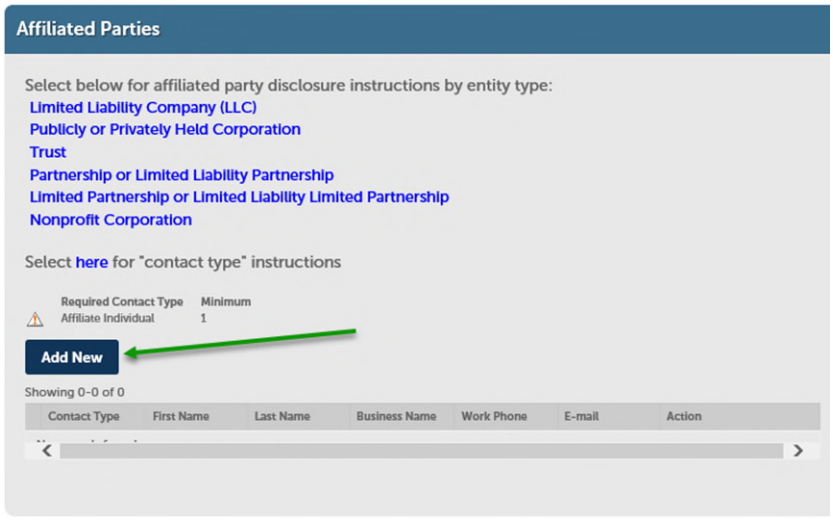
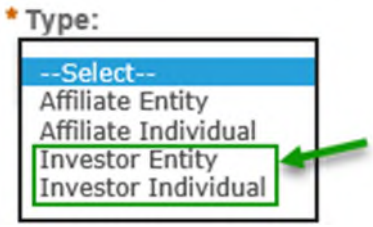
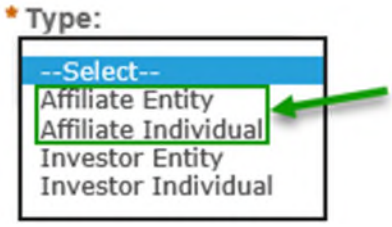
Contact Type Instructions

Affiliated Parties

To disclose affiliated parties, select **Add New**



Select the appropriate **contact type** for the entity or individual being disclosed

Investor Select the “Investor Entity” or “Investor Individual” contact type for all entities and individuals that have ten percent or less ownership interest in the main applicant seeking licensure and **do not** exercise control over or participate in the management of this main or supplemental applicant	
Affiliate Select the “Affiliated Entity” or “Affiliated Individual” contact types for all other entities or individuals being disclosed	

Medical Facilities Licensing
Cannabis Regulatory Agency
P.O. Box 30205 Lansing, MI 48909
Telephone: (517) 284-8599
CRA-Applications@michigan.gov