLOSURE 3 – INTERESTS OF PUBLIC OFFICIALS</u>	
Entity Name _____	Phone No. _____

List the names and titles of all public officials or officers of any unit of government as well as the spouses, parents, and children of those public officials or officers, who directly, or indirectly:

- Own any financial interest in the entity
- Have any beneficial interest in the entity
- Are the creditors of the entity
- Hold any debt instrument issued by the entity
- Hold or have any interest in any contractual or service relationship with the entity

Please list the names and titles of all public officials or officers of any unit of government as well as the spouses, parents, and children of those public officials or officers, who directly, or indirectly:	
<ol style="list-style-type: none">1. Own any financial interest in the entity2. Have any beneficial interest in the entity3. Are the creditors of the entity4. Hold any debt instrument issued by the entity5. Hold or have any interest in any contractual or service relationship with the entity	
Name of Public Official/Office of Governmental Unit	Title

Check the appropriate box to indicate if the interest of the public official or officer is of a governmental unit.

Is the interest that of the public official or officer of a governmental unit? <input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes”, state the percentage/capacity of interest on the space provided.

If <u>yes</u> , state the percentage/capacity of interest _____

If “No”, provide the following information about the interest of the family member of the public official or officer in the table provided:

- **Name** of family member
- **Relationship** of family member
- **Date of Birth** of family member
- **Address** of family member
- **Percentage/Capacity of Interest** of family member

If no , provide the following information about the interest of the family member of the public official or officer:				
Name of Family Member	Relationship	Date of Birth	Address	Percentage/ Capacity of Interest

PAGE 15 - DISCLOSURE 4 – DEBT, INSOLVENCY, OR BANKRUPTCY ACTIONS

PAGE 15 - Provide the supplemental entity’s name and phone number in the space provided at the top of this disclosure form.

<u>DISCLOSURE 4 – DEBT, INSOLVENCY, OR BANKRUPTCY ACTIONS</u>	
Entity Name _____	Phone No. _____

Check the appropriate box to indicate if the supplemental entity has filed or had filed against it, a proceeding for bankruptcy or been involved in any formal process to adjust, defer, suspend, or otherwise work out payment of a debt in the past seven years?

(1) Has the supplemental entity filed, or had filed against it, a proceeding for bankruptcy or been involved in any formal process to adjust, defer, suspend or otherwise work out payment of a debt in the past seven years?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes , provide information in the following sections. If no , this disclosure form is complete.	

If the answer to this question is “No,” you are finished with this disclosure.

If “Yes”, provide the following information related to the supplemental entity’s past or current debt, bankruptcy, or other insolvency proceeding.

- **Date of Filing** of the debt, bankruptcy, or other insolvency proceeding
- **Name & Location of Court** of the debt, bankruptcy, or other insolvency proceeding
- **Case Number** of the debt, bankruptcy, or other insolvency proceeding
- **Date of Disposition** of the debt, bankruptcy, or other insolvency proceeding
- **Disposition** of the debt, bankruptcy, or other insolvency proceeding

(2) Provide the following information related to the supplemental entity’s past or current debt, bankruptcy, or other insolvency proceeding.

Date of Filing	Name & Location of Court	Case No.	Date of Disposition	Disposition

The supplemental entity applicant should gather the following supporting documents in relation to the Debt, Insolvency, or Bankruptcy Actions disclosure:

- Copy of Discharge Documentation (if applicable)

PAGE 16 - DISCLOSURE 5 – TAX & TAX COMPLIANCE

PAGE 16 - Provide the supplemental entity’s name and phone number in the space provided at the top of this disclosure form.

DISCLOSURE 5 - TAX & TAX COMPLIANCE

Entity Name Phone No.

In the **(1) TAXING AGENCIES** section, indicate if the supplemental entity was subject to taxation during the past 12 months by selecting “Yes” or “No” to the question at the top of the page.

If “Yes,” list all federal, state, local, and foreign taxing agencies in which the supplemental entity was subject to taxation for the past 12 months in the table provided.

(1) TAXING AGENCIES
 Has the supplemental entity been subject to taxation during the last year?

Yes No If you answered yes, provide the information requested below for each federal, state, local, and foreign jurisdictions in which the supplemental entity was subject to taxation during the last year. Add additional pages if necessary.

Taxing Agency	Type of Tax (E.g., Federal income tax, state income tax, sales tax)

E.g., “Taxing Agency” = IRS, “Type of Tax” = Federal Income Tax;

E.g., “Taxing Agency” = Michigan Department of Treasury, Type of Tax = State Income Tax, Sales Tax

In the **(2) TAX COMPLIANCE** section, indicate if the supplemental entity has had a tax complaint filed against them or been served with a notice regarding a tax delinquency by selecting “Yes” or “No” to this question.

If “Yes,” provide the taxing agency, type of tax, tax period, and amount of the delinquent tax payment in the table provided in this section.

(2) TAX COMPLIANCE
 Has the supplemental entity ever been served with, or had filed against it, a complaint or other notice regarding the delinquent payment of any tax required under federal, state, local, or foreign jurisdictions?

Yes No If you answered yes, provide the requested information for each delinquent tax payment and provide all applicable required supporting documents (e.g., copy of notice of tax liability due). Add additional pages if necessary.

Taxing Agency	Type of Tax	Tax Year	Amount	Disposition

The supplemental entity applicant should gather the following supporting documents in relation to the Tax & Tax Compliance disclosure:

- Copy of Initial Notice and Notice of Release (if applicable)
- Copy of Payment Plan Documentation (if applicable)

PAGE 17 - DISCLOSURE 6 – GOVERNMENT REGULATION

PAGE 17 - Provide the supplemental entity’s name and phone number in the space provided at the top of this disclosure form.

<u>DISCLOSURE 6 - GOVERNMENT REGULATION</u>	
Entity Name _____	Phone No. _____

Select “Yes” or “No” to the three questions in the top section of the page.

<p>Is the supplemental entity subject to regulation by a public agency in any other jurisdiction (e.g., Does the supplemental entity hold any license, certificate, permit, etc., that is regulated by a department of a local, state, federal, or foreign government)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Does the supplemental entity hold any commercial licenses? (Not including the license in which they are currently applying.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Has the supplemental entity ever applied for or been granted any commercial license or certificate issued by a licensing authority in Michigan, or any other jurisdiction, that has been denied, restricted, suspended, revoked, or not renewed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Question 1 - If the supplemental entity is subject to regulation by a public agency (holds any license, certificate, permit, etc. which is regulated by a department of a local, state, federal, or foreign government—such as a liquor license, building permit, sales tax license, other marijuana licenses, etc.), select “Yes.”

If “Yes,” disclose any marijuana businesses in Section (1) **MARIJUANA BUSINESS INTERESTS** and any other regulation type in Section (2) **COMMERCIAL LICENSES OR CERTIFICATES**.

Question 2 - If the supplemental entity holds any commercial licenses (e.g. food establishment license, retail gas outlet license, marijuana license, liquor license, commercial driver’s license, etc.) select “Yes.”

If “Yes,” disclose any marijuana businesses in Section (1) **MARIJUANA BUSINESS INTERESTS** and any other regulation type in Section (2) **COMMERCIAL LICENSES OR CERTIFICATES**

Question 3 - If the supplemental entity has ever applied for a license or certificate that was denied, or if the supplemental entity has ever been granted a license or certificate that has been restricted, suspended, revoked, or not renewed, select “Yes.”

If “Yes,” disclose these licenses in Section (3) **COMMERCIAL LICENSES OR CERTIFICATES DENIED, RESTRICTED, SUSPENDED, REVOKED, OR NOT RENEWED** on the second page of this disclosure.

If the answer to all three of these questions is “No,” you are finished with this disclosure.

In the (1) **MARIJUANA BUSINESS INTERESTS** section, list any marijuana business in which the supplemental entity has any direct or indirect equity interest. For each marijuana business, provide the business entity’s name, license number, and the state of license issuance. If the entity does not own other marijuana businesses, this section can be left blank.

(1) MARIJUANA BUSINESS INTERESTS
 Provide the requested information for any interest that the supplemental entity has in any other corporation, partnership or other business entity that is directly or indirectly involved in the *growing, processing, testing, transporting, or sale of marijuana*. Add additional pages if necessary.

Marijuana Business Entity Name	License Number	State of Issuance	Country of Issuance

In Section (2) **COMMERCIAL LICENSES OR CERTIFICATES**, list any (non-marijuana) commercial licenses or certificates held by the supplemental entity.

(2) COMMERCIAL LICENSES OR CERTIFICATES
 Provide the requested information for all non-marijuana commercial licenses or certificates held by the supplemental entity. Add additional pages if necessary.

License or Certificate Type	License Number or Other Identifying Number	Issuing Agency

E.g., “License or Certificate Type” = *Liquor license*, “License No. or Other Identifying No.” = *RQ-1810-12345*, “Issuing Agency” = *Michigan Liquor Control Commission*

E.g., “License or Certificate Type” = *Sales tax license*, “License No. or Other Identifying No.” = *89-6745231*, “Issuing Agency” = *Michigan Department of Treasury*

PAGE 18 - DISCLOSURE 6 – GOVERNMENT REGULATION, CONTINUED

PAGE 18 – Provide the supplemental entity’s name and phone number in the space provided at the top of this disclosure form.

DISCLOSURE 6 - GOVERNMENT REGULATION, CONTINUED

Entity Name _____ Phone No. _____

In the **(3) COMMERCIAL LICENSES OR CERTIFICATES DENIED, RESTRICTED, SUSPENDED, REVOKED, OR NOT RENEWED** section, list any license or certificate that was applied for and denied, and list any license or certificate that has been restricted, suspended, revoked, or not renewed.

(3) COMMERCIAL LICENSES OR CERTIFICATES DENIED, RESTRICTED, SUSPENDED, REVOKED, OR NOT RENEWED
 Provide the requested information for all commercial licenses or certificates with which the supplemental entity has had an application or license denied, restricted, suspended, revoked, or not renewed. Add additional pages if necessary.

#	License or Certificate Type	License Number or Other Identifying Number	Issuing Agency
1	Action Taken	Reason for Action	Date Action Taken
#	License or Certificate Type	License Number or Other Identifying Number	Issuing Agency
2	Action Taken	Reason for Action	Date Action Taken
#	License or Certificate Type	License Number or Other Identifying Number	Issuing Agency
3	Action Taken	Reason for Action	Date Action Taken

“Action Taken” = *denied, restricted, suspended, revoked, or not renewed*

In the **(4) PENDING LICENSES OR CERTIFICATES** section, list any pending licenses or certificates in which the supplemental entity has applied for and a determination has not yet been made.

(4) PENDING LICENSES OR CERTIFICATES
 Disclose any application for a commercial license or certificate in this state or any other jurisdiction that is currently pending and for which a determination has not been made. Do not include this current application for a marijuana license or any commercial license or certificate previously disclosed on this application. Add additional pages if necessary.

License or Certificate Type	Issuing Agency	Application Number or Other Identifying Number

The supplemental entity applicant should gather the following documentation in support of the Government Regulation disclosures:

- Copy of Marijuana Licenses (if applicable)
- Copy of Any Other Commercial Licenses or Any Comparable Licenses from Other Jurisdictions (if applicable)
- Summary of Facts and Circumstances Concerning A License Denial, Restriction, Revocation, Suspension, or Nonrenewal (If Applicable)

PAGE 19 - DISCLOSURE 8 – LITIGATION HISTORY

PAGE 19 - Provide the supplemental entity’s name and phone number in the space provided at the top of this disclosure form.

DISCLOSURE 8 – LITIGATION HISTORY	
Entity Name _____	Phone No. _____

In the **LITIGATION HISTORY** section, select “Yes” or “No” to indicate if the supplemental entity has been a party to any litigation during the past five years.

If “Yes”, disclose the case caption, docket or case number, name and location of court, and the cause of action for the litigation in the table provided. Add additional pages if necessary.

(1) <u>LITIGATION HISTORY</u>				
Has the supplemental entity been a party to any litigation during the past five years (e.g., fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker’s compensation, discrimination, and tax laws and regulations)?				
<input type="checkbox"/> Yes <input type="checkbox"/> No		If you answered yes , provide the requested information for all litigation related to the main applicant entity (e.g., fraud, environmental, food safety, labor, employment, worker’s compensation, discrimination, and tax laws and regulations) pending or concluded, for the past 5 years. Add additional pages if necessary.		
Case Caption	Docket/Case No.	Name & Location of Court	Cause of Action	Disposition

In the **PENDING LITIGATION** section, for any cases that are currently pending, provide a brief explanation in the area provided. Add additional pages if necessary.

(2) <u>PENDING LITIGATION</u> For any cases that are currently initiated or pending, provide a brief explanation regarding the allegations of the case. Add additional pages if necessary.

In the **GOVERNMENT CHARGES & INVESTIGATIONS** section, disclose any charges and/or government investigations related to the supplemental entity's business operations (e.g. fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker's compensation, discrimination, and tax laws and regulation), whether initiated, pending, or concluded in the area provided. Add additional pages if necessary.

<p>(3) GOVERNMENT CHARGES & INVESTIGATIONS</p> <p>Disclose any charges and government investigations, whether initiated, pending, or concluded, related to the supplemental entity's business operations unless they have been previously disclosed on this application (e.g., fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker's compensation, discrimination, and tax laws and regulations). Add additional pages if necessary.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

The supplemental entity applicant should gather the following documentation in support of the Litigation History disclosure:

- Copy of Complaint (if applicable)
- Copy of Judgment (if applicable)

SUBMITTING THE APPLICATION

When submitting the application, ensure the main application, all supplemental applications, and all supporting documents are provided. Failure to submit all applications and supporting documents will result in a Notice of Deficiency. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of the application.

The application can be submitted online at: <https://aca3.accela.com/MIMM/Default.aspx>, in person at: 2407 North Grand River Avenue, Lansing, MI 49806, or via postal mail to:

Cannabis Regulatory Agency
Medical Facilities Licensing
P.O. Box 30205
Lansing, MI 48909

If any questions arise while completing the application, please do not hesitate to contact CRA by telephone at:
517-284-8599

The medical application submission should contain the following supporting documents:

- Copy of Governing Documents (e.g., Operating Agreement or Bylaws)
- Certificate of Good Standing
- Approval to Conduct Business Transactions in Michigan (if applicable)
- Certificate of Assumed Name (if applicable)
- Copy of Organizational Structure
- Authorization Resolution
- Copy of Discharge Documentation (if applicable)
- Copy of Initial Notice and Notice of Release (if applicable)
- Copy of Payment Plan Documentation (if applicable)
- Copy of Marijuana Licenses (if applicable)
- Copy of Any Other Commercial Licenses or Any Comparable License from Other Jurisdictions (if applicable)
- Summary of Facts and Circumstances Concerning License Denial, Restriction, Revocation, Suspension, or Nonrenewal (If Applicable)
- Copy of Complaint (if applicable)
- Copy of Judgment (if applicable)

SOLE PROPRIETOR PREQUALIFICATION

The Sole Proprietor Prequalification Application can be found at the following link: [Sole Proprietor Prequalification](#).

Download the Sole Proprietor Prequalification Application.

The sole proprietor will need to complete a Sole Proprietor Prequalification Application in its entirety.

APPLICATION CHECKLIST

Ensure you have gathered all applicable items on the checklist before submitting the application. The last page of the application instruction booklet contains a checklist that provides further information on what each supporting document should entail.

