



Processor-Handler License Instructions/Checklist and 2024 Application

Please follow the steps below to complete your Cannabis Regulatory Agency (CRA) Hemp Processor-Handler License application. This application is for new applicants only - renewal applications are mailed directly to those licensed during the previous licensing year.

STEP 1: BUSINESS INFORMATION - The following must be entered:

- Business Name
- Business (physical) Address, City, State, Zip, County & Phone Number
- Email Address – ensure this is a valid, monitored email address since this is the primary form of communication with the department.
- Ownership Type: Corporation, LLC, LLP, Sole Proprietor, Individual, Joint Tenant, Other
- Federal Employer Identification Number (EIN)
- Mailing Address, City, State, Zip

STEP 2: CONTACT INFORMATION - Provide contact information for each officer, director, partner, member, or owner in excess of 10% stock or equity; attach additional pages if more space is needed. The following information must be entered for each contact:

- Name
- Title
- Date of birth
- Email address

STEP 3: PROCESSOR-HANDLER LOCATIONS - Complete for EACH location hemp processing, handling, marketing, or brokering will occur. Attach additional pages if more space is needed. The following information must be provided:

- Street Address, City, State, Zip, County (*All processing, handling, and brokering locations must be in Michigan*)
- GPS Coordinates to 6 places after the decimal. Example: 42.731799, -84.558821
- Attach map or satellite view for EACH location, depicting each building where hemp will be processed, handled, stored, or brokered, noting entrances and specific location corresponding to GPS coordinates. Additional instructions are available on our website if needed.

STEP 4: ACKNOWLEDGEMENTS

- Read the acknowledgments listed on the application. All boxes must be checked.

STEP 5: HEMP PROCESSOR-HANDLER APPLICATION FEE

- \$1,350.00. Include cashier's check, check, or money order made payable to the State of Michigan. This application fee is nonrefundable.

STEP 6: Print, sign, and date the application.

(continued)

HEMP PROCESSOR-HANDLER REMINDERS

Please note the following processor-handler license requirements. See PA 547 of 2014 or visit www.Michigan.gov/HempProcessing for more information and requirements.

- Applicants must be 18 years of age or older.
- Only processing, handling, storage, and brokering facilities that are located in Michigan will be issued a Michigan processor-handler license.
- Applicants with unpaid fees or fines will not be issued a license.
- The application fee is nonrefundable.
- Applicants who have had their processor-handler license revoked in the past 5 years will not be issued a license.
- The license year runs from December 1 to November 30. This initial license application can be submitted at any time and will be valid through midnight, November 30.
- Note: this form is for initial (new) applicants only. Renewal applications are mailed to processor-handlers. Renewing processor-handlers must submit the renewal application postmarked no later than November 30, or a late fee of \$250 will be added to the license fee.

MAIL COMPLETE APPLICATION, ATTACHMENTS, AND APPLICATION FEE TO:

Cannabis Regulatory Agency
P.O. Box 30083
Lansing, MI 48909

How to contact CRA with questions:

Phone: 517-284-0815

Email: CRA-Hemp@michigan.gov

Website: www.michigan.gov/HempProcessing

CANNABIS REGULATORY AGENCY



P.O BOX 30083
 LANSING MI 48909
 Phone: 517-284-0815 Email: CRA-Hemp@michigan.gov
 HEMP PROCESSOR-HANDLER LICENSE 2024 APPLICATION
 Public Act 547 of 2014

New Application License No Longer Needed

STEP 1: BUSINESS/INDIVIDUAL INFORMATION

Business Name:

Address:

City:	State:	Zip:
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County:	Federal Identification #:
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Phone Number:	Email Address:
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Office Use Only (053001)

Ownership Type Corporation LLC LLP Sole Proprietor Individual Joint Tenant

Mailing Address (if different from business address)

Street Address:

City:	State:	Zip:
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STEP 2: CONTACTS - Include contact information for all officers, directors, partners, members and/or individuals owning in excess of 10% stock or equity. Attach additional pages if needed.

Applicant Name:	Title:
Applicant Date of Birth:	Applicant Email:
Contact Name:	Title:
Date of Birth:	Email:
Contact Name:	Title:
Date of Birth:	Email:
Contact Name:	Title:
Date of Birth:	Email:
Contact Name:	Title:
Date of Birth:	Email:

CANNABIS REGULATORY AGENCY

STEP 3: PROCESSING/HANDLING LOCATIONS – Please list all locations where hemp will be processed, handled, stored, or brokered. Attach additional pages if needed. (All processing, handling, and brokering locations must be in Michigan)						
Street Address	City	State	Zip	County	GPS Coordinates	Required Attachment: <input type="checkbox"/> Map or satellite view with marked location, noting entrances and specific location of GPS coordinates provided.
Street Address	City	State	Zip	County	GPS Coordinates	Required Attachment: <input type="checkbox"/> Map or satellite view with marked location, noting entrances and specific location of GPS coordinates provided.
Street Address	City	State	Zip	County	GPS Coordinates	Required Attachment: Map or satellite view with marked location, noting entrances and specific location of GPS coordinates provided.

STEP 5: ACKNOWLEDGMENTS
<input type="checkbox"/> I acknowledge that all physical addresses of the location(s) to be used for processing, handling or brokering hemp have been submitted with this application. <input type="checkbox"/> I acknowledge this application constitutes written consent to allow CRA personnel access to any processor-handler locations as deemed necessary by CRA for inspection, sampling, and testing. <input type="checkbox"/> I acknowledge that any finished products produced will comply with all applicable laws, regulations and requirements of any governmental agency or other regulating authority.

STEP 6: PROCESSOR-HANDLER APPLICATION FEE - Make check/money orders payable to the State of Michigan
<input type="checkbox"/> Nonrefundable Application Fee: \$1350.00

PROCESSOR-HANDLER AGREEMENT: I hereby affirm that all information contained in this application is true and accurate. I acknowledge the responsibilities of a hemp processor-handler per the Industrial Hemp Research and Development Act, PA 547 of 2014, as amended.

Applicant Name (Print):	Applicant Signature:	Date: