

# Social Equity Application Instructions



Individuals should submit a social equity application to the Cannabis Regulatory Agency (CRA) for eligibility determination. If eligible, the social equity team will notify the adult-use licensing section so that potential fee reductions can be applied to adult-use fees (e.g. application fee, initial licensure fee, renewal fees).

The social equity application must be completed in its entirety upon submission. If the CRA identifies a deficiency in an application, the CRA will notify the applicant. The applicant must submit all missing information or proof that the deficiency has been corrected in its entirety to the CRA within 7 days of the date the applicant received the notice of deficiency. The failure of an applicant to completely correct a deficiency within 7 days of notification by the CRA may result in your application being placed in inactive status or the denial of the application.

**Cannabis Regulatory Agency**  
**Phone: (517) 284-8599**  
**Website: [www.michigan.gov/CRA](http://www.michigan.gov/CRA)**  
**Email: [CRA-SocialEquity@Michigan.gov](mailto:CRA-SocialEquity@Michigan.gov)**

# Social Equity Application Instructions



**Before initiating the application process, be advised the following documents (if applicable) are due at the time of application submission:**

## Residency Documents

- Residency documents are required for EACH year of residency. You will need to prove residency for at least 5 cumulative years that you have lived in a disproportionately impacted community. Each document should have your name, residential address, and year. Please find examples of what is accepted, but NOT limited to below:
  - Mortgage Statements
  - Lease/Rental Agreements
  - Property Tax Documents
  - Tax Returns
  - W-2 Forms
  - Paystubs
  - Insurance Statements
  - College Tuition Statements
  - Utility Statements

## Marijuana-Related Felony Conviction Documents

- Copy of judgment of sentence or other documents.
- Order on application to set aside conviction, if expunged.

## Marijuana-Related Misdemeanor Conviction Documents

- Copy of judgment of sentence or other documents.
- Order on application to set aside conviction, if expunged.

## Registered Primary Caregiver [Link to Form](#)

- Caregiver Authorization for Release of MMMP Information with a valid driver's license or State-issued personal identification card with photo.

**\*All applicable items on the checklist are required to be provided at the time of application submission.  
\*Failure to submit any of the items may affect eligibility for the social equity program.**

# Social Equity Application Instructions



- Enter **User Name or E-mail**.
- Enter **Password**.
- Select **Login**.

A screenshot of a web application's login page. At the top, there is a navigation menu with links: Home (highlighted in a dark blue box), Medical Facility Licensing, Adult-Use Establishment Licensing, Facility & Establishment Complaints, and Registry Cards. Below the navigation is a light blue bar with the text "Advanced Search". The main login area has a light blue background. It contains three elements: a text label "User Name or E-mail:" followed by a white input box with a green border; a text label "Password:" followed by a white input box with a green border; and a dark blue button with white text "Login »" and a green border. Three green arrows point from the top of the input boxes down to the text labels. Below the login area, there is a light blue bar with three items: a checkbox labeled "Remember me on this computer", a link "I've forgotten my password", and a link "New Users: Register for an Account".

# Social Equity Application Instructions



- Select **Adult-Use Establishment Licensing**.

A screenshot of the Cannabis Regulatory Agency website's navigation menu. The menu items are: Home, Medical Facility Licensing, Adult-Use Establishment Licensing, Facility &amp; Establishment Complaints, and Registry Cards. The 'Adult-Use Establishment Licensing' item is highlighted with a green box. Below the main menu, there is a secondary menu with items: Dashboard, My Records, My Account, and Advanced Search. A green arrow points from the 'Advanced Search' item to the 'Adult-Use Establishment Licensing' item in the main menu. Below the navigation menu, there is a 'Welcome' message: 'Welcome You are now logged in.'

- Select **Create an Application**.

A screenshot of the Cannabis Regulatory Agency website's navigation menu. The menu items are: Home, Medical Facility Licensing, Adult-Use Establishment Licensing, Facility &amp; Establishment Complaints, and Registry Cards. The 'Adult-Use Establishment Licensing' item is highlighted with a black background. Below the main menu, there is a secondary menu with items: Create an Application and Search Applications. The 'Create an Application' item is highlighted with a green box. A green arrow points from the 'Search Applications' item to the 'Create an Application' item.

# Social Equity Application Instructions



- Read the **General Disclaimer**.
- Check the box stating **I have read and accepted the above terms**.
- Select **Continue Application**.