SOLE PROPRIETOR PREQUALIFICATION	
<input type="checkbox"/> \$3,000 Application Fee	
<p>Sole Proprietor Prequalification Application</p> <ul style="list-style-type: none"> <input type="checkbox"/> Page 1: Sole Proprietor Prequalification Checklist <input type="checkbox"/> Page 2: Medical License Types and Descriptions <input type="checkbox"/> Page 3: Sole Proprietor Demographics <input type="checkbox"/> Page 4: ATTESTATION A – Acknowledgment, Agreement, & Consent <input type="checkbox"/> Page 5: ATTESTATION B – Authorization to Release Information <input type="checkbox"/> Page 6: ATTESTATION C – Verification & Affidavit of Full Disclosure <input type="checkbox"/> Page 7: ATTESTATION D – Acknowledgment of Federal Law & Release of Liability <input type="checkbox"/> Page 8: ATTESTATION F – Confirmation of Tax Compliance <input type="checkbox"/> Page 9: Acknowledgement of Attestations (signed and notarized) <input type="checkbox"/> Page 10: DISCLOSURE 1 – Sole Proprietor Information <input type="checkbox"/> Page 11: DISCLOSURE 3 – Interests of Public Officials <input type="checkbox"/> Page 12: DISCLOSURE 4 – Debt, Insolvency, or Bankruptcy Actions <input type="checkbox"/> Page 13: DISCLOSURE 5 – Tax & Tax Compliance <input type="checkbox"/> Pages 14-15: DISCLOSURE 6 – Government Regulation <input type="checkbox"/> Page 16: DISCLOSURE 7 – Criminal History <input type="checkbox"/> Page 17: DISCLOSURE 8 – Litigation History 	<p>Supporting Documents</p> <p>Identity Documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Government Issued ID <input type="checkbox"/> DBA Documentation (if applicable) (obtained at county-level) <p>Capitalization Documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> CPA Attestation <input type="checkbox"/> Statement of Money Lender Form <input type="checkbox"/> Promissory Note/Line of Credit Documents <p>Debt, Insolvency, or Bankruptcy Documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Discharge Documentation (if applicable) <p>Tax Liability and Delinquency Documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> W2s, 1099s and/or Schedule K-1s for most recent year (if no W2s, 1099s and/or Schedule K-1s exist, submit an explanation) <input type="checkbox"/> Copy of Initial Notice and Notice of Release (if applicable) <input type="checkbox"/> Copy of Payment Plan Documentation (if applicable) <p>Regulation Documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Marijuana Licenses (if applicable) <input type="checkbox"/> Copy of Any Other Commercial Licenses or Any Comparable License from Other Jurisdictions (if applicable) <input type="checkbox"/> Summary of Facts and Circumstances Concerning License Denial, Restriction, Revocation, Suspension, or Nonrenewal (if applicable) <p>Criminal History Documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Criminal History Documents (if applicable) <p>Litigation History</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Complaint (if applicable) <input type="checkbox"/> Copy of Judgment (if applicable)
<input type="checkbox"/> SUPPLEMENTAL APPLICATIONS (if applicable) Spouses of sole proprietors and any managerial employees of sole proprietors are required to submit a SUPPLEMENTAL INDIVIDUAL PREQUALIFICATION application.	

PAGE 2 - MEDICAL LICENSE TYPES & DESCRIPTIONS

Within the **Medical License Types & Descriptions** table, indicate which license type(s) and the number of licenses the sole proprietor intends to apply for in Step 2.

<u>MEDICAL LICENSE TYPES & DESCRIPTIONS</u>			
There is a non-refundable \$3,000 application fee. No review of the application will take place until the fee had been paid.			
Indicate the license type(s) the sole proprietor intends to apply for in step two. This selection is not permanent until step two of the application is completed.			
	License Type	Number of Licenses	Description of License
<input type="checkbox"/>	Grower Class A		Licensee is authorized to grow not more than 500 marijuana plants.
<input type="checkbox"/>	Grower Class B		Licensee is authorized to grow not more than 1000 marijuana plants.
<input type="checkbox"/>	Grower Class C		Licensee is authorized to grow not more than 1500 marijuana plants.
<input type="checkbox"/>	Processor		Licensee is authorized to purchase marijuana only from a grower and sale of marijuana-infused products or marijuana only to a provisioning center or another processor.
<input type="checkbox"/>	Provisioning Center		Licensee is authorized to the purchase or transfer of marijuana only from a grower or processor and sale or transfer to only a registered qualifying patient or registered primary caregiver.
<input type="checkbox"/>	Safety Compliance Facility		Licensee is authorized to receive marijuana from, test marijuana for, and return marijuana to only a marijuana facility.
<input type="checkbox"/>	Secure Transporter		Licensee is authorized to store and transport marijuana and associated money between marijuana facilities.

The following is a detailed description of each license type:

Grower Class A

- License authorizes the licensee to grow not more than 500 marijuana plants.
- Authorizes the sale of marijuana plants to a grower only by means of a secure transporter.
- Authorizes the sale or transfer of seeds, seedlings, or tissue cultures to a grower from a registered primary caregiver or another grower without using a secure transporter.
- Authorizes sale of marijuana, other than seeds, seedlings, tissue cultures, and cuttings, to a processor or a provisioning center.
- The applicant and each investor in the grower must not have an interest in a secure transporter or safety compliance facility.

Grower Class B

- License authorizes the licensee to grow not more than 1,000 marijuana plants.
- Authorizes the sale of marijuana plants to a grower only by means of a secure transporter.
- Authorizes the sale or transfer of seeds, seedlings, or tissue cultures to a grower from a registered primary caregiver or another grower without using a secure transporter.
- Authorizes sale of marijuana, other than seeds, seedlings, tissue cultures, and cuttings, to a processor or a provisioning center.
- The applicant and each investor in the grower must not have an interest in a secure transporter or safety compliance facility.

Grower Class C

- License authorizes the licensee to grow not more than 1,500 marijuana plants.
- Authorizes the sale of marijuana plants to a grower only by means of a secure transporter.
- Authorizes the sale or transfer of seeds, seedlings, or tissue cultures to a grower from a registered primary caregiver or another grower without using a secure transporter.
- Authorizes sale of marijuana, other than seeds, seedlings, tissue cultures, and cuttings, to a processor or a provisioning center.
- The applicant and each investor in the grower must not have an interest in a secure transporter or safety compliance facility.

Processor

- License authorizes the licensee to purchase marijuana only from a grower and sale of marijuana-infused products or marijuana only to a provisioning center or another processor.
- The applicant and each investor in the processor must not have an interest in a secure transporter or safety compliance facility.

Provisioning Center

- License authorizes the licensee to purchase or transfer marijuana only from a grower or processor and sale or transfer to only a registered qualifying patient or registered primary caregiver.
- The applicant and each investor in the provisioning center must not have an interest in a secure transporter or safety compliance facility.

Safety Compliance Facility

- License authorizes the licensee to receive marijuana from, test marijuana for, and return marijuana to only a marijuana facility.
- Must be accredited by an entity approved by the agency by 1 year after the date the license is issued or have previously provided drug testing services to this state or this state's court system and be a vendor in good standing in regard to those services.
- The applicant and each investor with any interest in the safety compliance facility must not have an interest in a grower, secure transporter, processor, or provisioning center.
- Retain and employ at least 1 laboratory manager with a relevant advanced degree in a medical or laboratory science.

Secure Transporter

- License authorizes the licensee to store and transport marijuana and associated money between marijuana facilities.
- The applicant and each investor with an interest in the secure transporter must not have an interest in a grower, processor, provisioning center, or safety compliance facility
- The applicant and each investor must not be a registered qualifying patient or registered primary caregiver.
- Each driver transporting marijuana must have a chauffeur's license issued by this state.
- Each employee who has custody of marijuana or money that is related to a marijuana transaction shall not have been convicted of or released from incarceration for a felony under the laws of this state, any other state, or the United States within the past 5 years or have been convicted of a misdemeanor involving a controlled substance within the past 5 years.

PAGE 3 – DEMOGRAPHIC INFORMATION

Check the appropriate box to indicate if the Sole Proprietor Prequalification Application is the initial filing of the prequalification application or if the sole proprietor’s prequalification previously expired and a prequalification application is being refilled.

<u>SOLE PROPRIETOR DEMOGRAPHICS</u>
<input type="checkbox"/> Initial Prequalification Application
<input type="checkbox"/> Refiled Application of Lapsed Prequalification

In the **DEMOGRAPHIC INFORMATION** section, provide the following information for the sole proprietor in the corresponding field on the application:

- **Name** of the sole proprietor as it appears on official government documents
- **Doing Business As (DBA)** name of the sole proprietor, if operating under a name other than the sole proprietor’s official name
- **Mailing Address** of the sole proprietor
- **Social Security Number** of the sole proprietor
- **Date of Birth** of the sole proprietor
- **Phone Number** of the sole proprietor
- **Email Address** of the sole proprietor

DEMOGRAPHIC INFORMATION				
Please provide the following information regarding the sole proprietor.				
Sole Proprietor Name (as it appears on government issued ID)		Doing Business As (attach copy of filed DBA documentation, if applicable)		
Mailing Address		Social Security Number	Date of Birth (mm/dd/yyyy)	
City	State	Zip Code	Phone	Email Address

In the **PERSON COMPLETING APPLICATION** section, provide the following information in the corresponding field on the application:

- **Name** of the individual completing the application
- **Date of Birth** of the individual completing the application
- **Mailing Address** of the individual completing the application
- **Phone Number** of the individual completing the application
- **Email Address** of the individual completing the application

PERSON COMPLETING APPLICATION				
Please provide the following information regarding the person completing this application.				
Name (First, Middle, Last)			Date of Birth (mm/dd/yyyy)	
Mailing Address			Phone	
City	State	Zip Code	Email Address	

Ensure all contact information is accurate and that current email addresses have been provided, as most correspondence from CRA will be sent via e-mail.

In the **AFFILIATED INDIVIDUALS** section, provide the name, social security number, email address, date of birth, and association to the sole proprietor for the spouse of the sole proprietor, if applicable, and all managerial employees of the sole proprietor, if applicable.

AFFILIATED INDIVIDUALS				
Please list the spouse of the sole proprietor and all managerial employees. Add additional pages if necessary.				
Individual Name	SSN	E-mail Address	Date of Birth	Affiliation to Sole Proprietor (E.g., Spouse or Managerial Employee)

PAGES 4-9 – ATTESTATIONS

Read all the attestations carefully as the applicant will be acknowledging and agreeing to the information and stipulations contained in these attestations.

If you are unsure of what an item within an attestation means, please consult an attorney. CRA cannot provide legal interpretation of the statute or rules.

PAGE 4 - ATTESTATION A – ACKNOWLEDGMENT, AGREEMENT, AND CONSENT

After reading the attestation, provide the name of the sole proprietor in the space provided.

ATTESTATION A - INDIVIDUAL
ACKNOWLEDGEMENT, AGREEMENT, & CONSENT
(To be completed and submitted by the applicant)

I, _____
Name of Sole Proprietor

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 in order to carry out its statutory duties. I hereby agree to submit such supplemental materials as requested by the Agency 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 hereby acknowledge that any issuance of a license is a privilege. I have the responsibility to prove that I am eligible, suitable, and qualified to be licensed. I must accept any risk of adverse public notice, embarrassment, criticism, or other action, or financial loss, which may result from action with respect to an application or the public disclosure of information requested in this application, and expressly waive any claim for damages as a result thereof. Information not called for in this application or in addition to that provided in response to this application, may be requested.

I, as the applicant submitting this application, hereby certify that I do not have an interest in any other state operating license that is prohibited by the Medical Marihuana Facilities Licensing Act, 2016 PA 281 (MMFLA).

I hereby acknowledge that I am under a continuing duty to promptly disclose to the Agency any changes in the information provided in the application and supporting documents submitted to the Agency. To comply with this requirement, I hereby acknowledge that I must submit a letter to the Agency stating any changes with reference to the specific information within the application to which the changes pertain.

I hereby consent to investigations of compliance, regular inspections, examinations, searches, seizures, and auditing of books and records as provided in MMFLA Section 303(1)(c)(i) to (iv) and the MMFLA Administrative Rules, and to disclose to the Agency and its agents of otherwise confidential records, including tax records held by any federal, state, or local agency, or credit agency or financial institution, while applying for or holding a state operating license. This consent is authorization to review and inspect tax records administered under the Michigan Revenue Act, 1941 PA 122.

I hereby acknowledge that the finding of prequalification status for a pending application is valid for two years after the Agency issues a notice of prequalification status unless otherwise determined by the agency. I understand that after two years have expired, I may be required to submit a new application and pay a new nonrefundable application fee.

PAGE 5 - ATTESTATION B – AUTHORIZATION TO RELEASE INFORMATION

After reading the attestation, provide the name of the sole proprietor in the space provided.

ATTESTATION B - INDIVIDUAL
AUTHORIZATION TO RELEASE INFORMATION
(To be completed and submitted by the applicant)

To all courts, probation departments, selective service boards, employers, educational institutions, banks, financial and other such institutions, and all governmental agencies federal, state and local, without exception, both foreign and domestic:

I, _____
Name of Sole Proprietor

authorize the Cannabis Regulatory Agency (Agency) and its agents to conduct a full investigation into the background and activities of the applicant for purposes of determining the applicant's eligibility for a marijuana facility prequalification and state operating license.

I understand that by signing this authorization, a financial background check will be performed. I authorize any financial institution to surrender to the Agency a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal financial records in whatever form and wherever located. I authorize my employers to release any employment information required to validate my financial history. I understand that the financial background check will include a credit history examination and that my credit report, credit history, and credit capacity information will be obtained.

I understand that by signing this authorization, a financial background check of my tax filing and tax obligation status will be performed. I authorize my respective state taxing agency to surrender to the Agency a complete and accurate record of any and all tax information or records relating to me for the purposes of this application. I authorize the Agency to obtain, receive, review, copy, discuss, and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

I understand that by signing this authorization, a criminal history background check will be performed. I authorize the Agency to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located for purposes of completing this application. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and the sentence was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

By signing this authorization, I authorize the Agency's Michigan Medical Marijuana Program (MMMP) to release my MMMP patient and/or caregiver registration history to the Agency's Medical Marijuana Facility Licensing Division (MMFL) and/or law enforcement for use in determining licensure eligibility under the Medical Marijuana Facilities Licensing Act (MMFLA). I further authorize the release of this information to the Cannabis Regulatory Agency and the use of this information during administrative proceedings under the MMFLA.

Therefore, you are hereby authorized to release any and all information pertaining to this applicant, documentary or otherwise, as requested by any employee or agent of the Agency, provided that he or she certifies to you that said applicant has an application pending before the Agency, or that said applicant is a licensee or other person required to be qualified under the provisions of the Medical Marijuana Facilities Licensing Act (MMFLA).

This authorization shall supersede any prior request or authorization to the contrary and shall be in effect during the pendency of this application. A photocopy of this authorization will be considered as effective and valid as the original.

PAGE 6 - ATTESTATION C – VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE

After reading the attestation, provide the name of the sole proprietor in the space provided.

In Section 2, provide the name of the contact person who is authorized to speak with the Agency about the application in the space provided on the form. Provide their email address, phone number, and Accela Citizen Access Login User ID (if known) in the spaces provided.

If you wish to designate more than one contact person, please add additional pages of this form to the application with each contact person on a separate Attestation C form.

NOTE: If an individual contacts CRA about the application and that individual is not a supplemental applicant, not the person completing the application, and not an authorized contact person listed on Attestation C, the Agency will not provide information to that individual.

ATTESTATION C - INDIVIDUAL
VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE
(To be completed and submitted by the applicant)

Add additional pages of this form if authorizing more than one contact person.

I, _____
Name of Sole Proprietor

confirm the following:

1. I am the individual responsible for submitting this application and have full authority to execute this affidavit of full disclosure.
2. I authorize _____ to be a contact person for the Cannabis Regulatory Agency (Agency). I understand that this person will have access to records and material submitted to the Agency for the purposes of this application. Further, I understand that this person will retain access and receive communication from the Agency regarding the applicant/licensee until the applicant/licensee submits an official request to remove this person's access and cease communication with this person. Please provide the information for this contact person below.

E-mail Address: _____ Phone Number: _____

Accela Citizen Access Login User ID (if applicable): _____
3. I authorize the person listed as the Person Completing Application within the demographic section of the application to be a contact person for the Agency. I understand that this person will have access to records and material submitted to the Agency for the purposes of this application. Further, I understand that this person will retain access and receive communication from the Agency regarding the applicant/licensee until the applicant/licensee submits an official request to remove this person's access and cease communication with this person.
4. I affirm that the information contained in this application is true, complete, and accurate to the best of my knowledge and belief.
5. Except as reported in this application, I have no agreements or understandings with any person or entity and no present intent to hold as agent, nominee, or otherwise any interest in the application.
6. Except as reported in this application, I have no agreements or understanding with any person or entity and no present intent to pay any sums of money or give anything of value as, including but without limitation, a finder's fee or commission to any person or entity related to the interest in this application.
7. I understand that the sole proprietor has an ongoing obligation to notify the Agency should the sole proprietor enter into any such agreement contemplated by this attestation.

