

**Paper Application Instruction Booklet Medical Marijuana Facility Licensing** 

MRA 5450 (New -2020) Page 1 of 123

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#### IMPORTANT NOTICE REGARDING TIME SENSITIVITY:

Applying for a medical marijuana facility license is a time-sensitive venture. The Marijuana Regulatory Agency requires that a license determination be made—and the state operating license or notice of denial be issued—within 180 days after receiving a complete application.

In order to meet this statutory timeframe, the Marijuana Regulatory Agency (MRA) requires that any information or documentation requested by the agency be submitted to the agency within 5 calendar days.

Failure to provide any of the requested items to MRA within 5 days may result in the denial of the application. If you need additional time, please let the MRA know.

#### OVERVIEW – TWO-STEP APPLICATION PROCESS

The medical marijuana facility licensing application process is divided into two steps.

Step 1 is the prequalification application. During prequalification, background checks are completed on the main applicant and all supplemental applicants. There is a \$6,000 application fee for the main applicant. The application fee is nonrefundable and does not apply to supplemental applicants.

Step 2 of the application process is the medical marijuana facility license application. During Step 2, review of the proposed marijuana facility is completed.

In short, prequalification involves vetting the applicant and the supplemental applicants; facility licensing involves vetting the physical facility.

An application is considered complete when Step 1, the application fee, and Step 2 have been submitted. It is not advised to submit a Step 2 application unless the facility seeking a state operating license is fully built and ready to pass an inspection within 60 days after the Step 2 license application is submitted.

Prequalification status is valid for a period of two years after MRA issues a notice of prequalification. If the applicant does not submit a Step 2 application within that timeframe, the prequalification status will expire. If the applicant wishes to complete the medical marijuana facility application process after that time, a new application and fee will be required.

If any questions arise while completing the application, please do not hesitate to contact MRA by telephone at:

517-284-8599

Or by e-mail at:

MRA-MedicalMarijuana@Michigan.gov

#### MAIN AND SUPPLEMENTAL APPLICANTS EXPLANATION

The main applicant and all supplemental applicants are required to submit prequalification applications.

#### Who is the Main Applicant?

The main applicant is whomever is seeking to hold the marijuana facility license in their name. When the license prints, it will print in the name of the main applicant.

The main applicant can be either an **entity** (limited liability company, corporation, partnership, trust, etc.) or an **individual** (sole proprietor).

#### Who is a Supplemental Applicant?

Supplemental applicants will depend on the ownership structure of the main applicant. Supplemental applicants include the following:

- All managerial employees of the main applicant who control or direct the affairs of the marijuana facility and/or have the ability to make policy concerning the marijuana facility. Please note, an employee with the title of "manager" without aforementioned responsibilities is not required to complete prequalification.
- All entities with greater than 10 percent ownership interest, either directly or indirectly, in the main applicant entity.
- All individuals with greater than 10 percent ownership interest, either directly or indirectly, in the main applicant entity.
- And the following for each type of main applicant:
  - o For an individual or sole proprietorship:
    - The individual or proprietor
    - Spouse of the individual or proprietor
  - o For a partnership and limited liability partnership:
    - All partners
    - Spouses of all partners
  - o For a limited partnership and limited liability limited partnership:
    - All general and limited partners holding a direct or indirect ownership interest of greater than 10 percent
    - Spouses of all general and limited partners holding a direct or indirect ownership interest of greater than 10 percent

#### • For a limited liability company:

- All managers
- Spouses of all managers
- All members holding a direct or indirect ownership interest of greater than 10 percent
- Spouses of all members and managers holding a direct or indirect ownership interest of greater than 10 percent

#### • For a publicly held corporation:

- All corporate officers or persons with equivalent titles
- Spouses of all corporate officers or persons with equivalent titles
- All directors
- Spouses of all directors
- All shareholders holding a direct or indirect ownership interest of greater than 10 percent
- Spouses of all shareholders holding a direct or indirect ownership interest of greater than
   10 percent

#### For a privately held corporation:

- All corporate officers or persons with equivalent titles
- Spouses of all corporate officers or persons with equivalent titles
- All directors
- Spouses of all directors
- All shareholders holding a direct or indirect ownership interest of greater than 10 percent
- Spouses of all shareholders holding a direct or indirect ownership interest of greater than
   10 percent

#### o For a **trust**:

- All trustees
- All beneficiaries who receive or have the right to receive **greater than 10 percent** of the gross or net profit of the trust during any full or partial calendar or fiscal year
- Spouses of all beneficiaries who receive or have the right to receive greater than 10 percent of the gross or net profit of the trust during any full or partial calendar or fiscal year

#### o For a **nonprofit corporation**:

- All individuals and entities with membership or shareholder rights
- Spouses of all individuals and entities with membership or shareholder rights

Please see the business structure examples on Pages 6-7 of this instruction booklet for a visual representation of supplemental applicants.

#### **Step 1 – Prequalification Application Types**

- **Applicant Entity Prequalification:** This application must be completed for entities who intend to hold a license in their name as a main applicant entity.
- **Sole Proprietor Prequalification:** This application must be completed for individuals who intend to hold a license in their name as a sole proprietor.
- **Supplemental Entity Prequalification:** This application must be completed for each entity meeting the above definition of a supplemental applicant.

• Supplemental Individual Prequalification: This application must be completed for each individual meeting the above definition of a supplemental applicant.

#### **Prequalification Application Fee**

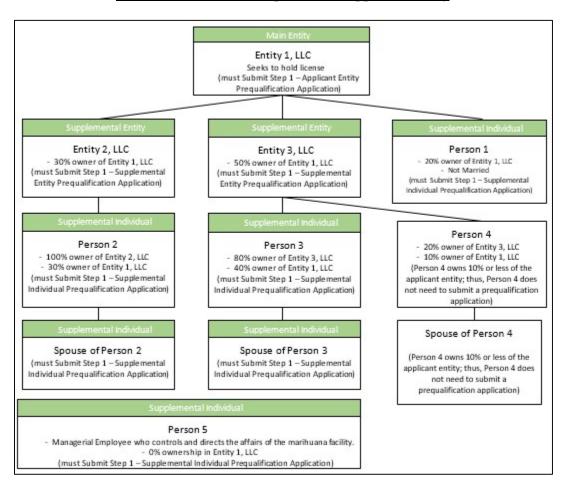
The prequalification application fee for the main applicant is \$6,000.00 and must be paid in full at the time of submitting the prequalification application materials. The application fee is non-refundable and does not apply to supplemental applicants. No review of the application will take place until the application fee is paid.

Upon payment of the application fee, review of the application will begin. Please do not submit the application fee until the main application and all supplemental applications are submitted.

