



**Renewal Paper Application
Instruction Booklet
Social Equity Program**

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SOCIAL EQUITY RENEWAL PAPER APPLICATION INSTRUCTIONS

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

[Social Equity Renewal Application](#)

If you have any questions regarding eligibility or renewal 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 Renewal Application Overview

When you first become eligible for the social equity program, your eligibility will last for two years. After two years have elapsed you will be required to renew your eligibility to continue your participation in the social equity program.

After your first renewal, you will be required to renew your eligibility annually. Renewal reminders will be sent out 30-days, 60-days, and 90-days prior to expiration. Once eligibility has been determined at renewal, the applicable fee reductions will be applied to future adult-use fees (e.g., application fee, initial licensure fees, and license renewal fees).

Required Fields

The social equity renewal 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 printing.

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 – Any individual applying must supply a mailing address, but if you are an individual that resides at a different address, or uses a P.O. Box, a residential address will need to be provided to help establish residency when applicable.

PARTICIPANT INFORMATION

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

Participant Information				
<i>Please provide the following information regarding the individual renewing their eligibility 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:		
Social Equity Record 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** of the individual. This will be the main source of contact.
- **Social Equity Record Number** of the individual.

<u>Highest Level of Education Completed</u>	<u>Cannabis Industry Employment Status</u>
Has your level of education increased?	Has your employment status within the cannabis industry improved?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to answer
If yes, please select the highest level of education that best applies to you.	If yes, please select the cannabis industry employment status that best applies to you.
<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 (<i>e.g. law, medical</i>) <input type="checkbox"/> I do not wish to answer	<input type="checkbox"/> Temporary/Part Time Job Title: <input type="text"/> <input type="checkbox"/> Full Time Job Title: <input type="text"/> <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

- **Highest Level of Education Completed** by the individual. This does not include current enrollment.
 - Indicate if your level of education has increased since your initial application or last social equity renewal.
- **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.
 - Indicate if your employment in the cannabis industry has improved since your initial application or last social equity renewal.

At the top of the second page is where the individual will select their individual income from the previous tax year.

<u>Individual Income from the Previous Tax Year</u>
Has your individual income increased?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to answer
Please select the level of income that best applies to you.
<i>(Do not include income from other members in household)</i>
<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

- **What is your individual income from the previous tax year?** The answer should only include the individual's income, and not a household income.
 - Indicate if your individual income has increased since your initial application or last social equity renewal.

Amendment Information

If you would like to apply for additional fee reductions, you will need to complete the amendment form. The amendment Review is much like the application review in that the supporting documentation is evaluated to determine if the individual meets the criteria for additional fee reductions..

Please note that any additional fee reductions must be approved by the social equity program 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.

The social equity amendment form can be found [here](#).

Instructions to assist in completion of social equity amendment form can be found [here](#).

Submitting Your Social Equity Renewal Application

Prior to submitting your renewal application, verify that you have completed all required fields on the application.

If you fail to submit a complete renewal application, your social equity eligibility will not be renewed, and you will no longer be considered eligible and will need to reapply for the Social Equity Program.

Your renewal 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 renewal application, please do not hesitate to contact CRA by telephone or email at:

(517) 284-8599
CRA-SocialEquity@Michigan.gov