PAGE 7 -ATTESTATION D – ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF LIABILITY

After reading the attestation, provide the name of the sole proprietor in the space provided.

<p><u>ATTESTATION D - INDIVIDUAL</u> <u>ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF LIABILITY</u> (To be completed and submitted by the applicant)</p>
<p>I, _____ Name of Sole Proprietor</p>
<p>hereby acknowledge and affirm the following:</p>
<p>The Federal Controlled Substances Act, Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. § 801 <i>et seq.</i>, regulates marijuana as a Schedule I controlled substance, for which there is “no currently accepted medical use in treatment in the United States.” 21 U.S.C. § 812(b)(1)(B). Although the state of Michigan has recognized and authorized the use of medical marijuana pursuant to the Michigan Medical Marihuana Act, 2008 IL 1, MCL 333.26421 to 333.26430, has authorized the issuance of state operating licenses to medical marijuana facilities pursuant to the Medical Marihuana Facilities Licensing Act, 2016 PA 281, MCL 333.27101 to MCL 333.27801, and has provided for a statewide monitoring system in the Marihuana Tracking Act, 2016 PA 282, MCL 333.27901 to 333.27904, these state authorized activities remain prohibited by federal law.</p>
<p>I understand that a state operating license does not insulate or shield me or my business from federal seizure and/or forfeiture as allowed by federal law and does not insulate me from federal criminal arrest and/or prosecution.</p>
<p>I understand that choosing to file an application for a state operating license and, if issued a license, choosing to establish and operate a marijuana facility pursuant to that license, is done so at my own risk.</p>
<p>By my signature and attestation to this form, I hereby completely release and forever discharge the State of Michigan, the Michigan Department of Licensing and Regulatory Affairs, the Cannabis Regulatory Agency, and its respective employees, agents, facilities, insurers, indemnors, successors, heirs and/or assigns from any and all past, present or future claims, demands, obligations, actions, causes of action, wrongful death claims, rights, damages, costs, losses of services, expenses and compensation of any nature whatsoever, whether based on a tort, contract or other theory of recovery, which I may now have, or which may hereafter accrue or otherwise be acquired, on account of, or may in any way arise out of my application for a state operating license and, if issued a license, my operation of a marijuana facility.</p>

PAGE 8 – ATTESTATION F – CONFIRMATION OF TAX COMPLIANCE

PART A – After reading this section of the attestation, provide the name of the sole proprietor in the space provided. Provide the sole proprietor’s signature, printed name, social security number, and the date in the spaces provided in this section. Ensure a return mailing address is provided so the Department of Treasury is able to return the form.

<u>ATTESTATION F - INDIVIDUAL</u> <u>CONFIRMATION OF TAX COMPLIANCE</u> (To be completed by the designee of the Michigan Department of Treasury and submitted by the applicant)	
PART A (to be completed by the applicant before submitting to the Department of Treasury):	
I, _____ Name of Sole Proprietor	
understand that I am submitting this Attestation in compliance with the Medical Marihuana Facilities Licensing Act (MMFLA) and the Administrative Rules. I affirm that if I have been making sales, I am registered and remitting sales tax to the Michigan Department of Treasury, as required. Additionally, I am not more than one year delinquent in the payment of taxes required under federal, state, or local law.	
The Revenue Act, 1941 PA 122, MCL 205.28(1)(f), makes taxpayer information acquired in the administration of a tax confidential. I authorize the Michigan Department of Treasury to furnish tax returns and provide tax return information to the Cannabis Regulatory Agency for the limited purpose of determining my qualification and fitness for licensure under MMFLA. This limited authorization relates to all tax types administered under the Revenue Act. This limited authorization continues for two years from the date of my signature below or until the applicant is no longer licensed, whichever is later.	
Signature of Sole Proprietor _____	Date _____
Sole Proprietor SSN _____	<u>Return Address for Completed Form:</u>
	Name _____
	Representative Name (if applicable) _____
	Return Email Address or Mailing Address _____
	Phone Number _____
Treasury Phone: 517-636-6925 Treasury Email: Treas-MI-Marihuana-Tax@michigan.gov	

PART B – The sole proprietor must have this section of the attestation completed by an authorized designee of the Michigan Department of Treasury. The designee will confirm the required information and sign the form if applicable.

To assist in the completion of this attestation please note that the Department of Treasury defines delinquency as follows:

- 1. For underpaid or no remittance tax returns, a taxpayer is considered “delinquent” in the payment of the required tax if the amount due indicated on the return has not been paid in full by the due date of the return.*
- 2. For post-return adjustments made by Treasury such as adjustments made when the return is processed, or as part of the audit process, a taxpayer is considered “delinquent” in the payment of the tax deficiency on the date that Treasury issues an assessment (Final Bill for Taxes Due) with respect to the determined deficiency.*
- 3. For “failure to file” situations, the taxpayer is considered “delinquent” in the payment of the tax at issue beginning on the day following the due date of the return that was required, but was not filed.*

An authorized designee of the Michigan Department of Treasury can be contacted at:

Michigan Department of Treasury
Hours: Monday – Friday, 8:00 a.m. to 4:00 p.m.
Phone: 517-636-6925
Fax: 517-636-4520
Email: Treas-MI-Marihuana-Tax@michigan.gov

For any questions, please utilize the information above to contact treasury directly.

Failure to submit this attestation with the signature of an authorized Michigan Department of Treasury designee will result in a Notice of Deficiency. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of the application.

PAGE 9 - ACKNOWLEDGMENT OF ATTESTATIONS

Do not sign this form until in the presence of a notary. Provide the name of the sole proprietor in the space provided. Indicate by checking the boxes that the sole proprietor acknowledges and consents to each attestation.

The sole proprietor should sign this form in the presence of an active notary. In the notary block at the bottom, the sole proprietor’s signature date and notary signature date must match.

If the notary signature is invalid and/or the dates do not match, you will receive a Notice of Deficiency. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of the application.

ACKNOWLEDGMENT OF ATTESTATIONS
(To be completed and submitted by the applicant)
Do not sign until notary is present

I, _____
Name of Sole Proprietor

hereby swear, acknowledge, and consent to the following attestations (check all that apply to indicate the applicant’s acknowledgment and consent):

- Attestation A: Acknowledgment, Agreement & Consent
- Attestation B: Authorization to Release Information
- Attestation C: Verification & Affidavit of Full Disclosure (with contact designated, if applicable)
- Attestation D: Acknowledgment of Federal Law & Release of Liability
- Attestation F: Confirmation of Tax Compliance

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 Sole Proprietor _____ Date _____

Subscribed and sworn to by _____ before me on _____
(Sole Proprietor Name) (Date)

(Notary Public Signature) _____ (Notary Public Printed Name) _____

State of _____, County of _____, Acting in the county of _____, _____
(County) (State)

My commission expires: _____

PAGE 10 - DISCLOSURE 1 – SOLE PROPRIETOR INFORMATION

PAGE 10 - Provide the sole proprietor’s name and phone number in the space provided at the top of this disclosure form.

DISCLOSURE 1 – SOLE PROPRIETOR INFORMATION

Sole Proprietor Name Phone No.

In the (1) **SOLE PROPRIETOR PRIOR NAMES** section, provide any prior names used by the sole proprietor during the past three years. Add additional pages if necessary. If the sole proprietor has not had any previous names, this section can be left blank.

(1) <u>SOLE PROPRIETOR PRIOR NAMES</u>		
Provide any prior name used by the sole proprietor during the past 3 years, if applicable. Add additional pages if necessary.		
Prior Name	Date Use Began	Date Use Ceased

In the (2) **SOLE PROPRIETOR PRIOR ADDRESSES** section, provide any prior addresses used by the sole proprietor during the past three years. Add additional pages if necessary. If the sole proprietor has not had any previous addresses, this section can be left blank.

(2) <u>SOLE PROPRIETOR PRIOR ADDRESSES</u>			
Provide any prior address used by the sole proprietor during the past 3 years, if applicable. Add additional pages if necessary.			
Prior Street Address	City, State, Zip Code	Date Use Began	Date Use Ceased

In the (3) **SOLE PROPRIETOR OTHER BUSINESS INTERESTS** section, provide any other business interests of the sole proprietor. Add additional pages if necessary. If the sole proprietor does not have any other business interests, this section can be left blank.

(3) <u>SOLE PROPRIETOR OTHER BUSINESS INTERESTS</u>			
Provide any other business interests of the sole proprietor, regardless of whether the business is related to the marijuana industry. Add additional pages if necessary.			
Name of Other Business Interest	Type of Business Entity (e.g., LLC, Corporation, Sole Proprietor, etc.)	Type of Business Conducted	Extent of Involvement

The sole proprietor applicant should gather the following documentation in support of the Sole Proprietor Information disclosure:

- Copy of Government Issued ID
- DBA Documentation (if applicable)

PAGE 11 - DISCLOSURE 3 – INTERESTS OF PUBLIC OFFICIALS

PAGE 11 - Provide the sole proprietor’s name and phone number in the space provided at the top of this disclosure form.

<u>DISCLOSURE 3 – INTERESTS OF PUBLIC OFFICIALS</u>	
Sole Proprietor Name	Phone No.

List the names and titles of all public officials or officers of any unit of government as well as the spouses, parents, and children of those public officials or officers, who directly, or indirectly:

- Are the creditors of the individual
- Hold any debt instrument issued by the individual
- Hold or have any interest in any contractual or service relationship with the individual

Please list the names and titles of all public officials or officers of any unit of government as well as the spouses, parents, and children of those public officials or officers, who directly, or indirectly:	
1. Are the creditors of the individual	
2. Hold any debt instrument issued by the individual	
3. Hold or have any interest in any contractual or service relationship with the individual	
Name of Public Official/Office of Governmental Unit	Title

Check the appropriate box to indicate if the interest of the public official or officer is of a governmental unit.

Is the interest that of the public official or officer of a governmental unit? <input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes”, state the percentage/capacity of interest on the space provided.

If <u>yes</u> , state the percentage/capacity of interest _____

If “No”, provide the following information about the interest of the family member of the public official or officer in the table provided:

- **Name** of family member
- **Relationship** of family member
- **Date of Birth** of family member
- **Address** of family member
- **Percentage/Capacity of Interest** of family member

If <u>no</u> , provide the following information about the interest of the family member of the public official or officer:				
Name of Family Member	Relationship	Date of Birth	Address	Percentage/ Capacity of Interest

PAGE 12 - DISCLOSURE 4 – DEBT, INSOLVENCY, OR BANKRUPTCY ACTIONS

PAGE 12 - Provide the sole proprietor’s name and phone number in the space provided at the top of this disclosure form.

<u>DISCLOSURE 4 – DEBT, INSOLVENCY, OR BANKRUPTCY ACTIONS</u>	
Sole Proprietor Name _____	Phone No. _____

Check the appropriate box to indicate if the sole proprietor has filed or had filed against it, a proceeding for bankruptcy or been involved in any formal process to adjust, defer, suspend, or otherwise work out payment of a debt in the past seven years?

(1) Has the sole proprietor filed, or had filed against it, a proceeding for bankruptcy or been involved in any formal process to adjust, defer, suspend or otherwise work out payment of a debt in the past seven years?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <u>yes</u> , provide information in the following sections. If <u>no</u> , this disclosure form is complete.	

If the answer to this question is “No,” you are finished with this disclosure.

If “Yes”, provide the following information related to the sole proprietor’s past or current debt, bankruptcy, or other insolvency proceeding.

- **Date of Filing** of the debt, bankruptcy, or other insolvency proceeding
- **Name & Location of Court** of the debt, bankruptcy, or other insolvency proceeding
- **Case Number** of the debt, bankruptcy, or other insolvency proceeding
- **Date of Disposition** of the debt, bankruptcy, or other insolvency proceeding
- **Disposition** of the debt, bankruptcy, or other insolvency proceeding

(2) Provide the following information related to the sole proprietor’s past or current debt, bankruptcy, or other insolvency proceeding.

Date of Filing	Name & Location of Court	Case No.	Date of Disposition	Disposition

The sole proprietor applicant should gather the following supporting documents in relation to their Debt, Insolvency, or Bankruptcy Actions disclosure:

- Copy of Discharge Documentation (if applicable)

PAGE 13 - DISCLOSURE 5 – TAX & TAX COMPLIANCE

PAGE 13 – Provide the sole proprietor’s name and phone number in the space provided at the top of this disclosure form.

<u>DISCLOSURE 5 - TAX & TAX COMPLIANCE</u>	
Sole Proprietor Name _____	Phone No. _____

In the **(1) TAXING AGENCIES** section, list all federal, state, local and foreign taxing agencies in which the sole proprietor was subject to taxation for the past 12 months.

(1) TAXING AGENCIES
 List all federal, state, local, and foreign jurisdictions in which the sole proprietor was subject to taxation during the last year. Add additional pages if necessary.

Taxing Agency	Type of Tax (E.g., Federal income tax, state income tax, sales tax)

E.g., “Taxing Agency” = IRS, “Type of Tax” = Federal Income Tax;

E.g., “Taxing Agency” = Michigan Department of Treasury, Type of Tax = State Income Tax, Sales Tax

In the **(2) TAX COMPLIANCE** section, indicate if the sole proprietor has had a tax complaint filed against them or been served with a notice regarding a tax delinquency by selecting “Yes” or “No” to this question.

If “Yes,” provide the taxing agency, type of tax, tax period, and amount of the delinquent tax payment in the table provided in this section.

(2) TAX COMPLIANCE
 Has the sole proprietor ever been served with, or had filed against it, a complaint or other notice regarding the delinquent payment of any tax required under federal, state, local, or foreign jurisdictions?

Yes No If you answered **yes**, provide the requested information for each delinquent tax payment and provide all applicable required supporting documents (e.g., copy of notice of tax liability due). Add additional pages if necessary.

Taxing Agency	Type of Tax	Tax Year	Amount	Disposition

The sole proprietor applicant should gather the following documentation in support of the Tax & Tax Compliance disclosure:

- W2s, 1099s, and/or Schedule K-1s for Past 12 Months (if no W2s, 1099s and/or Schedule K-1s exist, submit an explanation)
- Copy of Initial Notice and Notice of Release (if applicable)
- Copy of Payment Plan Documentation (if applicable)

PAGE 14 - DISCLOSURE 6 – GOVERNMENT REGULATION

PAGE 14 - Provide the sole proprietor’s name and phone number in the space provided at the top of this disclosure form.

<u>DISCLOSURE 6 - GOVERNMENT REGULATION</u>	
Sole Proprietor Name _____	Phone No. _____

Select “Yes” or “No” in response to the three questions in the top section of the page.

<p>Is the sole proprietor subject to regulation by a public agency in any other jurisdiction (e.g., Does the sole proprietor hold any license, certificate, permit, etc., that is regulated by a department of a local, state, federal, or foreign government)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the sole proprietor hold any commercial licenses? (Not including the license in which they are currently applying.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the sole proprietor ever applied for or been granted any commercial license or certificate issued by a licensing authority in any jurisdiction that has been denied, restricted, suspended, revoked, or not renewed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Question 1 - If the sole proprietor is subject to regulation by a public agency (holds any license, certificate, permit, etc. which is regulated by a department of a local, state, federal, or foreign government (e.g. liquor license, building permit, sales tax license, other marijuana licenses, concealed carry permits, chauffeur’s licenses, etc.)), select “Yes”.

If “Yes,” disclose any marijuana businesses in Section (1) **MARIJUANA BUSINESS INTERESTS** and any other regulation type in Section (2) **COMMERCIAL LICENSES OR CERTIFICATES**.

Question 2 - If the sole proprietor holds any commercial licenses (e.g. food establishment license, retail gas outlet license, marijuana license, liquor license, commercial driver’s license, etc.), select “Yes.”

If “Yes,” disclose any marijuana businesses in Section (1) **MARIJUANA BUSINESS INTERESTS** and any other regulation type in Section (2) **COMMERCIAL LICENSES OR CERTIFICATES**.

Question 3 – If the sole proprietor has ever applied for a license or certificate that was denied, or if the sole proprietor has ever been granted a license or certificate that has been restricted, suspended, revoked, or not renewed, select “Yes”.

If “Yes,” disclose these licenses in Section (3) **COMMERCIAL LICENSES OR CERTIFICATES DENIED, RESTRICTED, SUSPENDED, REVOKED, OR NOT RENEWED** on the second page of this disclosure.