The application fee can be paid in person at our office with cash, check, or money order, or paid via postal mail by sending a check or money order with the application materials.

Checks or money orders should be made payable to: State of Michigan.

#### **Business Structure Example – Main Applicant Entity**



In this business structure example, **Entity 1 seeks to hold a medical marijuana facility license.** The license would print under the name "Entity 1, LLC." This entity is considered the main entity as they will hold the license. Entity 1 must complete the Applicant Entity Prequalification.

#### Entity 1 is owned by Entity 2, Entity 3, and Person 1.

Entity 2 owns 30% of Entity 1. Entity 2 is considered a supplemental applicant as they directly hold greater than 10% ownership interest in the main applicant. Entity 2 must complete a supplemental entity prequalification.

Entity 3 owns 50% of Entity 1. Entity 3 is considered a supplemental applicant as they directly hold greater than 10% ownership interest in the main applicant. Entity 3 must complete a supplemental entity prequalification.

**Person 1 owns 20% of Entity 1.** Person 1 is considered a supplemental applicant as they directly hold greater than 10% ownership interest in the main applicant. Person 1 must complete a supplemental individual prequalification. Person 1 is not married. If Person 1 was married, their spouse would be required to complete supplemental individual prequalification.

#### Entity 2 is owned by Person 2.

Person 2 owns 100% of Entity 2. Entity 2 owns 30% of Entity 1. Therefore, Person 2 indirectly owns 30% of Entity 1 (100% x 30% = 30%). Person 2 is considered a supplemental applicant as they indirectly hold greater than 10% ownership interest in the main applicant. Person 2 must complete a supplemental individual prequalification.

**Person 2 is married.** Spouse of Person 2 is considered a supplemental applicant as their spouse indrectly holds greater than 10% ownership interest in the main applicant. Spouse of Person 2 must complete a supplemental individual prequalification.

#### Entity 3 is owned by Person 3 and Person 4.

**Person 3 owns 80% of Entity 3**. Entity 3 owns 50% of Entity 1. Therefore, **Person 3 indirectly owns 40% of Entity 1** (80% x 50% = 40%). Person 3 is considered a supplemental applicant as they indirectly hold greater than 10% ownership interest in the main applicant. Person 3 must complete a supplemental individual prequalification.

**Person 3 is married.** Spouse of Person 3 is considered a supplemental applicant as their spouse indirectly holds greater than 10% ownership interest in the main applicant. Spouse of Person 3 must complete a supplemental individual prequalification.

**Person 4 owns 20% of Entity 3.** Entity 3 owns 50% of Entity 1. Therefore, **Person 4 indirectly owns 10% of Entity 1** ( $20\% \times 50\% = 10\%$ ). Person 4 is <u>not</u> considered a supplemental applicant as they <u>do not</u> hold greater than 10% ownership interest in the main applicant and do not participate in the management of the company. Person 4 is <u>not</u> required to submit an application for prequalification.

**Person 4 is married.** Spouse of Person 4 is <u>not</u> considered a supplemental applicant as their spouse <u>does not</u> hold greater than 10% ownership interest in the main applicant. Spouse of Person 4 is <u>not</u> required to submit a pregualification application.

Person 5 does not have ownership interest in Entity 1, but is a managerial employee who controls or directs the affairs of Entity 1. Person 5 is considered a supplemental applicant and must complete a supplemental individual prequalification (Spouses of managerial employees are not required to complete prequalification).

#### APPLICANT ENTITY PREQUALIFICATION

The Applicant Entity Prequalification Application can be found at the following link: <u>Applicant Entity Prequalification</u>.

Download the Applicant Entity Prequalification Application.

The main applicant entity will need to complete an Applicant Entity Prequalification Application in its entirety.

#### **APPLICATION CHECKLIST**

Ensure you have gathered all applicable items on the checklist before submitting the application. The last page of the application instruction booklet contains a checklist that provides further information on what each supporting document should entail.

36,00	0 Application Fee							
pplica	nt Entity Prequalification Application	Suppor	rting Documents					
	Page 1: Applicant Entity Prequalification Checklist	Entity In	nformation Documents					
	Page 2: Medical License Types & Descriptions		Copy of Governing Documents (e.g., Operating					
	Page 3: Entity Demographics		Agreement, Bylaws)					
	Page 4: ATTESTATION A - Acknowledgment, Agreement,		Certificate of Good Standing					
	& Consent		Approval to Conduct Business Transactions in					
	Page 5: ATTESTATION B - Authorization to Release		Michigan (if applicable)					
	Information		Certificate of Assumed Name (if applicable) (obtained					
	Page 6: ATTESTATION C - Verification & Affidavit of		from LARA Corporations Division)					
	Full Disclosure		Copy of Organizational Structure (required)					
	Page 7: ATTESTATION D - Acknowledgment of Federal		-					
	Law & Release of Liability		zation Documents					
	Page 8: ATTESTATION F - Confirmation of Tax		CPA Attestation					
	Compliance		Statement of Money Lender Form					
	Page 9: Acknowledgement of Attestations (signed and		Promissory Note/Line of Credit Documents					
	notarized)		solvency, or Bankruptcy Documents					
	Page 10: DISCLOSURE 1 - Entity Information	100000	Copy of Discharge Documentation (if applicable)					
	Pages 11-14: DISCLOSURE 2 – Affiliated Parties	Tax Lia	bility and Delinquency Documents					
	Page 15: DISCLOSURE 3 - Interests of Public Officials		Copy of Initial Notice and Notice of Release (if					
	Page 16: DISCLOSURE 4 - Debt, Insolvency, or	750 195	applicable)					
	Bankruptcy Actions		Copy of Payment Plan Documentation (if applicable)					
	Page 17: DISCLOSURE 5 - Tax & Tax Compliance		ion Documents					
	Pages 18-19: DISCLOSURE 6 - Government Regulation							
	Page 20: DISCLOSURE 8 - Litigation History							
			Comparable License from Other Jurisdictions (if applicable)					
			Summary of Facts and Circumstances Concerning					
			License Denial, Restriction, Revocation, Suspension, or Nonrenewal (if applicable)					
		-	on Documents					
		10000	Copy of Complaint (if applicable)					
			Copy of Judgment (if applicable)					

#### PAGE 2 – MEDICAL LICENSE TYPES & DESCRIPTIONS

Within the **Medical License Types & Descriptions** table, indicate which license type(s) and the number of licenses the main applicant entity intends to apply for in Step 2.

#### MEDICAL LICENSE TYPES & DESCRIPTIONS

There is a non-refundable \$6,000 application fee for main applicants. The main applicant is the entity which intends to hold the medical marijuana facility license. No review of the application will take place until the fee had been paid.