Home Medical Facility Licensing **Adult-Use Establishment Licensing** Facility & Establishment Complaints Registry Cards

**Create an Application** Search Applications

### Online Application

Welcome to the Agency's Online Licensing System. Using this system you can submit and update information, pay fees, and track the status of your application all from the convenience of your home or office, 24 hours a day.

Please "Allow Pop-ups from This Site" before proceeding. You must accept the General Disclaimer below before beginning your application.

**General Disclaimer**

While the Agency attempts to keep its website information accurate and timely, the Agency neither warrants nor makes representations as to the functionality or condition of this website, its suitability for use, freedom from interruptions or from computer virus, or non-infringement of proprietary rights. Website materials have been compiled from a variety of sources and are subject to change without notice from the Agency as a result of updates and corrections.

I have read and accepted the above terms.

**Continue Application »**

# Social Equity Application Instructions



- Select the arrow next to **Social Equity Application**.
- Select **Social Equity Application**.
- Select **Continue Application**.

Select a Record Type

**Social Equity Applicants**

If you are seeking to apply for fee reductions under the Social Equity Program, please select the social equity application dropdown below to submit the social equity application. For further instructions on completing the social equity application, click [here](#).

If you have any questions about the Social Equity Program, please email us at [CRA-SocialEquity@michigan.gov](mailto:CRA-SocialEquity@michigan.gov).

**Adult-Use Establishment Licensing Applicants**

Select [here](#) for adult-use marijuana establishment licensing application instructions.

If you have any questions regarding the adult-use application process, please email us at [CRA-Adult-Use-Marijuana@michigan.gov](mailto:CRA-Adult-Use-Marijuana@michigan.gov).

**Amendment Applications**

If you are seeking to submit a proposed change to a prequalified application or a licensed facility/establishment, follow this link [Amendment Application](#).

For more information on how to complete the amendment application and the required documentation, follow this link [Amendment Information](#).

If you have any questions regarding the amendment process, please email us at [CRA-Amendments@michigan.gov](mailto:CRA-Amendments@michigan.gov).

\*Applicants shall report to the agency any proposed material changes to the marijuana business before making a material change that may require prior authorization by the agency.



- ▶ Adult-Use Step 1: Prequalification Application
- ▶ Adult-Use Step 2: License Application
- ▶ Adult-Use Special License Application
- ▼ Social Equity Application
  - Social Equity Application

# Social Equity Application Instructions



- Select **Add New** to enter the individual’s demographic information.

**Record Individual**

Provide demographic information for the Individual seeking to participate in the social equity program by selecting “Add New” to create a new contact.

**Add New** ←

# Social Equity Application Instructions



- 1. Enter individual's **First Name**.
- 2. Enter individual's **Last Name**.
- 3. Enter individual's **Social Security Number**.
- 4. Enter individual's **Date of Birth**.
- 5. Enter individual's **Primary Phone Number**.
- 6. Enter individual's **E-mail Address**.
- 7. Select **Add Contact Address**. Another window will open. **Please see next page to continue.**

**Contact Information** [X]

\*First:  1 Middle:  \*Last:  2

\*SSN:  3 \*Date of Birth:  4 \*Phone:  5

\*E-mail:  6

\*Individual/Organization:  
Individual [v]

▼ Contact Addresses

**Add Contact Address** ← 7

To edit a contact address, click the address link.  
Required contact address type(s): Mailing

Showing 0-0 of 0

Address Type	Address
No records found.	

**Continue** **Clear** Discard Changes



# Social Equity Application Instructions



- 1. Mailing Address is required.
- 2. Enter **Street Address**.
- 3. Enter **City**.
- 4. Select to add **State**.
- 5. Enter **ZIP Code**.
- 6. Select **Save and Close**.

### Contact Address Information

\*Address Type:  
 1

\*Address Line 1:  
 2

\*City:  3      \*State:  4      \*ZIP Code:  5

**Save and Close**   **Save and Add Another**   **Clear** Discard Changes

6

- **Contact Address Added Successfully** message will appear.
- Select **Continue**.

▼ Contact Addresses

**Add Contact Address**

To edit a contact address, click the address link.  
Required contact address type(s):Mailing

✓ **Contact address added successfully.**

Showing 1-1 of 1

Address Type	Address
Mailing	

**Continue**   **Clear** Discard Changes

# Social Equity Application Instructions



- Choose **Select from Account**.