If the answer to all three of these questions is “No,” you are finished with this disclosure.

In the (1) **MARIJUANA BUSINESS INTERESTS** section, list any marijuana business in which the sole proprietor has any direct or indirect equity interest. For each marijuana business, provide the business entity’s name, license number, state of license issuance, and the country of issuance. If the sole proprietor does not own other marijuana businesses, this section can be left blank.

(1) MARIJUANA BUSINESS INTERESTS
 Provide the requested information any interest that the sole proprietor has in any other corporation, partnership, sole proprietorship, or other business entity that is directly or indirectly involved in the *growing, processing, testing, transporting, or sale of marijuana*. Add additional pages if necessary.

Marijuana Business Entity Name	License Number	State of Issuance	Country of Issuance

In the (2) **COMMERCIAL LICENSES OR CERTIFICATES** section, list any (non-marijuana) commercial licenses or certificates held by the sole proprietor.

(2) COMMERCIAL LICENSES OR CERTIFICATES
 Provide the requested information for all non-marijuana commercial licenses or certificates held by the sole proprietor. Add additional pages if necessary.

License or Certificate Type	License Number or Other Identifying Number	Issuing Agency

Ex. “License or Certificate Type” = *Liquor license*, “License No. or Other Identifying No.” = *RQ-1810-12345*, “Issuing Agency” = *Michigan Liquor Control Commission*

Ex. “License or Certificate Type” = *Sales tax license*, “License No. or Other Identifying No.” = *89-6745231*, “Issuing Agency” = *Michigan Department of Treasury*

PAGE 15 - DISCLOSURE 6 – GOVERNMENT REGULATION, CONTINUED

PAGE 15 – Provide the sole proprietor’s name and phone number in the space provided at the top of this disclosure form.

DISCLOSURE 6 - GOVERNMENT REGULATION, CONTINUED

Sole Proprietor Name _____	Phone No. _____
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In the (3) **COMMERCIAL LICENSES OR CERTIFICATES DENIED, RESTRICTED, SUSPENDED, REVOKED, OR NOT RENEWED** section, list any license or certificate that was applied for and denied, and list any license or certificate that has been restricted, suspended, revoked, or not renewed.

(3) COMMERCIAL LICENSES OR CERTIFICATES DENIED, RESTRICTED, SUSPENDED, REVOKED, OR NOT RENEWED
 Provide the requested information for all commercial licenses or certificates with which the sole proprietor has had an application or license denied, restricted, suspended, revoked, or not renewed. Add additional pages if necessary.

#	License or Certificate Type	License Number or Other Identifying Number	Issuing Agency
1	Action Taken	Reason for Action	Date Action Taken
#	License or Certificate Type	License Number or Other Identifying Number	Issuing Agency
2	Action Taken	Reason for Action	Date Action Taken
#	License or Certificate Type	License Number or Other Identifying Number	Issuing Agency
3	Action Taken	Reason for Action	Date Action Taken

“Action Taken” = *denied, restricted, suspended, revoked, or not renewed*

In the (4) **PENDING LICENSES OR CERTIFICATES** section, list any pending licenses or certificates in which the sole proprietor has applied for, and a determination has not yet been made.

(4) PENDING LICENSES OR CERTIFICATES
 Disclose any application for a commercial license or certificate in this state or any other jurisdiction that is currently pending and for which a determination has not been made. Do not include this current application for a marijuana license or any commercial license or certificate previously disclosed on this application. Add additional pages if necessary.

License or Certificate Type	Issuing Agency	Application Number or Other Identifying Number

In the **(5) GOVERNMENT EMPLOYMENT** section, select “Yes” or “No” in response to the four questions related to government employment. If the answer to all three questions is “No,” you are done with this disclosure. (Elected officers of or employees of a federally recognized Indian tribe and elected precinct delegates are not ineligible to receive a state operating license.)

If “Yes,” write an explanation in the space provided. (E.g., “I am a state employee within the Licensing and Regulatory Affairs division.”)

(5) <u>GOVERNMENT EMPLOYMENT</u>				
Do any of the following apply to the sole proprietor?				
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Employee, advisor, or consultant of the Marijuana Regulatory Agency.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Holds an elective office of a governmental unit of this state, another state, or the federal government.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Member of or employed by a regulatory body of a governmental unit of this state, another state, or the federal government.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Employed by a governmental unit of this state.
If you answered yes to any of the above questions, provide an explanation. If you are an elected officer of or employee of a federally recognized Indian tribe or an elected precinct delegate, please include this information in the explanation:				

The sole proprietor applicant should gather the following documentation in support of the Government Regulation disclosures:

- Copy of Marijuana Licenses (if applicable)
- Copy of Any Other Commercial Licenses or Any Comparable License from Other Jurisdictions (if applicable)
- Summary of Facts and Circumstances Concerning a License Denial, Restriction, Revocation, Suspension, or Nonrenewal (if applicable)

PAGE 16 - DISCLOSURE 7 – CRIMINAL HISTORY

PAGE 16 – Provide the sole proprietor’s name and phone number in the space provided at the top of this disclosure form.

<u>DISCLOSURE 7 – CRIMINAL HISTORY</u>	
Sole Proprietor Name	Phone No.

Question 1 – select “Yes” or “No” to indicate if the sole proprietor has been indicted for, charged with, arrested for, convicted of, pled guilty or nolo contendere to, or forfeited bail under the laws of any jurisdiction (state, federal, or foreign) concerning any felony criminal offense or a misdemeanor involving a controlled substance, dishonesty, theft, or fraud, not including traffic violations, regardless of whether the offense has been reversed on appeal, reduced, expunged, set aside, pardoned or otherwise?

(1) Has the sole proprietor been indicted for, charged with, arrested for, convicted of, pled guilty or nolo contendere to, or forfeited bail under the laws of any jurisdiction (state, federal, or foreign) concerning any felony criminal offense or a misdemeanor involving a controlled substance, dishonesty, theft, or fraud, **not including traffic violations**, regardless of whether the offense has been reversed on appeal, reduced, expunged, set aside, pardoned or otherwise?

Yes No

Question 2 – select “Yes” or “No” to indicate if the sole proprietor has been found responsible for violating a local ordinance in any state involving a controlled substance, dishonesty, theft, or fraud that substantially corresponds to a misdemeanor in that state, whether the offense has been reversed on that appeal, reduced, expunged, set aside, pardoned or otherwise?

(2) Has the sole proprietor been found responsible for violating a local ordinance in any state involving a controlled substance, dishonesty, theft, or fraud that substantially corresponds to a misdemeanor in that state, whether the offense has been reversed on that appeal, reduced, expunged, set aside, pardoned or otherwise?

Yes No

Question 3 – select “Yes” or “No” to indicate if the sole proprietor has any criminal offense, either felony or misdemeanor, in the laws of any jurisdiction, not including traffic violations, regardless of whether the offense has been reversed on appeal, reduced, expunged, set aside, pardoned or otherwise, has the sole proprietor ever:

(3) As to any criminal offense, either felony or misdemeanor, in the laws of any jurisdiction, **not including traffic violations**, regardless of whether the offense has been reversed on appeal, reduced, expunged, set aside, pardoned or otherwise, has the sole proprietor ever:

<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	been arrested	<input type="checkbox"/>	<input type="checkbox"/>	pled nolo contendere (no contest)
<input type="checkbox"/>	<input type="checkbox"/>	been charged	<input type="checkbox"/>	<input type="checkbox"/>	forfeit bail concerning an offense
<input type="checkbox"/>	<input type="checkbox"/>	been indicted	<input type="checkbox"/>	<input type="checkbox"/>	had a criminal record expunged
<input type="checkbox"/>	<input type="checkbox"/>	been convicted	<input type="checkbox"/>	<input type="checkbox"/>	been incarcerated

If “Yes”, provide the following information for all offenses in the table provided:

- **Name** of offense
- **Type** of offense
- **Date** of the offense
- **Arresting Agency/Jurisdiction** of the offense
- **Name and Location of Court** where offense was litigated
- **Docket/Case Number** of criminal litigation
- **Disposition** of offense

(4) Please provide the following information for all arrests, charges, indictments, and convictions.

#	Name of Offense	Type of Offense	Date	Arresting Agency/Jurisdiction
1				
	Name & Location of Court	Docket/Case #	Disposition	
#	Name of Offense	Type of Offense	Date	Arresting Agency/Jurisdiction
2				
	Name & Location of Court	Docket/Case #	Disposition	
#	Name of Offense	Type of Offense	Date	Arresting Agency/Jurisdiction
3				
	Name & Location of Court	Docket/Case #	Disposition	
#	Name of Offense	Type of Offense	Date	Arresting Agency/Jurisdiction
4				
	Name & Location of Court	Docket/Case #	Disposition	

The sole proprietor applicant should gather the following documentation in support of the Criminal History disclosure:

- Copy of Criminal History Documents (if applicable)

PAGE 17 - DISCLOSURE 8 – LITIGATION HISTORY

PAGE 17 – Provide the sole proprietor’s name and phone number in the space provided at the top of this disclosure form.

<u>DISCLOSURE 8 – LITIGATION HISTORY</u>	
Sole Proprietor Name _____	Phone No. _____

In the **LITIGATION HISTORY** section, select “Yes” or “No” to indicate if the sole proprietor or any of the sole proprietor’s other business interests have been a party to any litigation during the past five years.

If “Yes”, disclose the case caption, docket or case number, name and location of court, the cause of action, and disposition for the litigation in the table provided. Add additional pages if necessary.

(1) LITIGATION HISTORY

Has the sole proprietor or any of the sole proprietor’s other business interests been a party to any litigation during the past five years (e.g., fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker’s compensation, discrimination, and tax laws and regulations)?

Yes No

If you answered yes, provide the requested information for all litigation related to the sole proprietor (e.g., fraud, environmental, food safety, labor, employment, worker’s compensation, discrimination, and tax laws and regulations) pending or concluded, for the past 5 years. Add additional pages if necessary.

Case Caption	Docket/Case No.	Name & Location of Court	Cause of Action	Disposition

In the **PENDING LITIGATION** section, for any cases that are currently pending, provide a brief explanation in the area provided.

(2) PENDING LITIGATION

For any cases that are currently initiated or pending, provide a brief explanation regarding the allegations of the case. Add additional pages if necessary.

In the **GOVERNMENT CHARGES & INVESTIGATIONS** section, disclose any charges and/or government investigations related to the sole proprietor’s business operations (e.g. fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker’s compensation, discrimination, and tax laws and regulation), whether initiated, pending, or concluded in the area provided.

<p>(3) <u>GOVERNMENT CHARGES & INVESTIGATIONS</u> Disclose any charges and government investigations, whether initiated, pending, or concluded, related to the sole proprietor’s business operations unless they have been previously disclosed on this application (e.g., fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker’s compensation, discrimination, and tax laws and regulations). Add additional pages if necessary.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

The sole proprietor applicant should gather the following documentation in support of the Litigation History disclosure:

- Copy of Complaint (if applicable)
- Copy of Judgment (if applicable)

SUPPLEMENTAL APPLICATIONS FOR SOLE PROPRIETORS

Supplemental applications are required to be submitted for the spouse of the sole proprietors, if applicable, and all managerial employees of the sole proprietor, if applicable. If the sole proprietor has a spouse or managerial employees, each of these individuals must submit a Supplemental Individual Prequalification Application.

SUBMITTING THE APPLICATION

When submitting the application, ensure the main application, all supplemental applications, and all supporting documents are provided. Failure to submit all applications and supporting documents will result in a Notice of Deficiency. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of the application.

The application can be submitted online at: <https://aca3.accela.com/MIMM/Default.aspx>, in person at: 2407 North Grand River Avenue, Lansing, MI 49806, or via postal mail to:

Cannabis Regulatory Agency
Medical Facilities Licensing
P.O. Box 30205
Lansing, MI 48909

If any questions arise while completing the application, please do not hesitate to contact CRA by telephone at:
517-284-8599

The medical application submission should contain the following supporting documents:

- Copy of Government Issued ID (e.g., driver's license, passport)
- DBA Documentation (if applicable) (obtained at county-level)
- CPA Attestation
- Statement of Money Lender Form
- Promissory Note/Line of Credit Documents
- Copy of Discharge Documentation (if applicable)
- W2s, 1099s and/or Schedule K-1s for past 12 months (if no W2s, 1099s and/or Schedule K-1s exist, submit an explanation)
- Copy of Initial Notice and Notice of Release (if applicable)
- Copy of Payment Plan Documentation (if applicable)
- Copy of Marijuana Licenses (if applicable)
- Copy of Any other Commercial Licenses or Any Comparable License from Other Jurisdictions (if applicable)
- Summary of Facts and Circumstances Concerning License Denial, Restriction, Revocation, Suspension, or Nonrenewal (if applicable)
- Copy of Criminal History Documents (if applicable)
- Copy of Complaint (if applicable)
- Copy of Judgment (if applicable)

SUPPLEMENTAL INDIVIDUAL PREQUALIFICATION

The Supplemental Individual Prequalification Application can be found at the following link: [Supplemental Individual Prequalification](#).

Download the Supplemental Individual Prequalification Application.

The supplemental individual will need to complete a Supplemental Individual Prequalification Application in its entirety.

APPLICATION CHECKLIST

Ensure you have gathered all applicable items on the checklist before submitting the application. The last page of the application instruction booklet contains a checklist that provides further information on what each supporting document should entail.

SUPPLEMENTAL INDIVIDUAL PREQUALIFICATION	
<p>Supplemental Individual Prequalification Application</p> <ul style="list-style-type: none"> <input type="checkbox"/> Page 1: Supplemental Individual Prequalification Checklist <input type="checkbox"/> Page 2: Supplemental Individual Demographics <input type="checkbox"/> Page 3: ATTESTATION A – Acknowledgment, Agreement, & Consent <input type="checkbox"/> Page 4: ATTESTATION B – Authorization to Release Information <input type="checkbox"/> Page 5: ATTESTATION C – Verification & Affidavit of Full Disclosure <input type="checkbox"/> Page 6: ATTESTATION D – Acknowledgment of Federal Law & Release of Liability <input type="checkbox"/> Page 7: ATTESTATION F – Confirmation of Tax Compliance <input type="checkbox"/> Page 8: Acknowledgement of Attestations (signed and notarized) <input type="checkbox"/> Page 9: DISCLOSURE 1 – Individual Information <input type="checkbox"/> Page 10: DISCLOSURE 3 – Interests of Public Officials <input type="checkbox"/> Page 11: DISCLOSURE 4 – Debt, Insolvency, or Bankruptcy Actions <input type="checkbox"/> Page 12: DISCLOSURE 5 – Tax & Tax Compliance <input type="checkbox"/> Pages 13-14: DISCLOSURE 6 – Government Regulation <input type="checkbox"/> Page 15: DISCLOSURE 7 – Criminal History <input type="checkbox"/> Page 16: DISCLOSURE 8 – Litigation History 	<p>Supporting Documents</p> <p>Identity Documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Government Issued ID <p>Debt, Insolvency, or Bankruptcy Documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Discharge Documentation (if applicable) <p>Tax Liability and Delinquency Documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> W2s, 1099s and/or Schedule K-1s for most recent year (if no W2s, 1099s and/or Schedule K-1s exist, submit an explanation) <input type="checkbox"/> Copy of Initial Notice and Notice of Release (if applicable) <input type="checkbox"/> Copy of Payment Plan Documentation (if applicable) <p>Regulation Documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Marijuana Licenses (if applicable) <input type="checkbox"/> Copy of Any Other Commercial Licenses or Any Comparable License from Other Jurisdictions (if applicable) <input type="checkbox"/> Summary of Facts and Circumstances Concerning License Denial, Restriction, Revocation, Suspension, or Nonrenewal (if applicable) <p>Criminal History Documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Criminal History Documents (if applicable) <p>Litigation History</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Complaint (if applicable) <input type="checkbox"/> Copy of Judgment (if applicable)

PAGE 2 – DEMOGRAPHIC INFORMATION

In the **DEMOGRAPHIC INFORMATION** section, provide the following information for the supplemental individual in the corresponding field on the application:

- **Name** of the supplemental individual as it appears on official government documents
- **Social Security Number** of the supplemental individual
- **Mailing Address** of the supplemental individual
- **Date of Birth** of the supplemental individual
- **Phone Number** of the supplemental individual
- **Email Address** of the supplemental individual

DEMOGRAPHIC INFORMATION				
Please provide the following information regarding the supplemental individual.				
Name (as appears on government issued ID)			Social Security Number	
Mailing Address			Date of Birth (mm/dd/yyyy)	
City	State	Zip Code	Phone	Email Address

In the **PERSON COMPLETING APPLICATION** section, provide the following information in the corresponding field on the application:

- **Name** of the individual completing the application
- **Date of Birth** of the individual completing the application
- **Mailing Address** of the individual completing the application
- **Phone Number** of the individual completing the application
- **Email Address** of the individual completing the application

PERSON COMPLETING APPLICATION				
Please provide the following information regarding the person completing this application.				
Name (First, Middle, Last)			Date of Birth (mm/dd/yyyy)	
Mailing Address			Phone	
City	State	Zip Code	Email Address	

Ensure all contact information is accurate and that current email addresses have been provided, as most correspondence from CRA will be sent via email.