Indicate the license type(s) the main entity applicant intends to apply for in step two. This selection is not permanent until step two of the application is completed.

License Type	Number of Licenses	Description of License
Grower Class A		Licensee is authorized to grow not more than 500 marijuana plants.
Grower Class B		Licensee is authorized to grow not more than 1000 marijuana plants.
Grower Class C		Licensee is authorized to grow not more than 1500 marijuana plants.
Processor		Licensee is authorized to purchase marijuana only from a grower and sale of marijuana-infused products or marijuana only to a provisioning center or another processor.
Provisioning Center		Licensee is authorized to the purchase or transfer of marijuana only from a grower or processor and sale or transfer to only a registered qualifying patient or registered primary caregiver.
Safety Compliance Facility		Licensee is authorized to receive marijuana from, test marijuana for, and return marijuana to only a marijuana facility.
Secure Transporter		Licensee is authorized to store and transport marijuana and associated money between marijuana facilities.

The following is a detailed description of each license type:

#### **Grower Class A**

- License authorizes the licensee to grow not more than 500 marijuana plants.
- Authorizes the sale of marijuana plants to a grower only by means of a secure transporter.
- Authorizes the sale or transfer of seeds, seedlings, or tissue cultures to a grower from a registered primary caregiver or another grower without using a secure transporter.
- Authorizes sale of marijuana, other than seeds, seedlings, tissue cultures, and cuttings, to a processor or a provisioning center.
- The applicant and each investor in the grower must not have an interest in a secure transporter or safety compliance facility.

#### **Grower Class B**

- License authorizes the licensee to grow not more than 1,000 marijuana plants.
- Authorizes the sale of marijuana plants to a grower only by means of a secure transporter.
- Authorizes the sale or transfer of seeds, seedlings, or tissue cultures to a grower from a registered primary caregiver or another grower without using a secure transporter.
- Authorizes sale of marijuana, other than seeds, seedlings, tissue cultures, and cuttings, to a processor or a provisioning center.
- The applicant and each investor in the grower must not have an interest in a secure transporter or safety compliance facility.

#### **Grower Class C**

- License authorizes the licensee to grow not more than 1,500 marijuana plants.
- Authorizes the sale of marijuana plants to a grower only by means of a secure transporter.
- Authorizes the sale or transfer of seeds, seedlings, or tissue cultures to a grower from a registered primary caregiver or another grower without using a secure transporter.
- Authorizes sale of marijuana, other than seeds, seedlings, tissue cultures, and cuttings, to a processor or a provisioning center.
- The applicant and each investor in the grower must not have an interest in a secure transporter or safety compliance facility.

#### **Processor**

- License authorizes the licensee to purchase marijuana only from a grower and sale of marijuana-infused products or marijuana only to a provisioning center or another processor.
- The applicant and each investor in the processor must not have an interest in a secure transporter or safety compliance facility.

#### **Provisioning Center**

- License authorizes the licensee to purchase or transfer marijuana only from a grower or processor and sale or transfer to only a registered qualifying patient or registered primary caregiver.
- The applicant and each investor in the provisioning center must not have an interest in a secure transporter or safety compliance facility.

#### **Safety Compliance Facility**

- License authorizes the licensee to receive marijuana from, test marijuana for, and return marijuana to only a marijuana facility.
- Must be accredited by an entity approved by the agency by 1 year after the date the license is issued or have previously provided drug testing services to this state or this state's court system and be a vendor in good standing in regard to those services.
- The applicant and each investor with any interest in the safety compliance facility must not have an interest in a grower, secure transporter, processor, or provisioning center.
- Retain and employ at least 1 laboratory manager with a relevant advanced degree in a medical or laboratory science.

#### **Secure Transporter**

- License authorizes the licensee to store and transport marijuana and associated money between marijuana facilities.
- The applicant and each investor with an interest in the secure transporter must not have an interest in a grower, processor, provisioning center, or safety compliance facility
- The applicant and each investor must not be a registered qualifying patient or registered primary caregiver.
- Each driver transporting marijuana must have a chauffeur's license issued by this state.
- Each employee who has custody of marijuana or money that is related to a marijuana transaction shall not have been convicted of or released from incarceration for a felony under the laws of this state, any other state, or the United States within the past 5 years or have been convicted of a misdemeanor involving a controlled substance within the past 5 years.

#### **PAGE 3 – DEMOGRAPHIC INFORMATION**

Check the appropriate box to indicate if the Applicant Entity Prequalification Application is the initial filing of the prequalification application or if the applicant entity's prequalification previously expired and a prequalification application is being refiled.

ENTITY DEMOGRAPHICS
<ul> <li>□ Initial Prequalification Application</li> <li>□ Refiled Application of Lapsed Prequalification</li> </ul>
- Attended Approved at Authors and Authors

In the **DEMOGRAPHIC INFORMATION** section, provide the following information for the main applicant entity in the corresponding field on the application:

- Entity Name as it appears on official business documents
- **Assumed Name** of the main applicant entity, if operating under a name other than the main applicant entity's official name.
- Mailing Address of the main applicant entity
- Federal Employer Identification Number (FEIN) of the applicant entity
- **Phone Number** of the main applicant entity
- Email Address of the main applicant entity

	following information regard opears on official business docur	- T	1900A	filed assumed name certificate, if applicable)
Entity Mailing Ad	dress		FEIN	
City	State	Zip Code	Entity Phone	Entity Email Address

In the **PERSON COMPLETING APPLICATION** section, provide the following information in the corresponding field on the application:

- Name of the individual completing the application
- Date of Birth of the individual completing the application
- Mailing Address of the individual completing the application
- **Phone Number** of the individual completing the application
- Email Address of the individual completing the application

PERSON COMPLET: Please provide the following			ng this application.	
Name (First, Middle, Last)			Date of Birth (mm/dd/yyyy)	
Mailing Address			Phone	
City	State	Zip Code	Email Address	

Ensure all contact information is accurate and that current email addresses have been provided, as most correspondence from MRA will be sent via email.

#### **PAGES 4-9 – ATTESTATIONS**

Read all attestations carefully as the applicant will be acknowledging and agreeing to the information and stipulations contained in these attestations.

If you are unsure of what an item within an application means, please consult an attorney. MRA cannot provide legal interpretation of the statute or rules.

#### PAGE 4 - ATTESTATION A - ACKNOWLEDGMENT, AGREEMENT, AND CONSENT

After reading the attestation, provide the name of the main applicant entity and the name of the individual authorized to sign on behalf of the main applicant entity in the spaces provided.

