



**All-Star Program Renewal Form
Instruction Booklet
Social Equity Program**

SOCIAL EQUITY ALL-STAR PROGRAM RENEWAL FORM INSTRUCTIONS

The All-Star Program form can be found online in a fillable PDF format at the following link:

[Social Equity All-Star Program Renewal Form](#)

If you have any questions regarding the All-Star Program, the social equity team can be contacted via telephone, email, or mail at:

Cannabis Regulatory Agency
Social Equity Program
P.O. Box 30205
Lansing, MI 48909
(517) 284-8599
CRA-SocialEquity@Michigan.gov

Social Equity All-Star Program Renewal Overview

The All-Star Program Renewal Form is for voluntary use by licensees requesting to renew their participation in the Social Equity All-Star Program. The CRA recognizes its licensees' social equity efforts with three tiers of the Social Equity All-Star Program recognition: bronze, silver, and gold. Each tier represents a particular effort made by the licensee. Adult-use licensees are eligible for recognition in the CRA Social Equity All-Star Program by meeting the qualifying criteria regarding social equity plans, corporate spend plans, and community reinvestment plans.

The Renewal Form is intended to renew participants' current status within the All-Star Program. Participants who wish to advance to a higher tier or update their current plans on the CRA website, may do so by submitting the [Social Equity All-Star Program Amendment Form](#) with a copy of the amended plan(s).

Required Fields

The Social Equity All-Star Program Renewal Form is a fillable PDF that can be printed or completed on a computer or electronic device.

- All fields on the application are required to be completed unless the information does not apply to you.
- A field without a red border indicates that the field may not be applicable to every applicant.
 - Note: these red borders do not appear on the application when printed.

| | |
|--------------------------------------|--|
| License Number: <input type="text"/> | List Additional Licenses: <input type="text"/> |
|--------------------------------------|--|

E.g., You must supply at least one license number. Unless you are vertically integrated, you are only required to fill out the License Number section and can leave the List Additional Licenses section blank.

LICENSEE INFORMATION

| Licensee Information | |
|--|--|
| <i>Please provide the following information regarding the Licensee seeking to renew their Social Equity All-Star Program status:</i> | |
| Establishment Name: <input type="text"/> | Other Names (e.g. DBA): <input type="text"/> |
| License Number: <input type="text"/> | List Additional Licenses: <input type="text"/> |

In the Participant's Information section, provide the following information for the licensee.

- **Establishment Name** as it appears on legal documents.
- **Other Names** the entity is recognized by, by the public. (e.g., DBA)
- **License Number** as it appears on your license. E.g., AU-R-000001.
- **List Additional Licenses** if applicable.

PERSON COMPLETING FORM INFORMATION

| Person Completing Form | | | | |
|--|-----------------------|-------------|--------------|-----------------|
| <i>Please provide the following information regarding the person completing the All-Star Program Renewal form.</i> | | | | |
| Full Name: | | | | |
| | <i>First</i> | <i>M.I</i> | <i>Last</i> | <i>Suffix</i> |
| Mailing Address: | | | | |
| | <i>Street Address</i> | <i>City</i> | <i>State</i> | <i>Zip Code</i> |
| Phone: | | Email: | | |

In the Person Completing Form section, provide the following information for the individual.

- **Full Name** of the individual filling out the form.
- **Mailing Address** of the individual filling out the form.
- **Phone Number** of the individual filling out the form.
- **Email address** of the individual filling out the form.

On the second page is where the licensee will select the program criteria that they wish to renew.

| Recognition Tier Criteria | | |
|--|---|---|
| <i>Please select the following that applies to you and attach the following, as applicable.</i> | | |
| <u>Has your current All-Star Program Plan(s) changed?</u> | | |
| <i>Note: If your plan(s) have changed or you are moving to a higher tier, please submit the Social Equity All-Star Program Amendment Form with a copy of the amended plan(s) along with this renewal form.</i> | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| <u>Please select the tier that you are currently eligible for and would like to renew.</u> | | |
| <i>Note: You are not required to re-submit your plan(s) <u>in order to</u> renew your Social Equity All-Star Program status.</i> | | |
| <input type="checkbox"/> Bronze – Social Equity Plan | <input type="checkbox"/> Silver – Corporate Spend Plan | <input type="checkbox"/> Gold – Community Reinvestment Plan |

In the Recognition Tier Criteria section, provide the following information for the licensee.