PAGES 3-8 – ATTESTATIONS

Read all the attestations carefully as the applicant will be acknowledging and agreeing to the information and stipulations contained in these attestations.

If you are unsure of what an item within an attestation means, please consult an attorney. CRA cannot provide legal interpretation of the statute or rules.

PAGE 3 - ATTESTATION A – ACKNOWLEDGMENT, AGREEMENT, AND CONSENT

After reading the attestation, provide the name of the supplemental individual in the space provided.

<p><u>ATTESTATION A - INDIVIDUAL</u> <u>ACKNOWLEDGEMENT, AGREEMENT, & CONSENT</u> (To be completed and submitted by the applicant)</p>
<p>I, _____ Name of Supplemental Individual</p>
<p>acknowledge that I am the person responsible for submitting this application and supporting documents.</p>
<p>I hereby acknowledge that the Cannabis Regulatory Agency (Agency) may require supplemental materials in order to carry out its statutory duties. I hereby agree to submit such supplemental materials as requested by the Agency 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.</p>
<p>I hereby acknowledge that any issuance of a license is a privilege. I have the responsibility to prove that I am eligible, suitable, and qualified to be licensed. I must accept any risk of adverse public notice, embarrassment, criticism, or other action, or financial loss, which may result from action with respect to an application or the public disclosure of information requested in this application, and expressly waive any claim for damages as a result thereof. Information not called for in this application or in addition to that provided in response to this application, may be requested.</p>
<p>I, as the applicant submitting this application, hereby certify that I do not have an interest in any other state operating license that is prohibited by the Medical Marihuana Facilities Licensing Act, 2016 PA 281 (MMFLA).</p>
<p>I hereby acknowledge that I am under a continuing duty to promptly disclose to the Agency any changes in the information provided in the application and supporting documents submitted to the Agency. To comply with this requirement, I hereby acknowledge that I must submit a letter to the Agency stating any changes with reference to the specific information within the application to which the changes pertain.</p>
<p>I hereby consent to investigations of compliance, regular inspections, examinations, searches, seizures, and auditing of books and records as provided in MMFLA Section 303(1)(c)(i) to (iv) and the MMFLA Administrative Rules, and to disclose to the Agency and its agents of otherwise confidential records, including tax records held by any federal, state, or local agency, or credit agency or financial institution, while applying for or holding a state operating license. This consent is authorization to review and inspect tax records administered under the Michigan Revenue Act, 1941 PA 122.</p>
<p>I hereby acknowledge that the finding of prequalification status for a pending application is valid for two years after the Agency issues a notice of prequalification status unless otherwise determined by the agency. I understand that after two years have expired, I may be required to submit a new application and pay a new nonrefundable application fee.</p>

PAGE 4 - ATTESTATION B – AUTHORIZATION TO RELEASE INFORMATION

After reading the attestation, provide the name of the supplemental individual in the space provided.

ATTESTATION B - INDIVIDUAL
AUTHORIZATION TO RELEASE INFORMATION
(To be completed and submitted by the applicant)

To all courts, probation departments, selective service boards, employers, educational institutions, banks, financial and other such institutions, and all governmental agencies federal, state and local, without exception, both foreign and domestic:

I, _____
Name of Supplemental Individual

authorize the Cannabis Regulatory Agency (Agency) and its agents to conduct a full investigation into the background and activities of the applicant for purposes of determining the applicant’s eligibility for a marijuana facility prequalification and state operating license.

I understand that by signing this authorization, a financial background check will be performed. I authorize any financial institution to surrender to the Agency a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal financial records in whatever form and wherever located. I authorize my employers to release any employment information required to validate my financial history. I understand that the financial background check will include a credit history examination and that my credit report, credit history, and credit capacity information will be obtained.

I understand that by signing this authorization, a financial background check of my tax filing and tax obligation status will be performed. I authorize my respective state taxing agency to surrender to the Agency a complete and accurate record of any and all tax information or records relating to me for the purposes of this application. I authorize the Agency to obtain, receive, review, copy, discuss, and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as “confidential” or “nonpublic” under the provisions of state or federal laws.

I understand that by signing this authorization, a criminal history background check will be performed. I authorize the Agency to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located for purposes of completing this application. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and the sentence was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as “confidential” or “nonpublic” under the provisions of state or federal laws.

By signing this authorization, I authorize the Agency’s Michigan Medical Marijuana Program (MMMP) to release my MMMP patient and/or caregiver registration history to the Agency’s Medical Marijuana Facility Licensing Division (MMFL) and/or law enforcement for use in determining licensure eligibility under the Medical Marijuana Facilities Licensing Act (MMFLA). I further authorize the release of this information to the Cannabis Regulatory Agency and the use of this information during administrative proceedings under the MMFLA.

Therefore, you are hereby authorized to release any and all information pertaining to this applicant, documentary or otherwise, as requested by any employee or agent of the Agency, provided that he or she certifies to you that said applicant has an application pending before the Agency or that said applicant is a licensee or other person required to be qualified under the provisions of the Medical Marijuana Facilities Licensing Act (MMFLA).

This authorization shall supersede any prior request or authorization to the contrary and shall be in effect during the pendency of this application. A photocopy of this authorization will be considered as effective and valid as the original.

PAGE 5 - ATTESTATION C – VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE

After reading the attestation, provide the name of the supplemental individual in the space provided.

In Section 2, provide the name of the contact person who is authorized to speak with the Agency about the application in the space provided on the form. Provide their email address, phone number, and Accela Citizen Access Login User ID (if known) in the spaces provided.

If you wish to designate more than one contact person, please add additional pages of this form to the application with each contact person on a separate Attestation C form.

NOTE: If an individual contacts CRA about the application and that individual is not a supplemental applicant, not the person completing the application, and not an authorized contact person listed on Attestation C, the Agency will not provide information to that individual.

ATTESTATION C - INDIVIDUAL
VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE
(To be completed and submitted by the applicant)

Add additional pages of this form if authorizing more than one contact person.

I, _____
Name of Supplemental Individual

confirm the following:

1. I am the individual responsible for submitting this application and have full authority to execute this affidavit of full disclosure.
2. I authorize _____ to be a contact person to the Cannabis Regulatory Agency (Agency). I understand that this person will have access to records and material submitted to the Agency for the purposes of this application. Further, I understand that this person will retain access and receive communication from the Agency regarding the applicant/licensee until the applicant/licensee submits an official request to remove this person's access and cease communication with this person. Please provide the information for this contact person below.

E-mail Address: _____ Phone Number: _____

Accela Citizen Access Login User ID (if applicable): _____
3. I authorize the person listed as the Person Completing Application within the demographic section of the application to be a contact person for the Agency. I understand that this person will have access to records and material submitted to the Agency for the purposes of this application. Further, I understand that this person will retain access and receive communication from the Agency regarding the applicant/licensee until the applicant/licensee submits an official request to remove this person's access and cease communication with this person.
4. I affirm that the information contained in this application is true, complete, and accurate to the best of my knowledge and belief.
5. Except as reported in this application, I have no agreements or understandings with any person or entity and no present intent to hold as agent, nominee, or otherwise any interest in the application.
6. Except as reported in this application, I have no agreements or understanding with any person or entity and no present intent to pay any sums of money or give anything of value as, including but without limitation, a finder's fee or commission to any person or entity related to the interest in this application.
7. I understand that the supplemental individual has an ongoing obligation to notify the Agency should the supplemental individual enter into any such agreement contemplated by this attestation.

PAGE 6 -ATTESTATION D – ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF LIABILITY

After reading the attestation, provide the name of the supplemental individual in the space provided.

**ATTESTATION D - INDIVIDUAL
ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF LIABILITY**
(To be completed and submitted by the applicant)

I, _____
Name of Supplemental Individual

hereby acknowledge and affirm the following:

The Federal Controlled Substances Act, Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. § 801 *et seq.*, regulates marijuana as a Schedule I controlled substance, for which there is “no currently accepted medical use in treatment in the United States.” 21 U.S.C. § 812(b)(1)(B). Although the state of Michigan has recognized and authorized the use of medical marijuana pursuant to the Michigan Medical Marihuana Act, 2008 IL 1, MCL 333.26421 to 333.26430, has authorized the issuance of state operating licenses to medical marijuana facilities pursuant to the Medical Marihuana Facilities Licensing Act, 2016 PA 281, MCL 333.27101 to MCL 333.27801, and has provided for a statewide monitoring system in the Marihuana Tracking Act, 2016 PA 282, MCL 333.27901 to 333.27904, these state authorized activities remain prohibited by federal law.

I understand that a state operating license does not insulate or shield me or my business from federal seizure and/or forfeiture as allowed by federal law and does not insulate me from federal criminal arrest and/or prosecution.

I understand that choosing to file an application for a state operating license and, if issued a license, choosing to establish and operate a marijuana facility pursuant to that license, is done so at my own risk.

By my signature and attestation to this form, I hereby completely release and forever discharge the State of Michigan, the Michigan Department of Licensing and Regulatory Affairs, the Cannabis Regulatory Agency, and its respective employees, agents, facilities, insurers, indemnors, successors, heirs and/or assigns from any and all past, present or future claims, demands, obligations, actions, causes of action, wrongful death claims, rights, damages, costs, losses of services, expenses and compensation of any nature whatsoever, whether based on a tort, contract or other theory of recovery, which I may now have, or which may hereafter accrue or otherwise be acquired, on account of, or may in any way arise out of my application for a state operating license and, if issued a license, my operation of a marijuana facility.

PAGE 7 – ATTESTATION F – CONFIRMATION OF TAX COMPLIANCE

PART A – After reading this section of the attestation, provide the name of the supplemental individual in the space provided. Provide the supplemental individual’s signature, social security number, and the date in the spaces provided in the section. Ensure a return mailing address is provided so the Department of Treasury is able to return the form.

**ATTESTATION F - INDIVIDUAL
CONFIRMATION OF TAX COMPLIANCE**

(To be completed by the designee of the Michigan Department of Treasury and submitted by the applicant)

PART A (to be completed by the applicant before submitting to the Department of Treasury):

I, _____
Name of Supplemental Individual

understand that I am submitting this Attestation in compliance with the Medical Marihuana Facilities Licensing Act (MMFLA) and the Administrative Rules. I affirm that if I have been making sales, I am registered and remitting sales tax to the Michigan Department of Treasury, as required. Additionally, I am not more than one year delinquent in the payment of taxes required under federal, state, or local law.

The Revenue Act, 1941 PA 122, MCL 205.28(1)(f), makes taxpayer information acquired in the administration of a tax confidential. I authorize the Michigan Department of Treasury to furnish tax returns and provide tax return information to the Cannabis Regulatory Agency for the limited purpose of determining my qualification and fitness for licensure under MMFLA. This limited authorization relates to all tax types administered under the Revenue Act. This limited authorization continues for two years from the date of my signature below or until the applicant is no longer licensed, whichever is later.

Signature of Supplemental Individual _____
Date

Supplemental Individual SSN

Return Address for Completed Form:

Name

Representative Name (if applicable)

Return Email Address or Mailing Address

Phone Number

Treasury Phone: 517-636-6925 | Treasury Email: Treas-MI-Marihuana-Tax@michigan.gov

PART B – The supplemental individual must have this section of the attestation completed by an authorized designee of the Michigan Department of Treasury. The designee will confirm the required information and sign the form if applicable.

To assist in the completion of this attestation please note that the Department of Treasury defines delinquency as follows:

- 1. For underpaid or no remittance tax returns, a taxpayer is considered “delinquent” in the payment of the required tax if the amount due indicated on the return has not been paid in full by the due date of the return.*
- 2. For post-return adjustments made by Treasury such as adjustments made when the return is processed, or as part of the audit process, a taxpayer is considered “delinquent” in the payment of the tax deficiency on the date that Treasury issues an assessment (Final Bill for Taxes Due) with respect to the determined deficiency.*
- 3. For “failure to file” situations, the taxpayer is considered “delinquent” in the payment of the tax at issue beginning on the day following the due date of the return that was required, but was not filed.*

An authorized designee of the Michigan Department of Treasury can be contacted at:

Michigan Department of Treasury
Hours: Monday – Friday, 8:00 a.m. to 4:00 p.m.
Phone: 517-636-6925
Fax: 517-636-4520
Email: Treas-MI-Marihuana-Tax@michigan.gov

For any questions, please utilize the information above to contact treasury directly.

Failure to submit this attestation with the signature of an authorized Michigan Department of Treasury designee will result in a Notice of Deficiency. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of the application.

PAGE 8 - ACKNOWLEDGMENT OF ATTESTATIONS

Do not sign this form until in the presence of a notary. Provide the name of the supplemental individual in the space provided. Indicate by checking the boxes that the supplemental individual acknowledges and consents to each attestation.

The supplemental individual should sign this form in the presence of an active notary. In the notary block at the bottom, the supplemental individual’s signature date and notary signature date must match.

If the notary signature is invalid and/or the dates do not match, you will receive a Notice of Deficiency. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of the application.

ACKNOWLEDGMENT OF ATTESTATIONS
(To be completed and submitted by the applicant)
Do not sign until notary is present

I, _____
Name of Supplemental Individual

hereby swear, acknowledge, and consent to the following attestations (check all that apply to indicate the applicant’s acknowledgment and consent):

Attestation A: Acknowledgment, Agreement & Consent
 Attestation B: Authorization to Release Information
 Attestation C: Verification & Affidavit of Full Disclosure (with contact designated, if applicable)
 Attestation D: Acknowledgment of Federal Law & Release of Liability
 Attestation F: Confirmation of Tax Compliance

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 Supplemental Individual _____
Date

Subscribed and sworn to by _____ before me on _____
(Supplemental Individual Name) (Date)

(Notary Public Signature) _____
(Notary Public Printed Name)

State of _____, County of _____, Acting in the county of _____,
(County) (State)

My commission expires: _____

PAGE 9 - DISCLOSURE 1 – INDIVIDUAL INFORMATION

PAGE 10 - Provide the supplemental individual’s name and phone number in the space provided at the top of this disclosure form.

<u>DISCLOSURE 1 – INDIVIDUAL INFORMATION</u>	
Supplemental Individual Name _____	Phone No. _____

In the **(1) SUPPLEMENTAL INDIVIDUAL PRIOR NAMES** section, provide any prior names used by the supplemental individual during the past three years. Add additional pages if necessary. If the supplemental individual has not had any previous names, this section can be left blank.

(1) SUPPLEMENTAL INDIVIDUAL PRIOR NAMES Provide any prior name used by the individual during the past 3 years, if applicable. Add additional pages if necessary.		
Prior Name	Date Use Began	Date Use Ceased

In the **(2) SUPPLEMENTAL INDIVIDUAL PRIOR ADDRESSES** section, provide any prior addresses used by the supplemental individual during the past three years. Add additional pages if necessary. If the supplemental individual has not had any previous addresses, this section can be left blank.

(2) SUPPLEMENTAL INDIVIDUAL PRIOR ADDRESSES Provide any prior address used by the individual during the past 3 years, if applicable. Add additional pages if necessary.			
Prior Street Address	City, State, Zip Code	Date Use Began	Date Use Ceased

In the (3) **SUPPLEMENTAL INDIVIDUAL OTHER BUSINESS INTERESTS** section, provide any other business interests of the supplemental individual. Add additional pages if necessary. If the supplemental individual does not have any other business interests, this section can be left blank.