#### ATTESTATION A - ENTITY ACKNOWLEDGMENT, AGREEMENT, & CONSENT (To be completed and submitted by the applicant) On behalf of Name & Title of Individual Authorized to Sign on Behalf of Entity acknowledge that I am the person responsible for submitting this application and supporting documents. I hereby acknowledge that the Marijuana Regulatory Agency (Agency) may require supplemental materials in order to carry out its statutory duties. I hereby agree to submit such supplemental materials as requested by the Agency in a timely manner. I understand that if the Agency identifies a deficiency in an application, the Agency shall notify the applicant and the applicant shall submit the missing information or proof that the deficiency has been corrected to the agency within 5 days of the date the applicant received the deficiency notice. I acknowledge that failure to provide requested disclosures and documentation or to correct any notice of deficiency within 5 days of its receipt may result in the denial of an application. I hereby acknowledge that any issuance of a license is a privilege. I have the responsibility to prove that it is eligible, suitable, and qualified to be licensed. I must accept any risk of adverse public notice, embarrassment, criticism, or other action, or financial loss, which may result from action with respect to an application or the public disclosure of information requested in this application, and expressly waive any claim for damages as a result thereof. Information not called for in this application or in addition to that provided in response to this application, may be requested. I, as the applicant submitting this application, hereby certify that I do not have an interest in any other state operating license that is prohibited by the Medical Marihuana Facilities Licensing Act, 2016 PA 281 (MMFLA). I hereby acknowledge that I am under a continuing duty to promptly disclose to the Agency any changes in the information provided in the application and supporting documents submitted to the Agency. To comply with this requirement, I hereby acknowledge that I must submit a letter to the Agency stating any changes with reference to the specific information within the application to which the changes pertain. I hereby consent to investigations of compliance, regular inspections, examinations, searches, seizures, and auditing of books and records as provided in MMFLA Section 303(1)(c)(j) to (iv) and the MMFLA Administrative Rules, and to disclose to the Agency and its agents of otherwise confidential records, including tax records held by any federal, state, or local agency, or credit agency or financial institution, while applying for or holding a state operating license. This consent is authorization to review and inspect tax records administered under the Michigan Revenue Act, 1941 PA 122. I hereby acknowledge that the finding of prequalification status for a pending application is valid for two years after the Agency issues a notice of prequalification status unless otherwise determined by the agency. I understand that after two years have expired, I may be required to submit a new application and pay a new nonrefundable application fee I hereby consent to receive all service of process via electronic service as opposed to certified mail. This consent is valid unless otherwise revoked in writing.

#### PAGE 5 - ATTESTATION B - AUTHORIZATION TO RELEASE INFORMATION

After reading the attestation, provide the name of the main applicant entity and the name and title of the individual authorized to sign on behalf of the main applicant entity in the spaces provided.

## ATTESTATION B - ENTITY AUTHORIZATION TO RELEASE INFORMATION (To be completed and submitted by the applicant)

To all courts, probation departments, selective service boards, employers, educational institutions, banks, financial and other such institutions, and all governmental agencies federal, state and local, without exception, both foreign and domestic:

authorize the Marijuana Regulatory Agency (Agency) and its agents to conduct a full investigation into the background and activities of the applicant for purposes of determining the applicant's eligibility for a marijuana facility prequalification and state operating license.

I understand that by the signing of this authorization, a financial background check will be performed. I authorize any financial institution to surrender to the Agency a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal financial records in whatever form and wherever located. I authorize my employers to release any employment information required to validate my financial history. I understand that the financial background check will include a credit history examination and that my credit report, credit history, and credit capacity information will be obtained.

I understand that by signing this authorization, a financial background check of my tax filing and tax obligation status will be performed. I authorize my respective state taxing agency to surrender to the Agency a complete and accurate record of any and all tax information or records relating to me for the purposes of this application. I authorize the Agency to obtain, receive, review, copy, discuss, and use any such tax information or documents relating to me. I authorize the release of this type of information, the remainder of the provisions of state or federal laws.

I understand that by signing this authorization, a criminal history background check will be performed. I authorize the Agency to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located for purposes of completing this application. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and the sentence was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

Therefore, you are hereby authorized, to release any and all information pertaining to this applicant, documentary or otherwise, as requested by any employee or agent of the Agency, provided that he or she certifies to you that said applicant has an application pending before the Agency or that said applicant is a licensee or other person required to be qualified under the provisions of the Medical Marihuana Facilities Licensing Act (MMFLA).

This authorization shall supersede any prior request or authorization to the contrary and shall be in effect during the pendency of this application. A photocopy of this authorization will be considered as effective and valid as the original.

#### PAGE 6 - ATTESTATION C - VERIFICATION & AFFADAVIT OF FULL DISCLOSURE

After reading the attestation, provide the name of the main applicant entity and the name and title of the individual authorized to sign on behalf of the main applicant entity in the spaces provided.

In Section 2, provide the name of the contact person who is authorized to speak with the Agency about the application in the space provided on the form. Provide their email address, phone number, and Accela Citizen Access Login User ID (if known) in the spaces provided.

If you wish to designate more than one contact person, please add additional pages of this form to the application with each contact person on a separate Attestation C form.

**NOTE:** If an individual contacts MRA about the application and that individual is not a supplemental applicant, not the individual completing the application, and not an authorized contact person listed on Attestation C, the Agency will not provide information to that individual.

	VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE (To be completed and submitted by the applicant)
	(10 be completed and inclinated by the applicant)
	Add additional pages of this form if authorizing more than one contact person.
)2	n behalf of
	Name of Entity Name & Title of Individual Authorized to Sign on Behalf of Entity
00	nfirm the following:
	I am the individual responsible for submitting this application and have full authority to execute this affidavit of full disclosure.
	I authorizeto be a contact person for the Marijuana Regulatory Agency (Agency). I understand that this person will have access to records and material submitted to the Agency for the purposes of this application. Further, I understand that this person will retain access and receive communication from the Agency regarding the applicant/licensee until the applicant/licensee submits an official request to remove this person's access and cease communication with this person. Please provide the information for this contact person below.
	E-mail Address: Phone Number:
	Accela Citizen Access Login User ID (if applicable):
	I authorize the person listed as the Person Completing Application within the demographic section of the application to be a contact person for the Agency. I understand that this person will have access to records and material submitted to the Agency for the purposes of this application. Further, I understand that this person will retain access and receive communication from the Agency regarding the applicant/licensee until the applicant/licensee submits an official request to remove this person's access and cease communication with this person.
	I affirm that the information contained in this application is true, complete, and accurate to the best of my knowledge and belief.
	Except as reported in this application, I have no agreements or understandings with any person or entity and no present intent to hold as agent, nominee, or otherwise any interest in the application.
	Except as reported in this application, I have no agreements or understanding with any person or entity and no present intent to pay any sums of money or give anything of value as, including but without limitation, a finder's fee or commission to any person or entity related to the interest in this application.
	I understand that the entity has an ongoing obligation to notify the Agency should the entity enter into any such agreement contemplated by this attestation.