- Has your current All-Star Program Plan(s) changed?
 - If yes, the licensee must fill out the [Social Equity All-Star Amendment Form](#) along with updated plans that are applicable.
- Please select the tier that you are currently eligible for and would like to renew.

CONSENT TO PUBLISH

The Consent to Publish section of the form is needed to post your social equity plans, corporate spend plans, and community re-investment plans on the CRA website.

- The social equity plans, corporate spend plans, and community re-investment plans will not be posted to the CRA website without your consent.
- After reading the Consent to Publish and Disclaimer of Endorsement and Partnership sections, complete the following information, and sign and date.
 - **First and Last Name**
 - **Affiliation with the Establishment**
 - **Establishment Name**

| Consent to Publish | | | | | | | | | | | | | | |
|---|------------------|---------------------------------------|--|--|--|-------------------|------------------|---------------------------------------|--|---------------------------|--|--|------------------|-------------|
| <p>Being duly authorized, I hereby consent to the Cannabis Regulatory Agency (the "CRA") publishing the social equity plan, corporate spend plan, and/or the community reinvestment plan that was included with the licensee's all-star program form to the CRA's website. I understand the social equity plan, corporate spend plan, and the community reinvestment plan is to be made available to the public by the CRA on the CRA's website for the purposes of publicizing the mentioned plans or any other lawful purpose.</p> <p>I also consent to the CRA publishing additional information, including the name of the licensed establishment and information about the services provided by the licensed establishment.</p> <p>I acknowledge that my participation is voluntary and that I may decline to participate by not completing and returning this form.</p> | | | | | | | | | | | | | | |
| Disclaimer of Endorsement and Partnership | | | | | | | | | | | | | | |
| <p>I hereby acknowledge that allowing the CRA to make my social equity plan, corporate spend plan, and/or the community reinvestment plan available to the public does not constitute an endorsement by the CRA or the State of Michigan of me or my licensed establishment.</p> <p>I further acknowledge that my consent to make the licensed establishment's social equity plan, corporate spend plan, and/or the community reinvestment plan available to the public does not create a partnership with the CRA or the State of Michigan nor is the licensed establishment's participation exclusive.</p> <p>By participating, I understand that the CRA does not make any warranty, express or implied, and does not assume any legal liability for the accuracy, completeness, or usefulness of any information provided by the licensed establishment, or that may be found in the licensed establishment's social equity plan, corporate spend plan, and/or the community reinvestment plan.</p> | | | | | | | | | | | | | | |
| <table style="width: 100%; border: 1px solid red;"><tr><td style="width: 33%; border: 1px solid red; height: 20px;"></td><td style="width: 33%; border: 1px solid red; height: 20px;"></td><td style="width: 33%; border: 1px solid red; height: 20px;"></td></tr><tr><td style="text-align: center;"><i>First Name</i></td><td style="text-align: center;"><i>Last Name</i></td><td style="text-align: center;"><i>Affiliation with Establishment</i></td></tr></table> <table style="width: 60%; margin-left: auto; margin-right: auto; border: 1px solid red;"><tr><td style="border: 1px solid red; height: 20px;"></td></tr><tr><td style="text-align: center;"><i>Establishment name</i></td></tr></table> <table style="width: 80%; margin-left: auto; margin-right: auto; border: 1px solid red;"><tr><td style="width: 60%; border: 1px solid red; height: 20px;"></td><td style="width: 40%; border: 1px solid red; height: 20px;"></td></tr><tr><td style="text-align: center;"><i>Signature</i></td><td style="text-align: center;"><i>Date</i></td></tr></table> | | | | | | <i>First Name</i> | <i>Last Name</i> | <i>Affiliation with Establishment</i> | | <i>Establishment name</i> | | | <i>Signature</i> | <i>Date</i> |
| | | | | | | | | | | | | | | |
| <i>First Name</i> | <i>Last Name</i> | <i>Affiliation with Establishment</i> | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| <i>Establishment name</i> | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| <i>Signature</i> | <i>Date</i> | | | | | | | | | | | | | |

Submitting Your All-Star Program Renewal Form

Prior to submitting your All-Star Program Renewal Form, verify that you have included all the information correctly. Your All-Star Program Renewal Form can be submitted by email to the social equity program at:

CRA-SocialEquity@Michigan.gov

If any questions arise while completing the All-Star Program Renewal Form, please contact us by telephone or email at:

(517) 284-8599

CRA-SocialEquity@Michigan.gov