(3) SUPPLEMENTAL INDIVIDUAL OTHER BUSINESS INTERESTS
Provide any other business interests of the supplemental individual, regardless of whether the business is related to the marijuana industry. Add additional pages if necessary.

Name of Other Business Interest	Type of Business Entity (e.g., LLC, Corporation, Sole Proprietor, etc.)	Type of Business Conducted	Extent of Involvement

The supplemental individual applicant should gather the following documentation in support of the Individual Information disclosure:

- Copy of Government Issued ID

PAGE 10 - DISCLOSURE 3 – INTERESTS OF PUBLIC OFFICIALS

PAGE 10 - Provide the supplemental individual’s name and phone number in the space provided at the top of this disclosure form.

DISCLOSURE 3 – INTERESTS OF PUBLIC OFFICIALS

Supplemental Individual Name _____ Phone No. _____

List the names and titles of all public officials or officers of any unit of government as well as the spouses, parents, and children of those public officials or officers, who directly, or indirectly:

- Are the creditors of the individual
- Hold any debt instrument issued by the individual
- Hold or have any interest in any contractual or service relationship with the individual

Please list the names and titles of all public officials or officers of any unit of government as well as the spouses, parents, and children of those public officials or officers, who directly, or indirectly:

1. Are the creditors of the individual
2. Hold any debt instrument issued by the individual
3. Hold or have any interest in any contractual or service relationship with the individual

Name of Public Official/Office of Governmental Unit _____ Title _____

Check the appropriate box to indicate if the interest of the public official or officer is of a governmental unit.

Is the interest that of the public official or officer of a governmental unit? Yes No

If "Yes", state the percentage/capacity of interest on the space provided.

If yes , state the percentage/capacity of interest _____

If "No", provide the following information about the interest of the family member of the public official or officer in the table provided:

- **Name** of family member
- **Relationship** of family member
- **Date of Birth** of family member
- **Address** of family member
- **Percentage/Capacity of Interest** of family member

If no , provide the following information about the interest of the family member of the public official or officer:				
Name of Family Member	Relationship	Date of Birth	Address	Percentage/ Capacity of Interest

PAGE 11 - DISCLOSURE 4 – DEBT, INSOLVENCY, OR BANKRUPTCY ACTIONS

PAGE 11 - Provide the supplemental individual’s name and phone number in the space provided at the top of this disclosure form.

<u>DISCLOSURE 4 – DEBT, INSOLVENCY, OR BANKRUPTCY ACTIONS</u>	
Supplemental Individual Name _____	Phone No. _____

Check the appropriate box to indicate if the supplemental individual has filed or had filed against it, a proceeding for bankruptcy or been involved in any formal process to adjust, defer, suspend, or otherwise work out payment of a debt in the past seven years?

(1) Has the supplemental individual filed, or had filed against it, a proceeding for bankruptcy or been involved in any formal process to adjust, defer, suspend or otherwise work out payment of a debt in the past seven years?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes , provide information in the following sections. If no , this disclosure form is complete.

If the answer to this question is "No," you are finished with this disclosure.

If “Yes”, provide the following information related to the supplemental individual’s past or current debt, bankruptcy, or other insolvency proceeding.

- **Date of Filing** of the debt, bankruptcy, or other insolvency proceeding
- **Name & Location of Court** of the debt, bankruptcy, or other insolvency proceeding
- **Case Number** of the debt, bankruptcy, or other insolvency proceeding
- **Date of Disposition** of the debt, bankruptcy, or other insolvency proceeding
- **Disposition** of the debt, bankruptcy, or other insolvency proceeding

(2) Provide the following information related to the supplemental individual’s past or current debt, bankruptcy, or other insolvency proceeding.

Date of Filing	Name & Location of Court	Case No.	Date of Disposition	Disposition

The supplemental individual applicant should gather the following supporting documents in relation to their Debt, Insolvency, or Bankruptcy Actions disclosure:

- Copy of Discharge Documentation (if applicable)

PAGE 12 - DISCLOSURE 5 – TAX & TAX COMPLIANCE

PAGE 12 – Provide the supplemental individual’s name and phone number in the space provided at the top of this disclosure form.

DISCLOSURE 5 - TAX & TAX COMPLIANCE

Supplemental Individual Name _____ Phone No. _____

In the (1) **TAXING AGENCIES** section, list all federal, state, local and foreign taxing agencies in which the supplemental individual was subject to taxation for the past 12 months.

(1) **TAXING AGENCIES**
 List all federal, state, local, and foreign jurisdictions in which the supplemental individual was subject to taxation during the last year. Add additional pages if necessary.

Taxing Agency	Type of Tax (E.g., Federal income tax, state income tax, sales tax)

E.g., “Taxing Agency” = IRS, “Type of Tax” = Federal Income Tax;
 E.g., “Taxing Agency” = Michigan Department of Treasury, Type of Tax = State Income Tax, Sales Tax

In the **(2) TAX COMPLIANCE** section, indicate if the supplemental individual has had a tax complaint filed against them or been served with a notice regarding a tax delinquency by selecting “Yes” or “No” to this question.

If “Yes,” provide the taxing agency, type of tax, tax period, and amount of the delinquent tax payment in the table provided in this section.

(2) TAX COMPLIANCE
 Has the supplemental individual ever been served with, or had filed against it, a complaint or other notice regarding the delinquent payment of any tax required under federal, state, local, or foreign jurisdictions?

Yes No If you answered yes, provide the requested information for each delinquent tax payment and provide all applicable required supporting documents (e.g., copy of notice of tax liability due). Add additional pages if necessary.

Taxing Agency	Type of Tax	Tax Year	Amount	Disposition

The supplemental individual applicant should gather the following documentation in support of the Tax & Tax Compliance disclosure:

- W2s, 1099s, and/or Schedule K-1s for Past 12 Months (if no W2s, 1099s and/or Schedule K-1s exist, submit an explanation)
- Copy of Initial Notice and Notice of Release (if applicable)
- Copy of Payment Plan Documentation (if applicable)

PAGE 13 - DISCLOSURE 6 – GOVERNMENT REGULATION

PAGE 13 - Provide the supplemental individual’s name and phone number in the space provided at the top of this disclosure form.

DISCLOSURE 6 - GOVERNMENT REGULATION

Supplemental Individual Name _____ Phone No. _____

Select “Yes” or “No” in response to the three questions in the top section of the page.

<p>Is the supplemental individual subject to regulation by a public agency in any other jurisdiction (e.g., Does the supplemental individual hold any license, certificate, permit, etc., that is regulated by a department of a local, state, federal, or foreign government)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the supplemental individual hold any commercial licenses? (Not including the license in which they are currently applying.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the supplemental individual ever applied for or been granted any commercial license or certificate issued by a licensing authority in any jurisdiction that has been denied, restricted, suspended, revoked, or not renewed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Question 1 - If the supplemental individual is subject to regulation by a public agency (holds any license, certificate, permit, etc. which is regulated by a department of a local, state, federal, or foreign government (e.g. liquor license, building permit, sales tax license, other marijuana licenses, concealed carry permits, chauffer’s licenses, etc.)), select “Yes”.

If “Yes,” disclose any marijuana businesses in Section (1) **MARIJUANA BUSINESS INTERESTS** and any other regulation type in Section (2) **COMMERCIAL LICENSES OR CERTIFICATES**.

Question 2 - If the supplemental individual holds any commercial licenses (e.g. food establishment license, retail gas outlet license, marijuana license, liquor license, commercial driver’s license, etc.), select “Yes.”

If “Yes,” disclose any marijuana businesses in Section (1) **MARIJUANA BUSINESS INTERESTS** and any other regulation type in Section (2) **COMMERCIAL LICENSES OR CERTIFICATES**.

Question 3 – If the supplemental individual has ever applied for a license or certificate that was denied, or if the supplemental individual has ever been granted a license or certificate that has been restricted, suspended, revoked, or not renewed, select “Yes”.

If “Yes,” disclose these licenses in Section (3) **COMMERCIAL LICENSES OR CERTIFICATES DENIED, RESTRICTED, SUSPENDED, REVOKED, OR NOT RENEWED** on the second page of this disclosure.

If the answer to all three of these questions is “No,” you are finished with this disclosure.

In the (1) **MARIJUANA BUSINESS INTERESTS** section, list any marijuana business in which the supplemental individual has any direct or indirect equity interest. For each marijuana business, provide the business entity’s name, license number, state of license issuance, and the country of issuance. If the supplemental individual does not own other marijuana businesses, this section can be left blank.

(1) MARIJUANA BUSINESS INTERESTS
 Provide the requested information any interest that the supplemental individual has in any other corporation, partnership, sole proprietorship, or other business entity that is directly or indirectly involved in the *growing, processing, testing, transporting, or sale of marijuana*. Add additional pages if necessary.

Marijuana Business Entity Name	License Number	State of Issuance	Country of Issuance

In the (2) **COMMERCIAL LICENSES OR CERTIFICATES** section, list any (non-marijuana) commercial licenses or certificates held by the supplemental individual.

(2) COMMERCIAL LICENSES OR CERTIFICATES
 Provide the requested information for all non-marijuana commercial licenses or certificates held by the supplemental individual. Add additional pages if necessary.

License or Certificate Type	License Number or Other Identifying Number	Issuing Agency

Ex. “License or Certificate Type” = *Liquor license*, “License No. or Other Identifying No.” = *RQ-1810-12345*, “Issuing Agency” = *Michigan Liquor Control Commission*

Ex. “License or Certificate Type” = *Sales tax license*, “License No. or Other Identifying No.” = *89-6745231*, “Issuing Agency” = *Michigan Department of Treasury*

PAGE 14 - DISCLOSURE 6 – GOVERNMENT REGULATION, CONTINUED

PAGE 14 – Provide the supplemental individual’s name and phone number in the space provided at the top of this disclosure form.

DISCLOSURE 6 - GOVERNMENT REGULATION, CONTINUED

Supplemental Individual Name	Phone No.
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In the (3) **COMMERCIAL LICENSES OR CERTIFICATES DENIED, RESTRICTED, SUSPENDED, REVOKED, OR NOT RENEWED** section, list any license or certificate that was applied for and denied, and list any license or certificate that has been restricted, suspended, revoked, or not renewed.

(3) COMMERCIAL LICENSES OR CERTIFICATES DENIED, RESTRICTED, SUSPENDED, REVOKED, OR NOT RENEWED
 Provide the requested information for all commercial licenses or certificates with which the supplemental individual has had an application or license denied, restricted, suspended, revoked, or not renewed. Add additional pages if necessary.

#	License or Certificate Type	License Number or Other Identifying Number	Issuing Agency
1			
	Action Taken	Reason for Action	Date Action Taken
#	License or Certificate Type	License Number or Other Identifying Number	Issuing Agency
2			
	Action Taken	Reason for Action	Date Action Taken
#	License or Certificate Type	License Number or Other Identifying Number	Issuing Agency
3			
	Action Taken	Reason for Action	Date Action Taken

“Action Taken” = *denied, restricted, suspended, revoked, or not renewed*

In the (4) **PENDING LICENSES OR CERTIFICATES** section, list any pending licenses or certificates in which the supplemental individual has applied for and a determination has not yet been made.

(4) PENDING LICENSES OR CERTIFICATES
 Disclose any application for a commercial license or certificate in this state or any other jurisdiction that is currently pending and for which a determination has not been made. Do not include this current application for a marijuana license or any commercial license or certificate previously disclosed on this application. Add additional pages if necessary.

License or Certificate Type	Issuing Agency	Application Number or Other Identifying Number

In the **(5) GOVERNMENT EMPLOYMENT** section, select “Yes” or “No” in response to the four questions related to government employment. If the answer to all three questions is “No,” you are done with this disclosure. (Elected officers of or employees of a federally recognized Indian tribe and elected precinct delegates are not ineligible to receive a state operating license.)

If “Yes,” write an explanation in the space provided. (E.g., “I am a state employee within the Licensing and Regulatory Affairs division.”)

(5) <u>GOVERNMENT EMPLOYMENT</u>	
Do any of the following apply to the supplemental individual?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No Employee, advisor, or consultant of the Cannabis Regulatory Agency.
<input type="checkbox"/> Yes	<input type="checkbox"/> No Holds an elective office of a governmental unit of this state, another state, or the federal government.
<input type="checkbox"/> Yes	<input type="checkbox"/> No Member of or employed by a regulatory body of a governmental unit of this state, another state, or the federal government.
<input type="checkbox"/> Yes	<input type="checkbox"/> No Employed by a governmental unit of this state.
If you answered yes to any of the above questions, provide an explanation. If you are an elected officer of or employee of a federally recognized Indian tribe or an elected precinct delegate, please include this information in the explanation:	

The supplemental individual applicant should gather the following documentation in support of the Government Regulation disclosures:

- Copy of Marijuana Licenses (if applicable)
- Copy of Any Other Commercial Licenses or Any Comparable License from Other Jurisdictions (if applicable)
- Summary of Facts and Circumstances Concerning a License Denial, Restriction, Revocation, Suspension, or Nonrenewal (if applicable)

PAGE 15 - DISCLOSURE 7 – CRIMINAL HISTORY

PAGE 15 – Provide the supplemental individual’s name and phone number in the space provided at the top of this disclosure form.

<u>DISCLOSURE 7 – CRIMINAL HISTORY</u>	
Supplemental Individual Name	Phone No.

Question 1 – select “Yes” or “No” to indicate if the supplemental individual has been indicted for, charged with, arrested for, convicted of, pled guilty or nolo contendere to, or forfeited bail under the laws of any jurisdiction (state, federal, or foreign) concerning any felony criminal offense or a misdemeanor involving a controlled substance, dishonesty, theft, or fraud, not including traffic violations, regardless of whether the offense has been reversed on appeal, reduced, expunged, set aside, pardoned or otherwise?

(1) Has the supplemental individual been indicted for, charged with, arrested for, convicted of, pled guilty or nolo contendere to, or forfeited bail under the laws of any jurisdiction (state, federal, or foreign) concerning any felony criminal offense or a misdemeanor involving a controlled substance, dishonesty, theft, or fraud, **not including traffic violations**, regardless of whether the offense has been reversed on appeal, reduced, expunged, set aside, pardoned or otherwise?

Yes No

Question 2 – select “Yes” or “No” to indicate if the supplemental individual has been found responsible for violating a local ordinance in any state involving a controlled substance, dishonesty, theft, or fraud that substantially corresponds to a misdemeanor in that state, whether the offense has been reversed on that appeal, reduced, expunged, set aside, pardoned or otherwise?

(2) Has the supplemental individual been found responsible for violating a local ordinance in any state involving a controlled substance, dishonesty, theft, or fraud that substantially corresponds to a misdemeanor in that state, whether the offense has been reversed on that appeal, reduced, expunged, set aside, pardoned or otherwise?

Yes No

Question 3 – select “Yes” or “No” to indicate if the supplemental individual has any criminal offense, either felony or misdemeanor, in the laws of any jurisdiction, not including traffic violations, regardless of whether the offense has been reversed on appeal, reduced, expunged, set aside, pardoned or otherwise, has the supplemental individual ever:

(3) As to any criminal offense, either felony or misdemeanor, in the laws of any jurisdiction, **not including traffic violations**, regardless of whether the offense has been reversed on appeal, reduced, expunged, set aside, pardoned or otherwise, has the supplemental individual ever:

<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	been arrested	<input type="checkbox"/>	<input type="checkbox"/>	pled nolo contendere (no contest)
<input type="checkbox"/>	<input type="checkbox"/>	been charged	<input type="checkbox"/>	<input type="checkbox"/>	forfeit bail concerning an offense
<input type="checkbox"/>	<input type="checkbox"/>	been indicted	<input type="checkbox"/>	<input type="checkbox"/>	had a criminal record expunged
<input type="checkbox"/>	<input type="checkbox"/>	been convicted	<input type="checkbox"/>	<input type="checkbox"/>	been incarcerated

If “Yes”, provide the following information for all offenses in the table provided:

- **Name** of offense
- **Type** of offense
- **Date** of the offense
- **Arresting Agency/Jurisdiction** of the offense
- **Name and Location of Court** where offense was litigated
- **Docket/Case Number** of criminal litigation
- **Disposition** of offense

(4) Please provide the following information for all arrests, charges, indictments, and convictions.