## <u>PAGE 7 - ATTESTATION D – ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF</u> LIABILITY

After reading the attestation, provide the name of the main applicant entity and the name and title of the individual authorized to sign on behalf of the main applicant entity in the spaces provided.

## ATTESTATION D - ENTITY ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF LIABILITY (To be completed and submitted by the applicant)

On behalf of		, I	
2000 CO	Name of Entity		Name & Title of Individual Authorized to Sign on Behalf of Entity
hereby acknowledge	and affirm the following:		

The Federal Controlled Substances Act, Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. § 801 et seq., regulates marijuana as a Schedule I controlled substance, for which there is "no currently accepted medical use in treatment in the United States." 21 U.S.C. § 812(b)(1)(B). Although the state of Michigan has recognized and authorized the use of medical marijuana pursuant to the Michigan Medical Marihuana Act, 2008 IL 1, MCL 333.26421 to 333.26430, has authorized the issuance of state operating licenses to medical marijuana facilities pursuant to the Medical Marihuana Facilities Licensing Act, 2016 PA 281, MCL 333.27101 to MCL 333.27801, and has provided for a statewide monitoring system in the Marihuana Tracking Act, 2016 PA 282, MCL 333.27901 to 333.27904, these state authorized activities remain prohibited by federal law.

I understand that a state operating license does not insulate or shield me or my business from federal seizure and/or forfeiture as allowed by federal law and does not insulate me from federal criminal arrest and/or prosecution.

I understand that choosing to file an application for a state operating license and, if issued a license, choosing to establish and operate a marijuana facility pursuant to that license, is done so at my own risk.

By my signature and attestation to this form, I hereby completely release and forever discharge the State of Michigan, the Michigan Department of Licensing and Regulatory Affairs, and the Marijuana Regulatory Agency, and its respective employees, agents, facilities, insurers, indemnors, successors, heirs and/or assigns from any and all past, present or future claims, demands, obligations, actions, causes of action, wrongful death claims, rights, damages, costs, losses of services, expenses and compensation of any nature whatsoever, whether based on a tort, contract or other theory of recovery, which I may now have, or which may hereafter accrue or otherwise be acquired, on account of, or may in any way arise out of my application for a state operating license and, if issued a license, my operation of a marijuana facility.

#### PAGE 8 – ATTESTATION F – CONFIRMATION OF TAX COMPLIANCE

**PART A** – After reading this section of the attestation, provide the name of the main applicant entity, the name and title of the individual authorized to sign on behalf of the main applicant entity, the signature of the individual authorized to sign, the entity FEIN, and the date in the spaces provided. Ensure a return mailing address is provided so the Department of Treasury is able to return the form.

PART A (to be comple	ted by the applicant before sub	mitting to the Den	artment of Treasury)	
•	• • • •			
On behalf of	Name of Entity	, 1	ame & Title of Individual Authorized to Sign o	on Behalf of Entity
and the Administrative I	Rules. I hereby attest that the sta f. I further affirm that if I have be	tements that will be	cal Marihuana Facilities Licensin confirmed in Part B below are t n registered and remitting sales ta	true to the best o ix to the Michiga
confidential. I authorize Marijuana Regulatory A This limited authorizatio	gency for the limited purpose of on relates to all tax types adminis	easury to furnish tax determining my qua tered under the Reve	ormation acquired in the admin k returns and provide tax return in liffication and fitness for licensis enue Act. This limited authorizat nger licensed, whichever is later.	nformation to th e under MMFLA tion continues fo
confidential. I authorize Marijuana Regulatory A This limited authorizatio two years from the date Signature of Individual Author	the Michigan Department of Tro gency for the limited purpose of on relates to all tax types adminis	easury to furnish tax determining my qua tered under the Reve	r returns and provide tax return is diffication and fitness for licensure enue Act. This limited authorizat	nformation to th e under MMFLA tion continues fo
confidential. I authorize Marijuana Regulatory A This limited authorizatio two years from the date	the Michigan Department of Tr gency for the limited purpose of on relates to all tax types adminis of my signature below or until the nized to Sign on Behalf of Entity	easury to furnish tax determining my qua tered under the Reve	r returns and provide tax return is diffication and fitness for licensure enue Act. This limited authorizat nger licensed, whichever is later.  Date	nformation to th e under MMFLA tion continues fo
confidential. I authorize Marijuana Regulatory A This limited authorizatio two years from the date Signature of Individual Author	the Michigan Department of Tr gency for the limited purpose of on relates to all tax types adminis of my signature below or until the nized to Sign on Behalf of Entity	easury to furnish tax determining my qua tered under the Reve se applicant is no lon	r returns and provide tax return is diffication and fitness for licensure enue Act. This limited authorizat nger licensed, whichever is later.  Date	nformation to th e under MMFLA tion continues fo
confidential. I authorize Marijuana Regulatory A This limited authorizatio two years from the date Signature of Individual Author	the Michigan Department of Tri gency for the limited purpose of on relates to all tax types adminis of my signature below or until the nized to Sign on Behalf of Entity  Return A	easury to furnish tax determining my qua tered under the Reve se applicant is no lon	r returns and provide tax return is diffication and fitness for licensure enue Act. This limited authorizat nger licensed, whichever is later.  Date	nformation to th e under MMFLA tion continues fo

**PART B** – The applicant must have this section of the attestation completed by an authorized designee of the Michigan Department of Treasury. The designee will confirm the required information and sign the form if applicable.

An authorized designee of the Michigan Department of Treasury can be contacted at:

Michigan Department of Treasury Hours: Monday – Friday, 8:00 a.m. to 4:00 p.m. Phone: 517-636-6925

Fax: 517-636-4520

Email: Treas-MI-Marihuana-Tax@michigan.gov

,	(designee) of the Michigan Department of Treasury,
n Part A on the sa Tax Trea	onfirm to the Marijuana Regulatory Agency (Agency) that the applicant for a state operating license as named above, has no delinquency in payments and has satisfied all obligations for any sales or any other taxes that were to be levied le of marijuana in accordance with the treasury bulletin titled "Marihuana Provisioning Center Tax and Sales and Use tement of Marihuana" which was issued January 18, 2018 as updated. This attestation is provided in accordance with ical Marihuana Facilities Licensing Act, 2016 PA 281 (MMFLA), and the Administrative Rules.
further	confirm that:
	confirm that:  The applicant is in good standing with the Michigan Department of Treasury for any taxes for which the applicant is responsible.
	The applicant is in good standing with the Michigan Department of Treasury for any taxes for which the applicant is responsible.

