



**Paper Existing Adult-Use Applicant or
Licensee Instruction Booklet
Social Equity Program**

SOCIAL EQUITY PAPER EAL INSTRUCTIONS

The adding social equity existing adult-use applicant or licensee (EAL) form can be found online in a fillable PDF format at the following link:

[Social Equity EAL Form](#)

If you have any questions regarding eligibility or EAL 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 EAL Overview

The EAL form exists to allow those who have already started the adult-use application process for an establishment license, or those who already have a licensed establishment. Before submitting this form, all prospective social equity applicants should submit a social equity application to the CRA for eligibility determination. If you have not submitted all relevant social equity applications, please do so and wait for eligibility determination before submitting the EAL form.

The form itself is much like the social equity information question on the Step 1 adult-use application. This form serves to put the CRA on notice that you would like to receive fee reductions for your entity or sole proprietorship. Once submitted, the social equity team will review the eligibility of all indicated participants on the form and confirm that majority ownership is held by those who qualify for the program. If eligible, the social equity team notifies the adult-use licensing section so that the EAL may receive fee reductions for future fees (e.g. initial licensure fee, renewal fees).

Required Fields

The EAL form is a fillable PDF that can be printed or completed on a computer or electronic device.

- All fields on the EAL form are required to be completed.
- A field without a red border indicates that the field may not be applicable to everyone.
 - Note: these red borders do not appear on the amendment when printed.

Adult-Use Record Name: <input style="width: 90%; border: 1px solid red;" type="text"/>	
Adult-Use Record Number: <input style="width: 90%; border: 1px solid red;" type="text"/>	
<i>Step 1 Adult-Use Record Number</i>	
Social Equity Participants	
<i>Please provide the participant name(s) and record number(s) for all of the associated individual(s) that are eligible for the social equity program.</i>	
Social Equity Participant Name (First, Middle, Last)	Record Number (e.g., AU-SEA-000001)
<input style="width: 95%; border: 1px solid red;" type="text"/>	<input style="width: 95%; border: 1px solid red;" type="text"/>
<input style="width: 95%; border: 1px solid red;" type="text"/>	<input style="width: 95%; border: 1px solid red;" type="text"/>

Adult-Use Applicant/Licensee Information

In the Adult-Use Applicant/Licensee Information section, provide the following information for the applicant/licensee.

Adult-Use Applicant/Licensee Information
<i>Please provide the following information regarding the adult-use applicant or licensee seeking to verify their eligibility for fee reductions through the social equity program.</i>
Adult-Use Record Name: <input style="width: 90%; border: 1px solid red;" type="text"/>
Adult-Use Record Number: <input style="width: 90%; border: 1px solid red;" type="text"/>
<i>Step 1 Adult-Use Record Number</i>

- **Adult-Use Record Name** as it appears on any correspondence with this agency.
- **Adult-Use Record Number** as it appears on your prequalification. E.g., AU-ERA-000001.

Next, fill out the table below for every social equity participant who has any ownership interest in the entity or the sole proprietor, as applicable.

Social Equity Participants	
<i>Please provide the participant name(s) and record number(s) for all of the associated individual(s) that are eligible for the social equity program.</i>	
Social Equity Participant Name (First, Middle, Last)	Record Number (e.g., AU-SEA-000001)
<input style="width: 95%; border: 1px solid red;" type="text"/>	<input style="width: 95%; border: 1px solid red;" type="text"/>
<input style="width: 95%; border: 1px solid red;" type="text"/>	<input style="width: 95%; border: 1px solid red;" type="text"/>
<input style="width: 95%; border: 1px solid red;" type="text"/>	<input style="width: 95%; border: 1px solid red;" type="text"/>

- **Social Equity Participant Name** as it appears on legal documents.
- **Record Number** as it appears on your eligibility letter.

Submitting Your EAL

Prior to submitting your EAL form, verify that you have included all the information correctly.

Your EAL form can be submitted by email to the social equity program at:

CRA-SocialEquity@Michigan.gov

If any questions arise while completing the EAL form, please contact us by telephone or email at:

(517) 284-8599

CRA-SocialEquity@Michigan.gov