#	Name of Offense	Type of Offense	Date	Arresting Agency/Jurisdiction
1				
	Name & Location of Court	Docket/Case #	Disposition	
#	Name of Offense	Type of Offense	Date	Arresting Agency/Jurisdiction
2				
	Name & Location of Court	Docket/Case #	Disposition	
#	Name of Offense	Type of Offense	Date	Arresting Agency/Jurisdiction
3				
	Name & Location of Court	Docket/Case #	Disposition	
#	Name of Offense	Type of Offense	Date	Arresting Agency/Jurisdiction
4				
	Name & Location of Court	Docket/Case #	Disposition	

The supplemental individual applicant should gather the following documentation in support of the Criminal History disclosure:

- Copy of Criminal History Documents (if applicable)

PAGE 16 - DISCLOSURE 8 – LITIGATION HISTORY

PAGE 16 – Provide the supplemental individual’s name and phone number in the space provided at the top of this disclosure form.

<u>DISCLOSURE 8 – LITIGATION HISTORY</u>	
<hr style="border: 0; border-top: 1px solid black; margin: 0;"/> Supplemental Individual Name	<hr style="border: 0; border-top: 1px solid black; margin: 0;"/> Phone No.

In the **LITIGATION HISTORY** section, select “Yes” or “No” to indicate if the supplemental individual or any of the supplemental individual’s other business interests have been a party to any litigation during the past five years.

If “Yes”, disclose the case caption, docket or case number, name and location of court, the cause of action, and disposition for the litigation in the table provided. Add additional pages if necessary.

(1) LITIGATION HISTORY
 Has the supplemental individual or any of the supplemental individual’s other business interests been a party to any litigation during the past five years (e.g., fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker’s compensation, discrimination, and tax laws and regulations)?

Yes No If you answered yes, provide the requested information for all litigation related to the supplemental individual (e.g., fraud, environmental, food safety, labor, employment, worker’s compensation, discrimination, and tax laws and regulations) pending or concluded, for the past 5 years. Add additional pages if necessary.

Case Caption	Docket/Case No.	Name & Location of Court	Cause of Action	Disposition

In the **PENDING LITIGATION** section, for any cases that are currently pending, provide a brief explanation in the area provided.

(2) PENDING LITIGATION
 For any cases that are currently initiated or pending, provide a brief explanation regarding the allegations of the case. Add additional pages if necessary.

In the **GOVERNMENT CHARGES & INVESTIGATIONS** section, disclose any charges and/or government investigations related to the supplemental individual’s business operations (e.g. fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker’s compensation, discrimination, and tax laws and regulation), whether initiated, pending, or concluded in the area provided.

<p>(3) <u>GOVERNMENT CHARGES & INVESTIGATIONS</u> Disclose any charges and government investigations, whether initiated, pending, or concluded, related to the sole proprietor’s business operations unless they have been previously disclosed on this application (e.g., fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker’s compensation, discrimination, and tax laws and regulations). Add additional pages if necessary.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

The supplemental individual applicant should gather the following documentation in support of the Litigation History disclosure:

- Copy of Complaint (if applicable)
- Copy of Judgment (if applicable)

SUBMITTING THE APPLICATION

When submitting the application, ensure the main application, all supplemental applications, and all supporting documents are provided. Failure to submit all applications and supporting documents will result in a Notice of Deficiency. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of the application.

The application can be submitted online at: <https://aca3.accela.com/MIMM/Default.aspx>, in person at: 2407 North Grand River Avenue, Lansing, MI 49806, or via postal mail to:

Cannabis Regulatory Agency
Medical Facilities Licensing
P.O. Box 30205
Lansing, MI 48909

If any questions arise while completing the application, please do not hesitate to contact CRA by telephone at:
517-284-8599

The medical application submission should contain the following supporting documents:

- Copy of Government Issued ID (e.g., driver's license, passport)
- Debt, Insolvency, or Bankruptcy Documents
- Copy of Discharge Documentation (if applicable)
- W2s, 1099s and/or Schedule K-1s for past 12 months (if no W2s, 1099s and/or Schedule K-1s exist, submit an explanation)
- Copy of Initial Notice and Notice of Release (if applicable)
- Copy of Payment Plan Documentation (if applicable)
- Copy of Marijuana Licenses (if applicable)
- Copy of Any Other Commercial Licenses or Any Comparable License from Other Jurisdictions (if applicable)
- Summary of Facts and Circumstances Concerning License Denial, Restriction, Revocation, Suspension, or Nonrenewal (if applicable)
- Copy of Criminal History Documents (if applicable)
- Copy of Complaint (if applicable)
- Copy of Judgment (if applicable)

STEP 2 – LICENSE APPLICATION

If any questions arise while completing the application, please do not hesitate to contact CRA by telephone at:
517-284-8599

After prequalification status has been granted to the main applicant and all applicable supplemental applicants, the main applicant should submit a Step 2 license application.

It is not recommended to submit a Step 2 license application unless the physical location of the facility is in place and will be ready to pass an inspection within 60 days after the Step 2 application is submitted.

Prequalification status expires after two years. If you do not submit a medical Step 2 license application within that timeframe, you will be required to submit a new Step 1 prequalification application and application fee if you still wish to continue the medical marijuana facility licensing process.

Step 2 – Facility License Application Types

License Type	Description of License
Grower Class A	Licensee is authorized to grow not more than 500 marijuana plants.
Grower Class B	Licensee is authorized to grow not more than 1000 marijuana plants.
Grower Class C	Licensee is authorized to grow not more than 1500 marijuana plants.
Processor	Licensee is authorized to purchase marijuana only from a grower and sale of marijuana-infused products or marijuana only to a provisioning center or another processor.
Provisioning Center	Licensee is authorized to the purchase or transfer of marijuana only from a grower or processor and sale or transfer to only a registered qualifying patient or registered primary caregiver.
Safety Compliance Facility	Licensee is authorized to receive marijuana from, test marijuana for, and return marijuana to only a marijuana facility.
Secure Transporter	Licensee is authorized to store and transport marijuana and associated money between marijuana facilities.

The following is a detailed description of each license type:

Grower Class A

- License authorizes the licensee to grow not more than 500 marijuana plants.
- Authorizes the sale of marijuana plants to a grower only by means of a secure transporter.
- Authorizes the sale or transfer of seeds, seedlings, or tissue cultures to a grower from a registered primary caregiver or another grower without using a secure transporter.
- Authorizes sale of marijuana, other than seeds, seedlings, tissue cultures, and cuttings, to a processor or a provisioning center.
- The applicant and each investor in the grower must not have an interest in a secure transporter or safety compliance facility.

Grower Class B

- License authorizes the licensee to grow not more than 1,000 marijuana plants.
- Authorizes the sale of marijuana plants to a grower only by means of a secure transporter.
- Authorizes the sale or transfer of seeds, seedlings, or tissue cultures to a grower from a registered primary caregiver or another grower without using a secure transporter.
- Authorizes sale of marijuana, other than seeds, seedlings, tissue cultures, and cuttings, to a processor or a provisioning center.
- The applicant and each investor in the grower must not have an interest in a secure transporter or safety compliance facility.

Grower Class C

- License authorizes the licensee to grow not more than 1,500 marijuana plants.
- Authorizes the sale of marijuana plants to a grower only by means of a secure transporter.
- Authorizes the sale or transfer of seeds, seedlings, or tissue cultures to a grower from a registered primary caregiver or another grower without using a secure transporter.
- Authorizes sale of marijuana, other than seeds, seedlings, tissue cultures, and cuttings, to a processor or a provisioning center.
- The applicant and each investor in the grower must not have an interest in a secure transporter or safety compliance facility.

Processor

- License authorizes the licensee to purchase marijuana only from a grower and sale of marijuana-infused products or marijuana only to a provisioning center or another processor.
- The applicant and each investor in the processor must not have an interest in a secure transporter or safety compliance facility.

Provisioning Center

- License authorizes the licensee to purchase or transfer marijuana only from a grower or processor and sale or transfer to only a registered qualifying patient or registered primary caregiver.
- The applicant and each investor in the provisioning center must not have an interest in a secure transporter or safety compliance facility.

Safety Compliance Facility

- License authorizes the licensee to receive marijuana from, test marijuana for, and return marijuana to only a marijuana facility.
- Must be accredited by an entity approved by the agency by 1 year after the date the license is issued or have previously provided drug testing services to this state or this state's court system and be a vendor in good standing in regard to those services.
- The applicant and each investor with any interest in the safety compliance facility must not have an interest in a grower, secure transporter, processor, or provisioning center.
- Retain and employ at least 1 laboratory manager with a relevant advanced degree in a medical or laboratory science.

Secure Transporter

- License authorizes the licensee to store and transport marijuana and associated money between marijuana facilities.
- The applicant and each investor with an interest in the secure transporter must not have an interest in a grower, processor, provisioning center, or safety compliance facility
- The applicant and each investor must not be a registered qualifying patient or registered primary caregiver.
- Each driver transporting marijuana must have a chauffeur’s license issued by this state.
- Each employee who has custody of marijuana or money that is related to a marijuana transaction shall not have been convicted of or released from incarceration for a felony under the laws of this state, any other state, or the United States within the past 5 years or have been convicted of a misdemeanor involving a controlled substance within the past 5 years.

MEDICAL MARIJUANA FACILITY LICENSE APPLICATION

This application is intended for applicants seeking a license for a marijuana grower (class A, B, or C), processor, provisioning center, safety compliance facility, or secure transporter.

The marijuana facility license application can be found at the following link: [Marijuana Facility License Application](#).

APPLICATION CHECKLIST

Ensure you have gathered all applicable items on the checklist before submitting the application. The last page of the application instruction booklet contains a checklist that provides further information on what each supporting document should entail.

MEDICAL MARIJUANA FACILITY LICENSE APPLICATION	
Medical Marijuana Facility License Application	Supporting Documents
<input type="checkbox"/> Page 1: Facility License Checklist	<input type="checkbox"/> Copy of Certificate of Occupancy
<input type="checkbox"/> Page 2: Facility Demographics	<input type="checkbox"/> Copy of Deed or Lease Agreement
<input type="checkbox"/> Page 3: Attestation G – Acknowledgment & Consent to Investigations, Statute & Rule Compliance	<input type="checkbox"/> Copy of Insurance Policy
<input type="checkbox"/> Page 4: Attestation H – Interest & Experience Attestation	<input type="checkbox"/> Copy of Marijuana Business Location Plan complying with the Administrative Rules
<input type="checkbox"/> Page 5: Attestation I – Confirmation of Section 205 Compliance – Part 1: Municipality	<input type="checkbox"/> Copy of Floor Plan
<input type="checkbox"/> Page 6: Attestation I – Confirmation of Section 205 Compliance – Part 2: Applicant	<input type="checkbox"/> Copy of Business Plan, including but not limited to: <ul style="list-style-type: none"><input type="checkbox"/> Technology Plan<input type="checkbox"/> Marketing Plan<input type="checkbox"/> Staffing Plan<input type="checkbox"/> Inventory and Recordkeeping Plan
<input type="checkbox"/> Page 7: Attestation J – Confirmation of Section 408 Compliance – Insurance	<input type="checkbox"/> Copy of Certified Mail Receipt with Letter Sent to Municipality
<input type="checkbox"/> Page 8: Acknowledgment of Attestations	<input type="checkbox"/> DBA Documentation (if applicable) (obtained at county-level)
<input type="checkbox"/> Pages 9-10: Disclosures: (1) Business Specifications, (2) Municipality Information, (3) Employee Information, (4) Facility Information	<input type="checkbox"/> Certificate of Assumed Name (if applicable) (obtained from LARA Corporations Division)
<input type="checkbox"/> Page 11: Consent to Publish Licensee Public Contact Information	Secure Transporter Applicants Only:
	<input type="checkbox"/> Proof of Auto Insurance (for any vehicles used to transport marijuana product)
	<input type="checkbox"/> Vehicle Registration (for any vehicles used to transport marijuana product)
	<input type="checkbox"/> Registration as a Commercial Motor Vehicle (for any vehicles used to transport marijuana product)

PAGE 2 – DEMOGRAPHIC INFORMATION

In the **LICENSE TYPE** section, select the license type in which the applicant is applying for. Please note, only one license type can be selected per application.

LICENSE TYPE		
Please indicate the license type for which you are applying:		
<input type="checkbox"/> Grower Class A	<input type="checkbox"/> Processor	<input type="checkbox"/> Safety Compliance Facility
<input type="checkbox"/> Grower Class B	<input type="checkbox"/> Provisioning Center	
<input type="checkbox"/> Grower Class C	<input type="checkbox"/> Secure Transporter	

In the **MARIJUANA FACILITY INFORMATION** section, provide the following information for the applicant in the corresponding field on the application:

- **Applicant name** as it appears on official documents.
- **Assumed name/DBA** of the applicant, if operating under a name other than the applicant’s official name.
- **Mailing Address** of the applicant.
- **Federal Employer Identification Number (FEIN) or Social Security Number (SSN)** of the applicant.
- **Phone Number** of the applicant
- **Email Address** of the applicant
- **Business Location Zoning Category** of the marijuana facility

MARIJUANA FACILITY INFORMATION			
Please provide the following information regarding the marijuana facility seeking a state operating license.			
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		Business Location Zoning Category (e.g., agriculture, commercial, residential)	

In the **PERSON COMPLETING APPLICATION** section, provide the following information in the corresponding field on the application:

- **Name** of the individual completing the application
- **Date of Birth** of the individual completing the application
- **Mailing Address** of the individual completing the application
- **Phone Number** of the individual completing the application
- **Email Address** of the individual completing the application

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)	
Mailing Address		Phone	
City	State	Zip Code	Email Address

Ensure all contact information is accurate and that current e-mail addresses have been provided, as most correspondence from CRA will be sent via e-mail.

PAGES 3-8 – ATTESTATIONS

Read all attestations carefully as the applicant will be acknowledging and agreeing to the information and stipulations contained in these attestations.

If you are unsure of what an item within an attestation means, consult an attorney. The Agency cannot provide legal interpretation of the statute or rules.

**PAGE 3 – ATTESTATION G – ACKNOWLEDGMENT & CONSENT TO INVESTIGATIONS,
STATUTE, & RULE COMPLIANCE**

After reading the attestation, provide the name of the main applicant and the name and title of the individual authorized to sign on behalf of the main applicant in the spaces provided.

<p><u>ATTESTATION G</u> <u>ACKNOWLEDGMENT & CONSENT TO INVESTIGATIONS, STATUTE & RULE</u> <u>COMPLIANCE</u> (To be completed and submitted by the applicant)</p>	
On behalf of _____ <small style="text-align: center;">Name of Main Applicant</small>	I _____ <small style="text-align: center;">Name & Title of Individual Authorized to Sign on Behalf of Main Applicant</small>
<p>acknowledge that I am the person responsible for submitting this application and supporting documents.</p> <p>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 <u>denial</u> of an application.</p> <p>I am the person responsible for submitting this application, and have full authority to submit supplemental documentation, and attestations.</p> <p>I attest that the application information related to the governing municipality for the marijuana facility 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.</p> <p>I attest that I have notified the appropriate municipality identified in this application by certified mail that I have applied for a medical marijuana facility license or will so notify within 10 days of the application submission date as required under the Medical Marijuana Facilities Licensing Act, 2016 PA 281 (MMFLA) Sec.401(1)(k).</p> <p>I hereby consent to investigations of compliance, regular inspections, examinations, searches, seizures, and auditing of books and records as provided in MMFLA Section 303(1)(c)(i) to (iv) and the MMFLA Administrative Rules.</p> <p>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.</p>	

PAGE 4 – ATTESTATION H – APPLICANT’S INTEREST & EXPERIENCE

After reading the attestation, provide the name of the main applicant and the name and title of the individual authorized to sign on behalf of the main applicant in the spaces provided.

