



**Veteran Recognition Program Form
Instruction Booklet**

VETERAN RECOGNITION PROGRAM FORM INSTRUCTIONS

The Veteran Recognition Program form can be found online in a fillable PDF format at the following link:

[Veteran Recognition Program Form](#)

If you have any questions regarding the Veteran Recognition Program, 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

Veteran Recognition Program Overview

The Veteran Recognition Program will help the Cannabis Regulatory Agency (CRA) support the treatment of medical conditions of United States armed services veterans. Licensees who are veteran-owned are eligible for recognition in the CRA Veteran Recognition Program by meeting the qualifying criteria regarding proof of veteran status. This program will be available to Medical Marijuana Facility Licensing Act (MMFLA) and Michigan Regulation and Taxation of Marijuana Act (MRTMA) licensees. Marijuana businesses must be majority owned by a veteran with a minimum requirement of greater than 50% veteran ownership.

Required Fields

The Veteran Recognition Program 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 Veteran Recognition Program:</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"/>	<input type="text"/>	<input type="text"/>	<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 Veteran Recognition Program form.</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>
Phone:		Email:		

- **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.

SUPPORTING DOCUMENTATION

Marijuana businesses are required to submit supporting documentation with their application.

Supporting Documentation	
<i>Please attach <u>one</u> of the following documents.</i>	
<input type="checkbox"/> Veterans ID card (started Nov. 2017)	<input type="checkbox"/> Military ID card
<input type="checkbox"/> DD Form 214 or the amended version is the DD Form 215	<input type="checkbox"/> VA-issued card for healthcare
<input type="checkbox"/> DD Form 256 or a NGB Form 22 or 22-a for reservists	<input type="checkbox"/> Third-party verification certificates for veteran-owned

- Failure to submit the required documentation will result in your form being ineligible for recognition.

CONSENT TO PUBLISH

The Consent to Publish section of the form is needed to post your licensing information on the CRA website.

- After reading the Consent to Publish section, 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 veteran's recognition form including the name of the licensed establishment, license number(s) provided by the licensed establishment to the CRA's website. I understand the information is to be made available to the public by the CRA on the CRA's website for the purposes of recognizing licensee or for any other lawful purpose.

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

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

<i>Establishment name</i>

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

Submitting Your Veteran Recognition Program Form

Prior to submitting your Veteran Recognition Program Form, verify that you have included all the information correctly. Your Veteran Recognition Program 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

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