**Person Completing Application**

Provide demographic information for the person completing the online application by selecting "Select from Account" to use an existing contact.

**Select from Account** ←

1. Select the box for **Mailing Address**.
2. Select **Continue**.

**Select Contact from Account**

Person Completing Application

Select contact addresses for this contact to attach to the record.

Showing 1-1 of 1

<input type="checkbox"/>	Address Type	Address
<input checked="" type="checkbox"/>	Mailing	

← 1

← 2

**Continue** Discard Changes

- After entering the demographic information for the individual and the person completing the application, select **Continue Application**.



# Social Equity Application Instructions



Provide the residential address of the individual.

- 1. Enter individual's **Street Number**.
- 2. Enter individual's **Street Name**.
- 3. Enter **Street Type**.
- 4. Select **Unit Type**, if applicable.
- 5. Enter **Unit Number**, if applicable.
- 6. Enter individual's **City**.
- 7. MI is required for **State**.
- 8. Enter individual's **ZIP Code**.

### Residential Address

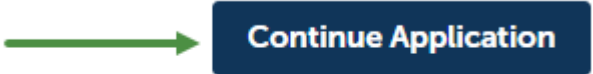
Provide your current residential address.

Street No.:  1      Street Name:  2      Street Type:  3

Unit Type:  4      Unit No.:  5

City:  6      State:  7      Zip:  8

• After entering the residential address for the individual, select **Continue Application**.



# Social Equity Application Instructions



- Use the drop-down box to select the **Highest Level of Education** that best applies to the individual.

**Highest Level of Education Completed**

**HIGHEST LEVEL OF EDUCATION**

Please select the highest level of education that best applies to you:

--Select--

--Select--

Some High School

High School Diploma/GED

Technical/Occupational Certification

Some College

Associate Degree


Bachelor's Degree

Master's Degree

Doctorate Degree

Professional Degree (e.g. law, medical)

I do not wish to answer



# Social Equity Application Instructions



- Use the drop-down box to select the **Cannabis Industry Employment** that best applies to the individual.

A screenshot of a web form titled "Cannabis Industry Employment Status". Below the title is a sub-header "CANNABIS INDUSTRY EMPLOYMENT" and a prompt: "Please select the employment status within the cannabis industry that best applies to you:". A dropdown menu is open, showing the following options: "--Select--", "Temporary/Part Time", "Full Time", "Licensed Establishment Owner", "Unemployed/Seeking Employment", "Full-Time Student", "Disabled", "Not in the cannabis industry yet", and "I do not wish to answer". A green arrow points to the dropdown menu.

- **Note:** The individual will need to provide their job title if **Temporary/Part Time** or **Full Time** employment are chosen.

A screenshot of the same web form. The dropdown menu is now closed, and the selected option "Temporary/Part Time" is visible in the dropdown box. Below the dropdown is a text input field labeled "Job Title: \*". A green arrow points to this text input field.

# Social Equity Application Instructions



- Use the drop-down box to select the *Income from the Previous Tax Year* that best applies to the individual.

**Individual Income from the Previous Tax Year**

**INDIVIDUAL INCOME**

What is your individual income for the previous tax year? (Do not include income from other members in your household) Please select the level of income that best applies to you:

--Select--

--Select--

0 - 9,699

9,700 - 39,474

39,475 - 84,199


84,200 - 160,724

160,725 - 204,099

204,100 - 510,299

510,300+

I do not wish to answer



# Social Equity Application Instructions



- Use the checkboxes to select all the **Barriers to Entry in the Cannabis Industry** that best apply to the individual.
- After entering the social equity information for the individual, select **Continue Application**.

**Barrier to Entry in the Cannabis Industry**

**BARRIER TO INDUSTRY**  
What is your largest barrier to entry in the cannabis industry? Please select all that apply

Funding:

Location:

License Type(s) Not Available:

Need Core Business Classes:

Need Industry Training:

No Issues:

Other Barrier:

[Save and resume later](#) [Continue Application »](#)

# Social Equity Application Instructions



- Select **Yes** or **No** to the two Marijuana-related conviction questions.

**Marijuana-Related Convictions**


**MARIJUANA-RELATED CONVICTIONS**

Have you had a marijuana-related felony conviction (with the exception of distribution of a controlled substance to a minor):

Have you had a marijuana-related misdemeanor conviction:

Yes  No

Yes  No





# Social Equity Application Instructions



- Select **Yes** or **No** to the registered primary caregiver question.