<u>ATTESTATION H</u> <u>APPLICANT’S INTEREST & EXPERIENCE</u> (To be completed and submitted by the applicant)	
On behalf of _____ <small style="text-align: center;">Name of Main Applicant</small>	I _____ <small style="text-align: center;">Name & Title of Individual Authorized to Sign on Behalf of Main Applicant</small>
hereby acknowledge and affirm the following:	
<p>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 secure transporter or safety compliance facility. I attest that my investors do not have any interest in a secure transporter or safety compliance facility. I further acknowledge that I am not a registered primary caregiver as defined in the Medical Marihuana Act, 2008 Initiated Law 1 (MMA) Sec. 3(k); MCL § 333.26423(3)(k). I attest that I will not employ an individual who is simultaneously a primary caregiver. I further attest that I am or will employ an individual who has a minimum of 2 years’ experience as a registered primary caregiver.</p>	
<p>I attest and affirm that if I am applying for a PROCESSOR license that I do not have any interest in a secure transporter or safety compliance facility. I attest that my investors do not have any interest in a secure transporter or safety compliance facility. I further acknowledge that I am not a registered primary caregiver as defined in the MMA Sec. 3(k); MCL § 333.26423(3)(k). I attest that I will not employ an individual who is simultaneously a primary caregiver. I further attest that I am or will employ an individual who has a minimum of 2 years’ experience as a registered primary caregiver.</p>	
<p>I attest and affirm that if I am applying for a SECURE TRANSPORTER license that I do not have any interest in a grower, processor, provisioning center, or safety compliance facility. I further acknowledge that I am not a registered primary caregiver as defined in the MMA Sec. 3(k); MCL § 333.26423(3)(k). In addition to the requirements in sub-rule (1) of this rule, a marihuana transporter shall show proof of auto insurance, vehicle registration, and registration as a commercial motor vehicle, as applicable, for any vehicles used to transport marijuana product as required by the acts and these rules.</p>	
<p>I attest and affirm that if I am applying for a PROVISIONING CENTER license that I do not have any interest in a secure transporter or safety compliance facility. I attest that my investors do not have any interest in a secure transporter or safety compliance facility.</p>	
<p>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, or provisioning center. I attest that my investors do not have any interest in a grower, secure transporter, processor, or provisioning center. I further acknowledge that I am, or have employed at least 1 staff member, with an advanced degree in medical or laboratory science relevant to the processes at my marijuana facility.</p>	
<p>I hereby understand that if I am found to be noncompliant with these requirements, as set forth in the Medical Marihuana Facility Licensing Act (MMFLA), 2016 P.A. 281 Sec. 501 <i>et. seq.</i>, I may be subject to disciplinary action or risk loss of licensure.</p>	

PAGE 5 – ATTESTATION I – CONFIRMATION OF SECTION 205 COMPLIANCE – PART 1:
MUNICIPALITY

This attestation must have this page completed by their municipal clerk or a designee of the municipal clerk. The clerk or designee will confirm the required information and sign the form if applicable.

Failure to submit this attestation with the signature of the municipal clerk or their designee will result in a Notice of Deficiency letter. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of the application.

<u>ATTESTATION I</u> <u>CONFIRMATION OF SECTION 205 COMPLIANCE</u> <u>PART I: MUNICIPALITY</u> (To be completed by the municipal clerk or their designee and submitted by the applicant) <small>Do not sign until notary is present</small>		
Proposed Facility Name:	_____	
Proposed Facility Address:	_____	
Proposed Facility Type:	_____	
I, _____ (clerk/designee) of _____ (municipality), attest to and confirm the following:		
1. The municipality has adopted an ordinance under section 205 of the MMFLA.		
2. The following regulations and ordinances within the municipality, including zoning ordinances, will apply to the proposed medical marijuana facility (identify and briefly describe):		

3. The proposed facility is in compliance with all regulations and ordinances within the municipality, including zoning ordinances.		
4. The municipality will report to the Cannabis Regulatory Agency (CRA) any changes to any municipal ordinance that the municipality has adopted under Section 205 of the Medical Marijuana Facilities Licensing Act (MMFLA).		
5. The municipality will report to the CRA any violations by the proposed facility of any municipal regulations or ordinances, including zoning ordinances.		
_____	_____	_____
<small>Clerk (or designee) Signature</small>	<small>Clerk (or designee) Email Address</small>	<small>Date</small>
Subscribed and sworn to by _____ before me on _____.		
<small>(Clerk/Designee Name)</small> <small>(Date)</small>		
_____	_____	
<small>(Notary Public Signature)</small>	<small>(Notary Public Printed Name)</small>	
State of _____, County of _____, Acting in the county of _____,		
<small>(County)</small> <small>(State)</small>		
My commission expires: _____.		

PAGE 6 – ATTESTATION I – CONFIRMATION OF SECTION 205 COMPLIANCE – PART 2:
APPLICANT

After reading the attestation, provide the proposed facility name, proposed facility address, proposed facility type, and the municipality in which the proposed facility will be located on the spaces provided.

Provide the name of the main applicant and the name and title of the individual authorized to sign on behalf of the main applicant in the spaces provided. The individual authorized to sign on behalf of the main applicant must also provide their signature and the date in the spaces provided.

<u>ATTESTATION I</u> <u>CONFIRMATION OF SECTION 205 COMPLIANCE</u> <u>PART 2: APPLICANT</u> (To be completed and submitted by the applicant)	
Proposed Facility Name:	_____
Proposed Facility Address:	_____
Proposed Facility Type:	_____
Municipality:	_____
On behalf of _____, I _____	
<small>Name of Main Applicant</small>	<small>Name & Title of Individual Authorized to Sign on Behalf of Main Applicant</small>
am authorized to sign this attestation on behalf of the proposed medical marijuana facility identified above and attest to and confirm the following:	
<ol style="list-style-type: none">1. The municipality in which the proposed facility is to be located has adopted an ordinance under section 205 of the MMFLA.2. The proposed facility is in compliance with all regulations and ordinances within the municipality, including zoning ordinances.3. The proposed facility will report to the Cannabis Regulatory Agency (CRA) any changes to any municipal ordinance that the municipality has adopted under Section 205 of the Medical Marijuana Facilities Licensing Act (MMFLA).4. The proposed facility will report to the CRA any violations by the proposed facility of any municipal regulations or ordinances, including zoning ordinances.	
_____ Authorized Individual Signature	_____ Date

PAGE 7 – ATTESTATION J – CONFIRMATION OF SECTION 408 COMPLIANCE

PART A – After reading the attestation, provide the name of the main applicant and the name and title of the individual authorized to sign on behalf of the main applicant in the spaces provided. The applicant must also provide their signature, the facility name/insured party name, the address of the marijuana facility/insured party address, and date in the spaces provided.

ATTESTATION J
CONFIRMATION OF SECTION 408 COMPLIANCE
(To be completed by the applicant and an officer of the licensed or licensed captive insurance company in this state, 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 Entity (if applicable) Name & Title of Individual Authorized to Sign on Behalf of Main Applicant
understand that I am submitting this attestation in accordance with Section 408 of the MMFLA and the Administrative Rules.

Applicant Signature Date

Facility Name/Insured Party Name

Facility Address/Insured Party Address

PART B – The applicant must have this section of the attestation completed by the officer of the licensed or licensed captive insurance company. The officer will need to provide the required information and sign the form in the presence of a notary. Ensure the agent or designee provides a copy of the full insurance policy.

PART B (to be completed by an officer of the licensed or licensed captive insurance company in this state):
I, _____ of _____
Name of Officer of Licensed or Licensed Captive Insurance Company Name of Licensed or Licensed Captive Insurance Company in this State
hereby attest to the Cannabis Regulatory Agency (Agency) that the applicant for a state operating 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 for each license 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 MCL 333.27408 or any corresponding sub-rule.

I further attest that:

The policy number for the above-referenced insurance policy is _____, with an effective date of _____, and expiration date of _____. The insurance policy of the above reference is attached hereto.

The policy does not include a condition, provision, stipulation, or limitation contained in the policy, or any other endorsement, that relieves the insurer from liability for the payment of any claim for which the insured may be held liable under the MMFLA.

The policy covers bodily injuries to a qualifying patient, including those caused by the intentional conduct of the licensee or its employee or agent. However, the policy would not have to cover bodily injuries to qualifying patients caused by the licensee or its employee or agent when acting with the intent to harm.

The policy listed above covers the following locations (list all locations covered by the policy):

Signature of Officer of Licensed or Licensed Captive Insurance Company Address of Licensed or Licensed Captive Insurance Company

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: _____

Failure to submit this attestation with the signature of the agent or designee will result in a Notice of Deficiency letter. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of the application.

PAGE 8 - ACKNOWLEDGMENT OF ATTESTATIONS

Do not sign this form until in the presence of a notary. After reading the attestation, provide the name of the main applicant and the name and title of the individual authorized to sign on behalf of the main applicant in the spaces provided.

Indicate by checking the boxes that the applicant acknowledges and consents to the attestations.

The applicant should sign this form in the presence of an active notary. In the notary block at the bottom, the applicant signature date and notary signature date must match.

If the notary signature is invalid and/or the dates do not match, the applicant will receive a Notice of Deficiency. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of the application.

ACKNOWLEDGMENT OF ATTESTATIONS
(To be completed 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

I hereby swear, acknowledge, and consent to the following attestations (check all that apply to indicate the applicant's acknowledgment and consent):

- Attestation G: Acknowledgment & Consent to Investigations, Statute & Rule Compliance
- Attestation H: Interest & Experience Attestation
- Attestation I: Confirmation of Section 205 Compliance – Part 2: Applicant
- Attestation J: Confirmation of Section 408 Compliance – Insurance

Further, I affirm, under the penalties of perjury, that the information set forth in this application and all supplemental materials 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: _____

PAGE 9 – DISCLOSURES

(1) BUSINESS SPECIFICATIONS

A. Facility Ownership Information – Provide the property tax ID number of the facility, the name of the individual or entity that owns the property, the property street address, and the type of ownership or use interest in the property (e.g., own, rent, have a land contract).

(1) <u>BUSINESS SPECIFICATIONS</u>	
A. Facility Ownership Information: Provide the following information regarding ownership of the marijuana facility to be licensed:	
Property Tax ID Number	Owner of Property
Property Street Address	Type of Ownership or Use Interest (e.g., own, rent, land contract)

(2) MUNICIPALITY INFORMATION

Part **A.** – Provide the name of the municipality where the marijuana facility is located.

Part **B.** – Provide the city, state, and zip code of the municipality where the marijuana facility is located.

Part **C.** – Provide the contact person’s name of the municipality where the marijuana facility is located.

Part **D.** – Provide the email address of the municipality where the marijuana facility is located.

Part **E.** – Provide the date the applicant submitted a medical marijuana application to the municipality where the marijuana facility is located (if applicable).

Part **F.** – Provide the phone number of the municipality where the marijuana facility is located.

Part **G.** – Provide the name of the county of the municipality where the marijuana facility is located.

Part **H.** – Check the appropriate box indicating if the applicant notified the municipality (via certified mail), where the marijuana facility is located, a Step 2 application has been submitted with CRA.

Part **I.** – Provide the date the applicant sent notification to the municipality, where the marijuana facility is located, that a Step 2 application has been submitted with CRA.

(2) <u>MUNICIPALITY INFORMATION</u>	
A. Name of Municipality in which the marijuana facility will be located:	_____
B. City, State, and Zip Code of Municipality:	_____
C. Contact Person for Municipality:	_____
D. Municipality’s Email Address:	_____
E. Date of Municipal Application (if applicable):	_____
F. Municipality Phone:	_____
G. County of Municipality:	_____
H. Municipality Notice Sent Via Certified Mail	<input type="checkbox"/> Yes <input type="checkbox"/> No
I. Date Municipality Notice was sent via Certified Mail:	_____

(3) EMPLOYEE INFORMATION

Part A. – Indicate the number of employees who will work for the marijuana facility. If unknown, provide an estimate.

Part B. – Check the appropriate box indicating if the applicant plans to hire independent contractors. (An independent contractor is a person or entity that provides services to or works for the business as a nonemployee.)

<p>(3) <u>EMPLOYEE INFORMATION</u></p> <p>A. Number of employees who will work for this marijuana facility: _____ (if unknown, estimate)</p> <p>B. Do you plan to hire independent contractors (e.g., people you will report on a 1099 form)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

PAGE 10 – DISCLOSURES, CONT.

(4) FACILITY INFORMATION

Part A. – Check the appropriate box indicating if the location of the facility is currently licensed or the subject of another facility license application.

Part B. – If yes, provide the name of the current applicant or licensee currently located at the facility and any documentation related to the transfer of ownership, if applicable.

Part C. – Check the appropriate box indicating if the facility is ready for inspection by CRA and Bureau of Fire Services (BFS).

Part D. – Check the appropriate box indicating if the facility is ready for plan review by BFS (growers and processors only). If the facility is not a grower or processor, check N/A.

Part E. – If no to questions C or D, provide an anticipated date or timeline of when the facility will be ready for inspection and/or BFS plan review. Please note, a facility is ready for inspection when the business is ready to begin operations.

<p>(4) <u>FACILITY INFORMATION</u></p> <p>A. Is this location currently licensed or the subject of another facility license application? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. If yes, name the current applicant or licensee (provide any documentation related to the transfer of ownership)</p> <p>_____</p> <p>C. Is the facility ready for inspection by CRA and Bureau of Fire Services (BFS)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>D. Is the facility ready for plan review by BFS (growers and processors only)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>E. If no for either question above, indicate anticipated date or provide a timeline when the facility will be ready for CRA and BFS inspection and/or plan review. Please note, a facility is ready for inspection when the business is ready to begin operations.</p> <p>_____</p> <p>_____</p>

PAGE 11 – CONSENT TO PUBLISH LICENSEE PUBLIC CONTACT INFORMATION

The following information must be provided regarding whether the applicant/proposed licensee consents to public contact information being posted on the CRA’s website upon licensure.

If opting in, check the first box and provide the public contact person’s name, phone number, email address, and website address. From the public contact information list (name, phone number, email address, website address), the applicant/proposed licensee can choose what specific information they want posted on the website.

If opting out, check the second box.

After one box is checked, provide the name of the main applicant, date, signature of individual authorized to sign on behalf of the main applicant, and printed name of individual authorized to sign on behalf of the main applicant.

<u>CONSENT TO PUBLISH LICENSEE PUBLIC CONTACT INFORMATION</u>	
The Cannabis Regulatory Agency (CRA) is requesting authorization to post licensee contact information on the public CRA website <u>in an effort to</u> make it easier for the public to communicate with licensees.	
Please indicate below whether the applicant/proposed licensee consents to public contact information for the licensee being posted on our website upon licensure.	
<input type="checkbox"/> I, on behalf of the applicant/proposed licensee, consent to the CRA publishing the following contact information for the applicant/proposed licensee on the CRA website upon licensure (select all that apply and provide the requested information):	
<input type="checkbox"/> Public contact person’s name:	_____
<input type="checkbox"/> Telephone number:	_____
<input type="checkbox"/> Email address:	_____
<input type="checkbox"/> Website address:	_____
<input type="checkbox"/> I, on behalf of the applicant/proposed licensee, do not consent to the CRA publishing public contact information for the proposed licensee on the CRA website.	
_____ Applicant Entity/Proposed Licensee Name or Sole Proprietor Name	_____ Date
_____ Signature of Individual Authorized to Sign on Behalf of Entity	
_____ Individual Authorized to Sign on Behalf of Entity: Printed Name and Title	

SUBMITTING THE APPLICATION

When submitting the application, ensure all supporting documents are provided. Failure to submit all application pages and supporting documents will result in a Notice of Deficiency letter. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of the application.

The application can be submitted online at: <https://aca3.accela.com/MIMM/Default.aspx>, in person at: 2407 North Grand River Avenue, Lansing, MI 49806, or via postal mail to:

Cannabis Regulatory Agency
Medical Facilities Licensing
P.O. Box 30205
Lansing, MI 48909

If any questions arise while completing the application, please do not hesitate to contact CRA by telephone at:
517-284-8599

The medical marijuana facility Step 2 application should contain the following supporting documents:

- Copy of Certificate of Occupancy
- Copy of Deed or Lease Agreement
- Copy of Insurance Policy
- Copy of Marijuana Business Location Plan complying with the Administrative Rules
- Copy of Floor Plan
- Copy of Business Plan, including but not limited to:
 - Technology Plan
 - Marketing Plan
 - Staffing Plan
 - Inventory and Recordkeeping Plan
- Copy of Certified Mail Receipt with Letter Sent to Municipality
- DBA Documentation (if applicable) (obtained at county-level)
- Certificate of Assumed Name (if applicable) (obtained from LARA Corporations Division)

Secure Transporter applicants must also provide:

- Proof of Auto Insurance (for any vehicles used to transport marijuana product)
- Vehicle Registration (for any vehicles used to transport marijuana product)
- Registration as a Commercial Motor Vehicle (for any vehicles used to transport marijuana product)