

## MEDICAL MARIJUANA FACILITY LICENSE APPLICATION

### Medical Marijuana Facility License Application

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### 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 Only:

- 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)

**Please note, a licensee shall provide proof of commercial general liability insurance covering the premises liability no later than 60 days after a state operating license is issued.**

**DO NOT SUBMIT A MEDICAL MARIJUANA FACILITY LICENSE APPLICATION UNLESS YOUR MARIJUANA FACILITY WILL BE READY FOR INSPECTION WITHIN 60 DAYS OF APPLICATION SUBMISSION.**



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

(To be completed and submitted by the applicant)

On behalf of \_\_\_\_\_, I \_\_\_\_\_,  
Name of Main Applicant Name & Title of Individual Authorized to Sign on Behalf of Main Applicant  
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 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 **denial** of an application.

I am the person responsible for submitting this application, and have full authority to submit supplemental documentation, and attestations.

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.

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).

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.

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.

**ATTESTATION H**  
**APPLICANT'S INTEREST & EXPERIENCE**  
(To be completed and submitted by the applicant)

On behalf of \_\_\_\_\_, I \_\_\_\_\_,  
Name of Main Applicant Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

hereby acknowledge and affirm the following:

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.

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.

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.

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.

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.

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 *et. seq.*, I may be subject to disciplinary action or risk loss of licensure.



**ATTESTATION I**  
**MUNICIPAL ATTESTATION**  
**PART 2: APPLICANT**

**(To be completed and submitted by the applicant)**

Proposed Facility Name: \_\_\_\_\_

Proposed Facility Address: \_\_\_\_\_

Proposed Facility Type: \_\_\_\_\_

Municipality: \_\_\_\_\_

On behalf of \_\_\_\_\_, I \_\_\_\_\_,  
Name of Main Applicant Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

am authorized to sign this attestation on behalf of the proposed medical marijuana facility identified above and attest to and confirm the following:

1. The municipality in which the proposed medical marijuana facility is to be located has adopted an ordinance under Section 205 of the MMFLA that authorizes the proposed facility.
2. . The proposed medical marijuana facility  is  is not in compliance with all ordinances and zoning regulations within the above municipality that apply to the proposed facility. A description of any noncompliance is attached.
3. The applicant will report to the Cannabis Regulatory Agency (CRA) any changes to an ordinance or zoning regulation that the municipality has adopted under Section 205 of the MMFLA.
4. The applicant will report to the CRA any municipal ordinance or zoning regulation violations by the proposed medical marijuana facility that relate to activities licensed under the MMFLA or associated administrative rules.

\_\_\_\_\_  
Authorized Individual Signature

\_\_\_\_\_  
Date

**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 (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: \_\_\_\_\_.

**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: \_\_\_\_\_.



**(1) BUSINESS SPECIFICATIONS**

**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**

- 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  Yes  No
- I. Date Municipality Notice was sent via Certified Mail: \_\_\_\_\_

**(3) EMPLOYEE INFORMATION**

- A. Number of employees who will work for this marijuana facility: \_\_\_\_\_ (if unknown, estimate)
- B. Do you plan to hire independent contractors (e.g., people you will report on a 1099 form)?  Yes  No

**(4) FACILITY INFORMATION**

- A.** Is this location currently licensed or the subject of another facility license application?  Yes  No
- B.** If yes, name the current applicant or licensee (provide any documentation related to the transfer of ownership)
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- C.** Is the facility ready for inspection by CRA and Bureau of Fire Services (BFS)?  Yes  No
- D.** Is the facility ready for plan review by BFS (growers and processors only)?  Yes  No  N/A
- 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.
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