



Paper Application Instruction Booklet
Social Equity Program

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SOCIAL EQUITY PAPER APPLICATION INSTRUCTIONS

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

[Social Equity Application](#)

If you have any questions regarding eligibility or application 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 Application Overview

During application review, the supporting documentation is evaluated to determine the fee reductions for an eligible applicant.

After eligibility is approved, the participant will complete the following steps:

- **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 establishment licensing section will review the application.

Required Fields

The social equity application 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.

Mailing Address:	
	<i>Street Address</i> <i>City</i> <i>State</i> <i>Zip Code</i>
Residential Address:	
	<i>Street Address (if different from Mailing Address)</i> <i>City</i> <i>State</i> <i>Zip Code</i>

E.g., Mailing Address vs. Residential Address –You must supply a mailing address. If you reside at an address different than your mailing address or use a P.O. Box, you must provide a residential address to establish residency in a disproportionately impacted community, if applicable.

PARTICIPANT INFORMATION

In the Participant’s Information section, provide the following information for the applicant.

Participant Information				
<i>Please provide the following information regarding the individual seeking to participate in the social equity program.</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>
Residential Address:				
	<i>Street Address (if different from Mailing Address)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Phone:		Email:		
Date of Birth:		Social Security Number:		

- **Full Name** as it appears on legal documents.
- **Mailing Address** of the individual.
- **Residential Address** of the individual. *Only required if different from the mailing address.*
- **Phone** number of the individual.
- **Email** address of the individual. This will be the main source of contact.
- **Date of Birth** of the individual.
- **Social Security Number** of individual.

<p>Highest Level of Education Completed</p> <input type="checkbox"/> Some High School <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Technical/Occupational Certification <input type="checkbox"/> Some College <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Professional Degree (e.g. law, medical) <input type="checkbox"/> I do not wish to answer		<p>Cannabis Industry Employment Status</p> <input type="checkbox"/> Temporary/Part Time Job Title: _____ <input type="checkbox"/> Full Time Job Title: _____ <input type="checkbox"/> Licensed Establishment Owner <input type="checkbox"/> Unemployed/Seeking Employment <input type="checkbox"/> Full-time Student <input type="checkbox"/> Disabled <input type="checkbox"/> Not in the cannabis industry yet <input type="checkbox"/> I do not wish to answer	
<p>Individual Income from the Previous Tax Year (Do not include income from other members in household)</p> <input type="checkbox"/> 0 – 9,699 <input type="checkbox"/> 84,200 – 160,724 <input type="checkbox"/> 510,300+ <input type="checkbox"/> 9,700 – 39,474 <input type="checkbox"/> 160,725 – 204,099 <input type="checkbox"/> I do not wish to answer <input type="checkbox"/> 39,475 – 84,199 <input type="checkbox"/> 204,100 – 510,299			

- **Highest Level of Education Completed** of the individual. This does not include current enrollment.
- **Cannabis Industry Employment Status** of the individual. This is regarding employment within the cannabis industry only. Please select the employment status within the cannabis industry that best applies to you.
- **What is your individual adjusted gross income (AGI) from the previous year?** The answer should only include the individual's income, and not a household income.

At the top of the second page is where the individual will select what they believe to be their largest barrier to entry in the cannabis 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: _____

Please answer the following question:

- **What is your largest barrier to entry in the cannabis industry? Please select all that apply.**
 - **Funding:** Needing assistance in gathering capital for business start up
 - **Location:** Difficulty finding real estate
 - **License Type(s) Not Available:** The license type you are interested in is not available because there is no municipal authorization for adult-use establishments, or you do not hold a medical marijuana facility license and are not eligible to apply for the license.
 - **Need Core Business Classes:** Need business courses on starting a business. *Examples include business planning, organizational development, financial management, and workshop courses.*
 - **Need Industry Training:** Need training regarding the regulated cannabis market. *Examples include cultivation, processing, regulations, and business operations.*
 - **No Issues:** Check if none of the above situations apply to you
 - **Other:** List any other barrier to entry that is prohibiting you from successfully starting a business in the cannabis industry.

Next, the individual will select the program criteria that they believe they meet.

Please select all that apply:	
Have you had a marijuana-related felony conviction? <i>With the exception of distribution of a controlled substance to a minor</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a marijuana-related misdemeanor conviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you a registered primary caregiver for at least 2 years of the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you resided in one or more disproportionately impacted community for at least 5 cumulative years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list the disproportionately impacted communities where you have lived for 5 cumulative years:	
Name of Disproportionately Impacted Community and County (e.g. Lansing, MI of Ingham County)	Year (e.g. 2008 - 2010)

- **Have you had a marijuana-related felony conviction?**
Check yes only if you were convicted of a marijuana-related felony. *A conviction of distribution of a controlled substance to a minor will not be considered for eligibility.*
- **Have you had a marijuana-related misdemeanor conviction?**
Check yes only if you were convicted of a marijuana-related misdemeanor.
- **Were you a registered primary caregiver for at least 2 years of the last 5 years?**
Check yes only if you were registered with the Michigan Medical Marijuana Program (MMMP) as a primary caregiver for at least two years out of the last five years. Being registered as a patient is not a qualifying factor.
- **Have you resided in one or more disproportionately impacted communities for at least 5 cumulative years?**
Check yes only if you can prove residency in at least one of the disproportionately impacted communities that can be found at the following link: [Disproportionately Impacted Community List](#)
- **If yes, please list the disproportionately impacted communities where you have lived for 5 cumulative years.**
This is where you will list each disproportionately impacted community that you have resided in for at least 5 cumulative years. There is no limit to the amount of disproportionately impacted communities that can be used to prove residency as long as it falls within the mentioned timeframe.

SUPPORTING DOCUMENTATION

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

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:	
<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
<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 five years. You may 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 a lower fee reduction, or your application may be found ineligible.

Submitting Your Social Equity Application

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

- Failure to submit a complete application 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 application going into an inactive status.
- You may still submit documentation if your application is in an inactive status, but prolonged failure to communicate with the social equity team will result in either a reduced fee reduction, or the denial of your application.

Your application can be submitted in person at: **2407 North Grand River Avenue, Lansing, MI 48906**, or submitted via mail to:

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

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

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