



**Task Force 1620 Form
Instruction Booklet**

TASK FORCE 1620 FORM INSTRUCTIONS

The Task Force 1620 form can be found online in a fillable PDF format at the following link:

[Task Force 1620 Form](#)

If you have any questions regarding the Task Force 1620, the social equity team 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

Task Force 1620 Overview

Task Force 1620 will help the Cannabis Regulatory Agency (CRA) support the treatment of medical conditions of United States armed services veterans. This program will be available to Medical Marijuana Facility Licensing Act (MMFLA) and Michigan Regulation and Taxation of Marijuana Act (MRTMA) businesses that have a Veteran Access Program set up for safe and affordable cannabis access for veterans. This form is for voluntary use by licensees requesting CRA recognition for their efforts. Licensee's business does not need to be majority owned by a veteran for this recognition.

Required Fields

The Task Force 1620 Form 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.

License Number:	<input type="text"/>	List Additional Licenses:	<input type="text"/>
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E.g., You must supply at least one license number. Unless you are vertically integrated, you are only required to fill out the License Number section and can leave the List Additional Licenses section blank.

LICENSEE INFORMATION

In the Participant's Information section, provide the following information for the licensee.

Licensee Information			
<i>Please provide the following information regarding the Licensee seeking to participate in the Task Force 1620:</i>			
Establishment Name:	<input type="text"/>	Other Names (e.g. DBA):	<input type="text"/>
License Number:	<input type="text"/>	List Additional Licenses:	<input type="text"/>
Mailing Address:	<input type="text"/>		
	<i>Street Address</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
Phone:	<input type="text"/>	Email:	<input type="text"/>

- **Establishment Name** as it appears on legal documents.
- **Other Names** the entity is recognized by, by the public. (e.g., DBA)
- **License Number** as it appears on your prequalification. E.g., AU-ERA-000001.
- **List Additional Licenses** if applicable.
- **Mailing Address** of the establishment.
- **Phone** number of the establishment.
- **Email** address of the establishment. This will be the main source of contact.

PERSON COMPLETING FORM INFORMATION

In the Person Completing Form section, provide the following information for the individual.

Person Completing Form				
<i>Please provide the following information regarding the person completing the Task Force 1620 form.</i>				
Full Name:	<input type="text"/>			
	<i>First</i>	<i>M.I</i>	<i>Last</i>	<i>Suffix</i>
Mailing Address:	<input type="text"/>			
	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Phone:	<input type="text"/>	Email:	<input type="text"/>	

- **Full Name** of the individual filling out the form.
- **Mailing Address** of the individual filling out the form.
- **Phone Number** of the individual filling out the form.
- **Email address** of the individual filling out the form.

On the first page is where the licensee will select the program criteria that they believe they meet.

Recognition Tier Criteria
<p>For licensees that have implemented a program that offers cannabis to Veterans at a 75-100% discounted rate, a summary explaining the details of their program must be provided with the VRP application. Licensees who are approved will have their business name and license number listed on the CRA webpage with a hyperlink directly to their Veteran's Program that was submitted with the application.</p> <p>Retailers in this program must make a one-year commitment but otherwise can set their own parameters on the max amount given per veteran as well as what percentage of disability qualifies a veteran for their program. Each licensee can also determine what amount per week/month will be donated and also the number of veterans in their program.</p>

Please read the following recognition criterion and attach the following plan:

- A Veteran Access Program summary is required and will be posted on the CRA website under the business name and license number.
Requirement for approval: The licensee's Veteran Access Program must offer a 75%-100% discount on cannabis products to veterans through Michigan's regulated market.

CONSENT TO PUBLISH

The Consent to Publish section of the form is needed to post your Veteran Access Program summary on the CRA website.

- The Veteran Access Program summary will not be posted to the CRA website without your consent.
- After reading the Consent to Publish and Disclaimer of Endorsement and Partnership sections, complete the following information, and sign and date.
 - **First and Last Name**
 - **Affiliation with the Establishment**
 - **Establishment Name**

Consent to Publish

Being duly authorized, I hereby consent to the Cannabis Regulatory Agency (the "CRA") publishing information that was included with the licensee's Task Force 1620 form to the CRA's website. I understand the Veteran Access Program summary is to be made available to the public by the CRA on the CRA's website for the purposes of publicizing the mentioned plans or any other lawful purpose.

I also consent to the CRA publishing additional information, including the name of the licensed establishment and information about the services provided by the licensed establishment.

I acknowledge that my participation is voluntary and that I may decline to participate by not completing/returning this form.

Disclaimer of Endorsement and Partnership

I hereby acknowledge that allowing the CRA to make my Veteran Access Program summary available to the public does not constitute an endorsement by the CRA or the State of Michigan of me or my licensed establishment.

I further acknowledge that my consent to make the licensed establishment's Veteran Access Program summary available to the public does not create a partnership with the CRA or the State of Michigan nor is the licensed establishment's participation exclusive.

By participating, I understand that the CRA does not make any warranty, express or implied, and does not assume any legal liability for the accuracy, completeness, or usefulness of any information provided by the licensed establishment, or that may be found in the licensed establishment's social equity plan, corporate spend plan, and/or the community reinvestment plan.

<i>First Name</i>	<i>Last Name</i>	<i>Affiliation with Establishment</i>

Establishment name

<i>Signature</i>	<i>Date</i>

Submitting Your Task Force 1620 Form

Prior to submitting your Task Force 1620 form, verify that you have included all the information correctly. Your Task Force 1620 form can be submitted by email to the social equity program at:

CRA-SocialEquity@Michigan.gov

If any questions arise while completing the Veteran Recognition Program Form, please contact us by telephone or email at:

(517) 284-8599

CRA-SocialEquity@Michigan.gov