**Registered Primary Caregiver**

REGISTERED PRIMARY CAREGIVER

Were you a registered primary caregiver for at least 2 years of the last 5 years:

Yes  No ←

# Social Equity Application Instructions




- Select **Yes** or **No** to residency in a disproportionately impacted community question.

**Residency in a Disproportionately Impacted Community**

**FEE REDUCTION FOR RESIDENCY**  
[List of Communities](#)

Have you resided in one or more disproportionately impacted community for at least 5 cumulative years? Select "List of Communities" above for a complete list:

Yes  No



# Social Equity Application Instructions



- If you answered yes to the residency question, select Add a Row as many times as necessary to disclose the requested information for at least 5 cumulative years.
- If you answered no to the residency question, do not add a row and select *continue application*.

**Residency in a Disproportionately Impacted Community**

**RESIDENCY OF INDIVIDUAL**

If you answered yes to the above question, provide the disproportionately impacted communities where you have lived for 5 cumulative years. Select "Add a Row" to add each disproportionately impacted community in which you have resided.

Showing 0-0 of 0

Disproportionately Impacted Community (County)	Date Residency Began	Date Residency Ceased
No records found.		

**Add a Row** | **Edit Selected** | **Delete Selected**

**RESIDENCY OF INDIVIDUAL**

If you answered yes to the above question, provide the disproportionately impacted communities where you have lived for 5 cumulative years. Select "Add a Row" to add each disproportionately impacted community in which you have resided.

\*Disproportionately Impacted Community (County):

\*Date Residency Began:

Date Residency Ceased:

**Submit** | **Cancel**

1. Select **Disproportionately Impacted Community**.
2. Select **Date Residency Began**.
3. Select **Date Residency Ceased**.
  - If this is your current residence, leave this field blank.
4. Select **Submit**.

• After disclosing the necessary information, select **Continue Application**.

**Continue Application**

# Social Equity Application Instructions



- All applicable items on the checklist are required to be provided at the time of application submission.
- Failure to submit any of the applicable checklist items may result in your application being placed in inactive status or in the denial of your application.
- Each document in the checklist must be uploaded individually or documents of the same category can be combined and uploaded as a single PDF.

1. To attach documents, Select **Add** on the attachments page.
2. Select **Add** on the file upload pop out window. **Please see next page to continue.**

**Attachment**

Please attach the following documents:

Residency Documents  
Residency documents are required for EACH year of residency. You will need to prove residency for at least 5 cumulative years that you have lived in a disproportionately impacted community. Each document should have your name, residential address, and year. Please find examples of what is accepted, but NOT limited to below:  
-Mortgage Statements  
-Lease/Rental Agreements  
-Property Tax Documents  
-Tax Returns  
-W-2 Forms  
-Paystubs  
-Insurance Statements  
-College Tuition Statements  
-Utility Statements

Marijuana-Related Felony Conviction  
Include a copy of judgment of sentence or other documents.  
-Judgment of Sentence  
-Order on Application to Set Aside Conviction, if expunged  
-Other conviction documents  
-Other documents should include the applicant's name, applicant's date of birth, the name of the marijuana-related conviction.

Marijuana-Related Misdemeanor Conviction  
Include a copy of judgment of sentence or other documents.  
-Judgment of Sentence  
-Order on Application to Set Aside Conviction, if expunged  
-Other conviction documents  
-Other documents should include the applicant's name, applicant's date of birth, the name of the marijuana-related conviction.

Caregiver Authorization for Release of MMMP Information  
Social Equity Program Authorization for Release of MMMP Information with a valid driver's license or State-issued photo ID.  
-Caregiver Authorization for Release of MMMP Information form

\*All applicable items on the checklist are required to be provided at the time of application submission.  
\*Failure to submit any of the items may affect eligibility for the social equity program.

The maximum file size allowed is 500 MB.  
ade;adp;bat;chm;cmd;com;cpl;exe;hta;htm;html;ins;isp;jar;js;jse;lib;lnk;mde;msc;msp;msg;php;pdf;scr;scs;shb;sys;vb;vbe;vbs;vxd;wsc;wsf;wsh are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
No records found.				

