

Social Equity All-Star Program Renewal Form

This form is for voluntary use by the Social Equity All-Star Program participants requesting to renew their status within the program. If your business wishes to advance to a higher tier or update your current plan(s) on the CRA website, you may do so by submitting the [Social Equity All-Star Program Amendment Form](#) with a copy of the amended plan(s).

Licensee Information

Please provide the following information regarding the Licensee seeking to renew their Social Equity All-Star Program status:

Establishment Name: _____ Other Names (e.g. DBA): _____

License Number: _____ List Additional Licenses: _____

Person Completing Form

Please provide the following information regarding the person completing the All-Star Program renewal form.

Full Name: _____
First M.I Last Suffix

Mailing Address: _____
Street Address City State Zip Code

Phone: _____ Email: _____

Recognition Tier Criteria

Please select the following that applies to you and attach the following, as applicable.

Has your current All-Star Program Plan(s) changed?

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.

Yes No

Please select the tier that you are currently eligible for and would like to renew.

Note: You are not required to re-submit your plan(s) in order to renew your Social Equity All-Star Program status.

Bronze – Social Equity Plan Silver – Corporate Spend Plan Gold – Community Reinvestment Plan

Consent to Publish

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.

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.

I acknowledge that my participation is voluntary and that I may decline to participate by not completing and returning this form.

Disclaimer of Endorsement and Partnership

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.

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.

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.

First Name

Last Name

Affiliation with Establishment

Establishment name

Signature

Date

Please email completed form to:

CRA-SocialEquity@michigan.gov