Failure to submit this attestation with the signature of an authorized Michigan Department of Treasury designee will result in a Notice of Deficiency. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of the application.

#### PAGE 9 - ACKNOWLEDGMENT OF ATTESTATIONS

**Do not sign this form until in the presence of a notary.** Provide the name of the main applicant entity and the name and title of the individual authorized to sign on behalf of the main applicant entity in the spaces provided. Indicate by checking the boxes that the main applicant entity acknowledges and consents to each attestation.

The individual who is authorized to sign documents on behalf of the main applicant entity should sign this form in the presence of an active notary, providing the entity name, their name, signature, and date in the spaces provided. The individual who is authorized to sign on behalf of the main applicant entity signature date and notary signature date must match.

If the notary signature is invalid and/or the dates do not match, the applicant will receive a Notice of Deficiency. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of the application.

	Do not sign		
On behalf of		, I	
hereby swear, ac acknowledgment:		ring attestations (check all that apply to indicate	the applicant's
	A: Acknowledgment, Agreement & Co		
	B: Authorization to Release Information	58 R 31 202 202 200 T 10 10 10 10 10 10 10 10 10 10 10 10 10	
		closure (with contact designated, if applicable)	
☐ Attestation	D: Acknowledgment of Federal Law &	Palanca of Linkilita	
	30.000 m (1) - 1 m (1) - 1 m (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Release of Liability	
☐ Attestation	F: Confirmation of Tax Compliance	nformation set forth in this application and all suppor	ting documents
☐ Attestation Further, I affirm, t is true, complete, :	F: Confirmation of Tax Compliance under the penalties of perjury, that the in	nformation set forth in this application and all suppor	ting document
☐ Attestation Further, I affirm, t is true, complete, a Signature of Individual	F: Confirmation of Tax Compliance under the penalties of perjury, that the in and correct, and that no material informa Authorized to Sign on Behalf of Entity un to by	nformation set forth in this application and all supportation has been omitted.  Date before me on	
☐ Attestation Further, I affirm, t is true, complete, a Signature of Individual	F: Confirmation of Tax Compliance under the penalties of perjury, that the in and correct, and that no material informa Authorized to Sign on Behalt of Entity	nformation set forth in this application and all supportation has been omitted.  Date before me on	
☐ Attestation Further, I affirm, t is true, complete, a Signature of Individual Subscribed and swo	F: Confirmation of Tax Compliance under the penalties of perjury, that the ir and correct, and that no material informa Authorized to Sign on Behalf of Entity  the by  (Authorized Individue)	nformation set forth in this application and all supportation has been omitted.  Date before me on	
Attestation Further, I affirm, t is true, complete, Signature of Individual Subscribed and swo (Notary Public Signature)	F: Confirmation of Tax Compliance under the penalties of perjury, that the ir and correct, and that no material informa Authorized to Sign on Behalf of Entity  the by  (Authorized Individue)	nformation set forth in this application and all supportation has been omitted.  Date  Defore me on	

#### PAGE 10 - DISCLOSURE 1 - ENTITY INFORMATION

**PAGE 10** - Provide the main applicant entity's name and phone number in the space provided at the top of this disclosure form.

	DISCLOSURE 1 – ENTITY INFORMATION	
Entity Name	Phone No.	

e (3) ENTITY PRIOR ADDRESSES section, provide any prior addresses used by the past three years. Add additional pages if necessary. If the main applicant entity hesses, this section can be left blank.  (3) ENTITY PRIOR ADDRESSES Provide any prior address used by the entity during the past 3 years, if applicable. Add additional pages if no Entity Prior Street Address  City, State, Zip Code  Date Use Began	n applicant entity has not had a
ng the past three years. Add additional pages if necessary. If the main applicant entity hesses, this section can be left blank.  (3) ENTITY PRIOR ADDRESSES Provide any prior address used by the entity during the past 3 years, if applicable. Add additional pages if n	n applicant entity has not had a
ng the past three years. Add additional pages if necessary. If the main applicant entity hesses, this section can be left blank.  (3) ENTITY PRIOR ADDRESSES Provide any prior address used by the entity during the past 3 years, if applicable. Add additional pages if n	n applicant entity has not had a
g the past three years. Add additional pages if necessary. If the main applicant entity hosses, this section can be left blank.  (3) ENTITY PRIOR ADDRESSES  Provide any prior address used by the entity during the past 3 years, if applicable. Add additional pages if necessary.	n applicant entity has not had a
ses, this section can be left blank.  ENTITY PRIOR ADDRESSES  Provide any prior address used by the entity during the past 3 years, if applicable. Add additional pages if n	dd additional pages if necessary.
ENTITY PRIOR ADDRESSES Provide any prior address used by the entity during the past 3 years, if applicable. Add additional pages if n	
Provide any prior address used by the entity during the past 3 years, if applicable. Add additional pages if n	
Entity Prior Street Address City, State, Zip Code Date Use Began	Date Use Began Date Use C
(4) ENTITY OTHER BUSINESS INTERESTS section, provide any other busines	•
ant entity. Add additional pages if necessary. If the main applicant entity does not l	it entity does not have any oth
ts, this section can be left blank.	
<ol> <li>ENTITY OTHER BUSINESS INTERESTS         Provide any other business interests of the main applicant entity, regardless of whether the business is related t     </li> </ol>	
industry. Add additional pages if necessary.	r the business is related to the marijuana
Name of Other Business Type of Business Entity (e.g., LLC, Corporation, Sole Type of Business Conducted Ext	r the business is related to the marijuana
Interest Proprietor, etc.)	-
	-
	-
	-

In the (1) ENTITY STRUCTURE section, check the box that best describes the business structure of the main

□ Partnership

applicant entity. If you select "Other," indicate the entity structure type in the space provided.

Limited Liability Company (LLC)

The main applicant entity should gather the following documentation in support of the Entity Information disclosure:

- ➤ Copy of Governing Documents (e.g., Operating Agreement or Bylaws)
- > Certificate of Good Standing
- Approval to Conduct Business Transactions in Michigan (if applicable)
- Certificate of Assumed Name (if applicable)
- > Copy of Organizational Structure (see requirements and example within application)
- ➤ Authorizing Resolution (if applicable)

#### PAGES 11 & 12 - MAIN ENTITY ORGANIZATIONAL STRUCTURE REQUIREMENTS & EXAMPLE

Each main applicant entity is required to submit an organizational structure with their application as one of the supporting documents. This page of the application outlines the requirements of the organizational chart and gives an example of how to format this document.