**Add**

**File Upload**

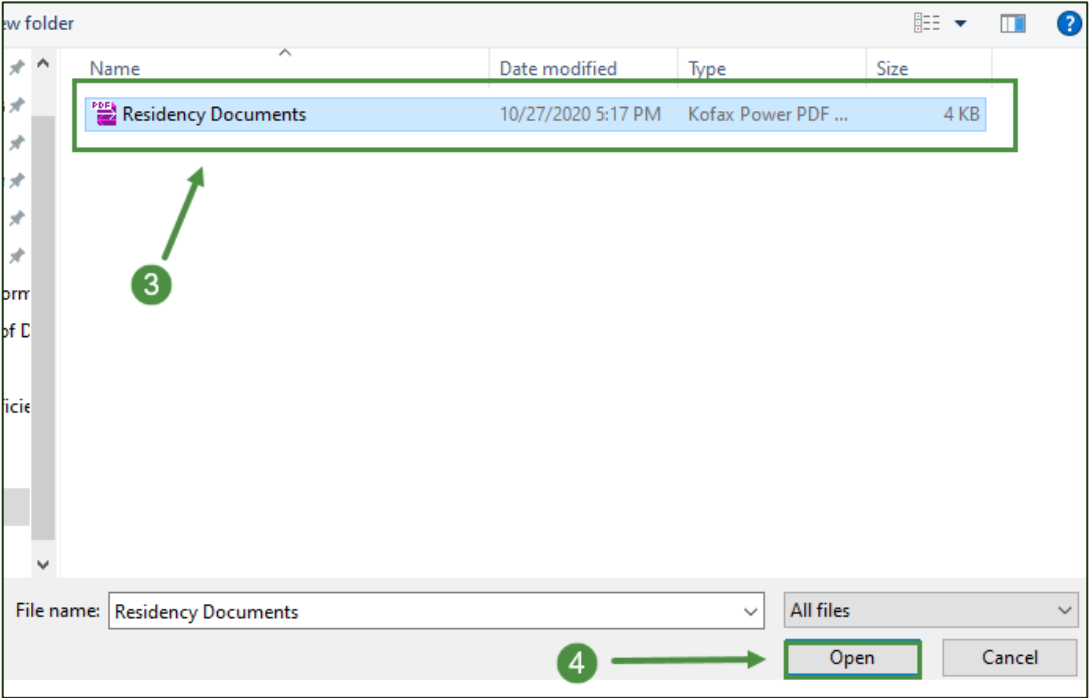
The maximum file size allowed is 500 MB.  
ade;adp;bat;chm;cmd;com;cpl;exe;hta;htm;html;ins;isp;jar;js;jse;lib;lnk;mde;msc;msp;msg;php;pdf;scr;scs;shb;sys;vb;vbe;vbs;vxd;wsc;wsf;wsh are disallowed file types to upload.

**Continue** **Add** **Remove All**

# Social Equity Application Instructions



- 3. **Select** file(s).
- 4. **Open** the file(s) you wish to upload.
  - Attachments should be uploaded in PDF format.
  - Files should be named according to their document type. For example, Residency Documents PDF should be named "Residency Documents."



- 5. Confirm the file(s) are 100% uploaded and select **Continue**.



# Social Equity Application Instructions



- 6. Select document **Type**.
- 7. All documents on the checklist have a corresponding type. You must choose the corresponding document type for each document that is uploaded. For example, when uploading Residency Documents, you must select the “Residency Documents” type.
- 8. Select **Save**.
- **You must repeat the process depicted for the Residency Documents for all applicable documents on the checklist.**

The screenshot shows a form with the following elements:

- \*Type:** A dropdown menu with "--Select--" selected. A green box highlights it, with a green arrow labeled "6" pointing to it.
- File:** "Residency Documents.pdf" with a progress bar at "100%".
- Description:** A text input field.
- spell check** label.
- Buttons:** "Save", "Add", and "Remove All". A green arrow labeled "8" points to the "Save" button.
- Dropdown Menu (Callout):** A callout box shows the dropdown options: "--Select--", "Caregiver Authorization for Release of MMMP Information", "Marijuana-Related Felony Conviction", "Marijuana-Related Misdemeanor Conviction", "Other", and "Residency Documents". A green arrow labeled "7" points to the "Residency Documents" option.

# Social Equity Application Instructions



- After all applicable documents have been uploaded and **their corresponding document types have been selected and saved**, select **Continue Application**.

