CANNABIS REGULATORY AGENCY

Medical Facilities Licensing | Licensing Division
P.O. Box 30205, Lansing, MI 48909
Telephone: 517- 284-8599
CRA-Applications@Michigan.gov

DISCLOSURE 2 - AFFILIATED PARTIES

Entity Name _____ Phone No. _____

Affiliated Parties & Spouses

Disclose all managerial employees and the following for the entity types below. Add additional pages of this disclosure if necessary.

- **For a limited liability company (LLC):** Disclose all managers (for manager-managed LLCs), all members that have greater than 10% direct or indirect ownership interest in the main applicant seeking licensure and/or that exercise control over or participate in the management of the applicant, and the spouses of these individuals.
- **For a publicly held corporation:** Disclose all corporate officers or persons with equivalent titles, all directors, all shareholders holding a direct or indirect interest of greater than 10% in the main applicant seeking licensure, and the spouses of these individuals.
- **For a privately held corporation:** Disclose all corporate officers or persons with equivalent titles, all directors, all shareholders holding a direct or indirect interest of greater than 10% in the main applicant seeking licensure, and the spouses of these individuals.
- **For a trust:** Disclose all trustees, all individuals, or bodies able to control or direct the affairs of the trust, all beneficiaries receiving or who have the right to receive greater than 10% of the gross or net profits of the trust during any full or partial calendar or fiscal year and their spouses.
- **For a partnership or limited liability partnership:** Disclose all partners and their spouses.
- **For a limited partnership and limited liability limited partnership:** Disclose all general and limited partners, not including a limited partner holding a direct or indirect ownership interest of 10% or less who does not exercise control over or participate in the management of the partnership, and their spouses.
- **For a nonprofit corporation:** Disclose all entities and individuals with membership or shareholder rights and their spouses.

Entity or Individual Name	FEIN or SSN	E mail Address	Date of Birth (if applicable)	Out of Country Applicant?
				☐ Yes
				☐ Yes
				☐ Yes
				☐ Yes
				☐ Yes
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				☐ Yes
				☐ Yes

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DISCLOSURE 2 – AFFILIATED PARTIES, CONTINUED

Entity Name _____ Phone No. _____

Ten Percent or Less

List entities and individuals with 10% or less direct or indirect ownership in the entity for which this application is being completed. Add additional pages of this disclosure if necessary.

- **For a limited liability company (LLC):** Disclose all members holding 2.5% to 10% ownership interest unless disclosed on the previous page of this application
- **For a publicly held corporation:** Disclose all shareholders holding greater than 5% to 10% ownership interest unless disclosed on the previous page of this application
- **For a privately held corporation:** Disclose all shareholders holding 2.5% to 10% ownership interest unless disclosed on the previous page of this application
- **For a trust:** Disclose 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
- **For a limited partnership and limited liability limited partnership:** Disclose all limited partners holding 2.5% to 10% ownership interest unless disclosed on the previous page of this application

Entity or Individual Name	Address	E Mail Address	Date of Birth (if applicable)