When creating the organizational structure document for the main applicant entity, be sure to include the ownership interest percentage for any entity or individual involved in the business.

**NOTE**: All parties listed below must be disclosed; however, some parties listed below may not rise to the level of being a supplemental applicant.

#### Limited Liability Companies (LLCs) must disclose:

- All members holding any direct or indirect ownership interest of 2.5% or greater in the main applicant seeking licensure
  - o Important: Members that exercise control over or participate in the management of the applicant must be disclosed regardless of their ownership percentage
  - Spouses of members (if the member holds a direct or indirect ownership interest of greater than 10% in the main applicant seeking licensure and/or exercises control over or participates in the management of the applicant)
- All managers (for manager-managed LLCs)
  - o Spouses of all managers (for manager-managed LLCs)
- All managerial employees (employees who can control and direct the affairs of the marihuana business and/or can make policy concerning the marihuana business)

#### Publicly Held Corporations must disclose:

- All corporate officers or persons with equivalent titles
  - o Spouses of all corporate officers or persons with equivalent titles
- All directors
  - Spouses of all directors
- All shareholders holding a direct or indirect interest of greater than 5% in the main applicant seeking licensure
  - Spouses of shareholders (if the shareholder holds a direct or indirect ownership interest of greater than 10% in the main applicant seeking licensure)
- All managerial employees (employees who can control and direct the affairs of the marihuana business and/or can make policy concerning the marihuana business)

#### Privately Held Corporations must disclose:

- All corporate officers or persons with equivalent titles
  - o Spouses of all corporate officers or persons with equivalent titles
- All directors
  - Spouses of all directors
- All shareholders holding a direct or indirect interest of 2.5% or greater in the main applicant seeking licensure
  - Spouses of shareholders (if the shareholder holds a direct or indirect ownership interest of greater than 10% in the main applicant seeking licensure)
- All managerial employees (employees who can control and direct the affairs of the marihuana business and/or can make policy concerning the marihuana business)

#### For a Trust, the following must be disclosed:

- All beneficiaries that have an ownership interest of 2.5% or greater in the main applicant seeking licensure
  - o Important: Beneficiaries that exercise control over or participate in the management of the applicant must be disclosed regardless of their ownership percentage
  - Spouses of beneficiaries (if the beneficiary receives or has the right to receive greater than 10% of the gross or net profit of the trust during any full or partial calendar or fiscal year)
- All trustees

#### Partnerships and Limited Liability Partnerships must disclose:

- All partners
  - o Spouses of all partners
- All managerial employees (employees who can control and direct the affairs of the marihuana business and/or can make policy concerning the marihuana business)

#### Limited Partnerships and Limited Liability Limited Partnerships must disclose:

- All general and limited partners that have an ownership interest of 2.5% or greater in the main applicant seeking licensure
  - o Important: Partners that exercise control over or participate in the management of the applicant must be disclosed regardless of their ownership percentage
  - Spouses of all general and limited partners (if the partner holds a direct or indirect ownership interest of greater than 10% in the main applicant seeking licensure and/or exercises control over or participates in the management of the main applicant seeking licensure)
- All managerial employees (employees who can control and direct the affairs of the marihuana business and/or can make policy concerning the marihuana business)

#### Nonprofit corporations must disclose:

- All entities and individuals with membership or shareholder rights of 2.5% or greater in the main applicant seeking licensure
  - o Spouses of all individuals with membership or shareholder rights
- All managerial employees (employees who can control and direct the affairs of the marihuana business and/or can make policy concerning the marihuana business)

#### PAGE 13 - DISCLOSURE 2 - AFFILIATED PARTIES (Affiliated Parties & Spouses)

PAGE 13 - Provide the main applicant entity's name and phone number in the space provided at the top of this disclosure form.

52	DISCLOSURE 2 - AFFILIATED PARTIES	
Entity Name	Phone No.	33
V	Affiliated Parties & Spouses	

In the table provided on the disclosure, list the following:

If the entity is a:	Disclose:
Main applicant	All managerial employees and the following for the entity types below:
Limited Liability Company	All managers (for manager-managed LLC's), all members that have greater than 10% ownership interest in the main applicant seeking licensure and/or that exercise control over or participate in the management of the main applicant, and the spouses of these individuals.
Publicly or Privately Held Corporation	All corporate officers or persons with equivalent titles, all directors, all shareholders holding greater than 10% ownership interest, and the spouses of these individuals.
Trust	All beneficiaries, their spouses, and all trustees.
Partnership or Limited Liability Partnership	All partners and their spouses.
Limited Partnership or Liability Limited Partnership	All general and limited partners with greater than 10% ownership interest and their spouses.
Nonprofit Corporation	All entities and individuals with membership or shareholder rights and their spouses.

**NOTE**: Managerial employees are individuals who can control and direct the affairs of the marijuana facility and/or can make policy concerning the marijuana facility.

E.g., If the application is being filled out for the main applicant entity, Entity 1 from the <u>MAIN ENTITY ORGANIZATIONAL STRUCTURE REQUIREMENTS & EXAMPLE</u> on page 11 the application, **Managerial Employee 1** and **Managerial Employee 2** would be listed on page 13- <u>DISCLOSURE 2 – AFFILIATED PARTIES (Affiliated Parties & Spouses)</u>, as they are managerial employees who can direct the affairs of and make policy concerning the marijuana facility.

Entity 2, Entity 3, and Entity 4 would be listed on this section of the disclosure as they directly hold greater than 10% ownership interest in Entity 1.

Entity 6, Individual 2, Individual 3, and Individual 5 would be listed on this section of the disclosure as they indirectly hold greater than 10% ownership interest in Entity 1.

Additionally, **Spouse of Individual 2**, **Spouse of Individual 3**, and **Spouse of Individual 5** would also be listed on this section of the disclosure as they are spouses of individual's who directly or indirectly hold greater than 10% ownership interest in Entity 1.

Provide the following information for each entity or individual with direct or indirect ownership interest in the main applicant entity for which the application is being completed in the corresponding field on the table:

- Full Name as it appears on legal documents
- FEIN if an entity, SSN if an individual
- Email Address
- Date of Birth if an individual
- If the entity or individual is from out of the country, select "Yes" in the "Out of Country Applicant?" column
  - o **NOTE**: If the out-of-country applicant has greater than 10 percent direct or indirect ownership interest in the main applicant entity, their supplemental application **must** be submitted via paper documents. The online system cannot account for out-of-country addresses.