Attachment

Please attach the following documents:

Residency Documents  
Residency documents are required for EACH year of residency. You will need to prove residency for at least 5 cumulative years that you have lived in a disproportionately impacted community. Each document should have your name, residential address, and year. Please find examples of what is accepted, but NOT limited to below:

- Mortgage Statements
- Lease/Rental Agreements
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- W-2 Forms
- Paystubs
- Insurance Statements
- College Tuition Statements
- Utility Statements

Marijuana-Related Felony Conviction  
Include a copy of judgment of sentence or other documents.

- Judgment of Sentence
- Order on Application to Set Aside Conviction, if expunged
- Other conviction documents
- Other documents should include the applicant's name, applicant's date of birth, the name of the marijuana-related felony conviction, and the date of the conviction.

Marijuana-Related Misdemeanor Conviction  
Include a copy of judgment of sentence or other documents.

- Judgment of Sentence
- Order on Application to Set Aside Conviction, if expunged
- Other conviction documents
- Other documents should include the applicant's name, applicant's date of birth, the name of the marijuana-related misdemeanor conviction, and the date of the conviction.

Caregiver Authorization for Release of MMMP Information  
Social Equity Program Authorization for Release of MMMP Information with a valid driver's license or State-issued personal identification card with photo.

- Caregiver Authorization for Release of MMMP Information form

\*All applicable items on the checklist are required to be provided at the time of application submission.  
\*Failure to submit any of the items may affect eligibility for the social equity program.

The maximum file size allowed is 500 MB.  
ade,adp,bat,cmd,com,cpl,exe,hta,htm,html,ins,isp,jar,js,jse,lib,lnk,mde,mhc,mhtml,msc,msp,msx,php,pif,scr,scs,shb,sys,vb,vs,vsd,vxd,wsc,wsf,wsn are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
Marijuana-Related Misdemeanor Conviction.docx	Marijuana-Related Misdemeanor Conviction	29.87 KB	05/20/2022	Actions ▼
Residency Document.docx	Residency Documents	29.87 KB	05/20/2022	Actions ▼

Add
Continue Application

Save and resume later

# Social Equity Application Instructions



- After reviewing social equity application, **Check** the box to electronically sign and file the application thus certifying that the application is true, complete, correct, and that no material information has been omitted.
- Select **Continue Application** to submit the application.

I certify that I have read and understand the instructions that accompany this application and that the statements made as part of this application are true, complete, and correct and that no material information has been omitted. By checking the box below, I understand and agree that I am electronically signing and filing this application.

By checking this box, I agree to the above certification.

Date:

[Save and resume later](#) [Continue Application »](#)



# Social Equity Application Instructions



- The social equity application has now been submitted. Retain a copy of the record number.


Home Medical Facility Licensing **Adult-Use Establishment Licensing** Facility & Establishment Complaints Registry Cards

Create an Application Search Applications

Social Equity Application

1 Demographic Information 2 Application Information 3 Attachments 4 Review 5 Record Issuance

**Step 5: Record Issuance**

 Your social equity application has been successfully submitted. Please print a copy of this page for your records.

Thank you for using our online services.  
**Your Record Number is AU-SEA-000101.**

# Social Equity Application Instructions



- The person completing the application and the social equity applicant will receive the below email containing:
  - The record number.
  - The record name.

Dear Social Equity Applicant,

You have submitted an application for social equity to determine your eligibility for adult-use fee reductions. The application information is below.

**Record Name:** Social Equity Applicant

**Record Number:** AU-SEA-000101

The Cannabis Regulatory Agency has received your social equity application and will begin review. A letter will be sent via email once an eligibility determination has been made or if more information is required.

If there are any questions regarding this application, please contact the Cannabis Regulatory Agency via telephone at (517) 284-8599 or via email at [CRA-SocialEquity@michigan.gov](mailto:CRA-SocialEquity@michigan.gov).

Thank you,

Cannabis Regulatory Agency

Social Equity Program

(517) 284-8599

[CRA-SocialEquity@michigan.gov](mailto:CRA-SocialEquity@michigan.gov)

[www.michigan.gov/CRA](http://www.michigan.gov/CRA)

# **Social Equity Application Instructions**



**Cannabis Regulatory Agency**

**Phone:(517) 284-8599**

**Website: [www.michigan.gov/CRA](http://www.michigan.gov/CRA)**

**Email: [CRA-SocialEquity@Michigan.gov](mailto:CRA-SocialEquity@Michigan.gov)**