



**Paper Amendment Instruction Booklet
Social Equity Program**

SOCIAL EQUITY PAPER AMENDMENT INSTRUCTIONS

The social equity amendment can be found online in a fillable PDF format at the following link:

[Social Equity Amendment Form](#)

If you have any questions regarding eligibility or amendment instructions, the social equity program 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 Amendment Overview

The amendment form exists to allow those already eligible or renewing for the social equity program to petition for an additional fee reduction for any of the available criteria. The amendment review is much like the application review in that the supporting documentation is evaluated to determine the additional fee reductions for an eligible participant.

Please note any further fee reductions as a result of an amendment must be confirmed prior to the assessment of any adult-use fees. For example, when seeking to amend fee reductions prior to renewing your adult-use license, the fee reductions must be confirmed before they can be applied to the renewal fee. If your fee reductions are not confirmed beforehand, you will only receive the fee reductions laid out on your initial fee reduction statement.

If the participant has not already applied for an adult-use establishment license, after eligibility is approved, the participant will complete the following steps, as applicable:

- **Sit with a social equity representative for application assistance on the adult-use application**
 - Application assistance is offered as a free resource to check for the completeness of an application prior to submission. *This is optional.*
- **Submit the Step 1 adult-use application**
 - A social equity representative will first review the application to ensure that the majority owner of the entity is an eligible social equity participant.
- **Pay the adult-use application fee once they receive an invoice with payment instructions**
 - Payment must be received before the adult-use licensing section will review the application.

Required Fields

The social equity amendment is a fillable PDF that can be printed or completed on a computer or electronic device.

- All fields on the amendment 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 amendment when printed.

Participant Information			
<i>Please provide the following information regarding the individual seeking to amend their social equity fee reduction.</i>			
Full Name:			
	<i>First</i>	<i>M.I.</i>	<i>Last</i> <i>Suffix</i>
Record Number:			
	<i>Provided on the Eligibility Letter</i>		

PARTICIPANT INFORMATION

In the Participant Information section, provide the following information for the participant.

Participant Information			
<i>Please provide the following information regarding the individual seeking to amend their social equity fee reduction.</i>			
Full Name:			
	<i>First</i>	<i>M.I.</i>	<i>Last</i> <i>Suffix</i>
Record Number:			
	<i>Provided on the Eligibility Letter</i>		

- **Full Name** as it appears on legal documents.
- **Record Number** as it appears on your eligibility letter. E.g., AU-SEA-000001.

Next, the individual will select the program criteria that they believe they meet that was not included in their previous eligibility letter.

For example, if you were eligible for a marijuana-related misdemeanor conviction and now believe you may also be eligible for the residency fee reduction, do not select marijuana-related misdemeanor again, but only select the checkbox for “have you resided in one or more disproportionately impacted communities for at least 5 cumulative years?”

SUPPORTING DOCUMENTATION

Social equity applicants are required to submit supporting documentation with their amendment.

Supporting Documentation										
<i>Please attach the following, as applicable.</i>										
<input type="checkbox"/> 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: <table style="width: 100%; border: none;"><tr><td style="text-align: center;"><input type="checkbox"/> Mortgage Statements</td><td style="text-align: center;"><input type="checkbox"/> Tax Returns</td><td style="text-align: center;"><input type="checkbox"/> Insurance Statements</td></tr><tr><td style="text-align: center;"><input type="checkbox"/> Lease/Rental Agreements</td><td style="text-align: center;"><input type="checkbox"/> W-2 Forms</td><td style="text-align: center;"><input type="checkbox"/> College Tuition Statements</td></tr><tr><td style="text-align: center;"><input type="checkbox"/> Property Tax Documents</td><td style="text-align: center;"><input type="checkbox"/> Paystubs</td><td style="text-align: center;"><input type="checkbox"/> Utility Statements</td></tr></table>	<input type="checkbox"/> Mortgage Statements	<input type="checkbox"/> Tax Returns	<input type="checkbox"/> Insurance Statements	<input type="checkbox"/> Lease/Rental Agreements	<input type="checkbox"/> W-2 Forms	<input type="checkbox"/> College Tuition Statements	<input type="checkbox"/> Property Tax Documents	<input type="checkbox"/> Paystubs	<input type="checkbox"/> Utility Statements
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<input type="checkbox"/> Lease/Rental Agreements	<input type="checkbox"/> W-2 Forms	<input type="checkbox"/> College Tuition Statements								
<input type="checkbox"/> Property Tax Documents	<input type="checkbox"/> Paystubs	<input type="checkbox"/> Utility Statements								
<input type="checkbox"/> Marijuana-Related Felony Conviction:	Copy of judgment of sentence or other documents. Order on application to set aside conviction, if expunged.									
<input type="checkbox"/> Marijuana-Related Misdemeanor Conviction:	Copy of judgment of sentence or other documents. Order on application to set aside conviction, if expunged.									
<input type="checkbox"/> Registered Primary Caregiver:	Caregiver Authorization for Release of MMMP Information with a valid driver's license or State-issued personal identification card with photo. Please find the form on our website here .									

- Each criterion has its own set of required documents to prove eligibility, so you will need to check each section that is applicable to your situation and submit documentation for each of the criteria for which you are applying.
 - If you are applying for residency fee reduction you will need to provide proof of residency for at least 5 years. You may need to submit multiple documents to fulfill this requirement.
 - *For example: if you submit residency documents for only three years, you will receive a notice of deficiency requesting an additional two years of documents.*
- Caregiver Authorization of Release of MMMP Information: a copy of this form can be found [here](#).
- Failure to submit the required documentation may result in your amendment being found ineligible.

Submitting Your Social Equity Amendment

Prior to submitting your amendment, verify that you have completed all the required fields on the amendment and have obtained all of the required supporting documentation.

- Failure to submit a complete amendment and supporting documents will result in a Notice of Deficiency.
- Failure to correct any deficiencies within **7 calendar days** after receiving a Notice of Deficiency Letter will result in your amendment going into an inactive status.
- You may still submit documentation if your amendment is in an inactive status, but prolonged failure to communicate with the social equity team will result in an unaltered fee reduction and the denial of your amendment.

You may upload the amendment and all supporting documentation to your social equity record at:

[Online Social Equity Application](#)

OR

Mail the amendment with all supporting documentation to:

**Social Equity Program
Cannabis Regulatory Agency
P.O. Box 30205
Lansing, MI 48909**

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