### PAGE 13 - DISCLOSURE 2 – AFFILIATED PARTIES (Affiliated Parties & Spouses) EXAMPLE FOR ENTITY 1:

Entity or Individual Name	FEIN or SSN	IN or SSN E-mail Address		Out of Country Applicant?	
Managerial Employee 1	012-34-5678	managerialemp1@email.com	01/01/1961	☐ Yes	
Managerial Employee 2	123-45-6789	managerialemp2@email.com	02/02/1962	☐ Yes	
Entity 2, LLC	23-4567890	entity2llc@email.com		☐ Yes	
Entity 3, LLC	34-5678901	entity3llc@email.com	8	☐ Yes	
Entity 4, LLC	45-6789012	entity4llc@email.com		☐ Yes	
Entity 6, LLC	56-7890123	entity6llc@email.com		☐ Yes	
Individual 2	234-56-7890	individual2@email.com	03/03/1963	☐ Yes	
Spouse of Individual 2	345-67-8901	spouseind2@email.com	04/04/1964	☐ Yes	
Individual 3	456-78-9012	individual3@email.com	05/05/1965	☐ Yes	
Spouse of Individual 3	567-89-0123	spouseind3@email.com	06/06/1966	☐ Yes	
Individual 5	678-90-1234	individual5@email.com	07/07/1967	☐ Yes	
Spouse of Individual 5	789-01-2345	spouseind5@email.com	08/08/1968	⊠ Yes	
50		\$1, Value		☐ Yes	
				☐ Yes	
				☐ Yes	
				☐ Yes	
				☐ Yes	
				☐ Yes	
				☐ Yes	
	3		8	☐ Yes	
				☐ Yes	
				☐ Yes	

## PAGE 14- DISCLOSURE 2 – AFFILIATED PARTIES, CONTINUED (Ten Percent or Less)

**PAGE 14** - Provide the main applicant entity's name and phone number in the space provided at the top of this disclosure form.

DISCLOSURE 2 -	AFFILIATED PARTIES, CONTINUED
Entity Name	Phone No.
***	Ten Percent or Less

In the table provided on the disclosure, list the following:

If the entity is a:	Disclose:
Limited Liability Company	All members holding 2.5% to 10% ownership interest.
Publicly Held Corporation	All shareholders holding greater than 5% to 10% ownership interest.
Privately Held Corporation	All shareholders holding 2.5% to 10% ownership interest.
Trust	All beneficiaries receiving or who have the right to receive 2.5% to 10% of the gross or net profit of the trust during any full or partial calendar or fiscal year.
Limited Partnership or Liability Limited Partnership	All general and limited partners holding 2.5% to 10% ownership interest.

E.g., If the application is being filled out for Entity 1 in the <u>MAIN ENTITY ORGANIZATIONAL STRUCTURE</u> <u>REQUIREMENTS & EXAMPLE</u> on page 11 the application, **Individual 1** would be listed on <u>DISCLOSURE 2 – AFFILIATED PARTIES</u>, <u>CONTINUED</u> (<u>Ten Percent or Less</u>), as they directly hold 10% or less ownership interest in Entity 1. If Individual 1 is married, their spouse is not required to be disclosed.

Entity 5 would be listed on this section of the disclosure, as it indirectly holds 10% or less ownership interest in Entity 1 (15% x 60% = 9%).

**Individual 4** would be listed on this section of the disclosure, as they indirectly hold 10% or less ownership interest in Entity 1 (100% x 15% x 60% = 9%). If Individual 4 is married, their spouse is not required to be disclosed.

Provide the following information in the corresponding field on the table for each entity or individual with direct or indirect ownership interest of 10% or less in the main applicant entity for which the application is being completed:

- Full Name as it appears on legal documents
- Mailing Address
- Email Address
- Date of Birth if an individual

## PAGE 14 - DISCLOSURE 2 - AFFILIATED PARTIES, CONTINUED (Ten Percent or Less) EXAMPLE FOR ENTITY 1

Entity or Individual Name	Address	Address E-Mail Address	
Individual 1	123 Main Street, Lansing, MI 48906	Individuall@email.com	9/9/1969
Entity 5, LLC	123 Main Street, Lansing, MI 48906	Entit5llc@email.com	
Individual 4	123 Main Street, Lansing, MI 48906	Indivdiual4@email.com	10/10/1970

#### PAGE 15 - DISCLOSURE 3 - INTERESTS OF PUBLIC OFFICIALS

**PAGE 15** - Provide the main applicant entity's name and phone number in the space provided at the top of this disclosure form.

	DISCLOSURE 3 – INTERESTS OF PUBLIC OFFICIALS	
Entity Name	Phone No.	

List the names and titles of all public officials or officers of any unit of government as well as the spouses, parents, and children of those public officials or officers, who directly, or indirectly:

- Own any financial interest in the entity
- Have any beneficial interest in the entity
- Are the creditors of the entity
- Hold any debt instrument issued by the entity

Name of Public Official/Office of Governmental Unit

• Hold or have any interest in any contractual or service relationship with the entity

	ist the names and titles of all public officials or officers of any unit of government as well as the spouses, parents, and of those public officials or officers, who directly, or indirectly:
1.	Own any financial interest in the entity
2.	Have any beneficial interest in the entity
3.	Are the creditors of the entity
4.	Hold any debt instrument issued by the entity
5.	Hold or have any interest in any contractual or service relationship with the entity
1830	

Check the appropriate box to indicate if the interest of the public official or officer is of a governmental unit.

Is the interest that of the public official or officer of a governmental unit	? 🗆	Yes		No			
---	-----	-----	--	----	--	--	--

If Yes", state the percentage/capacity of interest on the space provided.

If	es, state the percentage/capacity of interest	

Title

If "No", provide the following information about the interest of the family member of the public official or officer in the table provided:

- Name of family member
- Relationship of family member
- Date of Birth of family member
- Address of family member
- Percentage/Capacity of Interest of family member

Name of Family Member	Relationship	Date of Birth	Address	Percentage/ Capacity of Interest
				\$3 .0.

#### PAGE 16 - DISCLOSURE 4 - DEBT, INSOLVENCY, OR BANKRUPTCY ACTIONS

PAGE 16 - Provide the main applicant entity's name and phone number in the space provided at the top of this disclosure form.

DISCLOSURE 4 - DEBT, INSOLV	ENCY, OR BANKRUPTCY ACTIONS
Entity Name	Phone No.

Check the appropriate box to indicate if the main applicant entity has filed or had filed against it, a proceeding for bankruptcy or been involved in any formal process to adjust, defer, suspend, or otherwise work out payment of a debt in the past seven years?

(1)			filed, or had filed against it, a proceeding for bankruptcy or been involved in any formal process therwise work out payment of a debt in the past seven years?
1	Yes	No	If <u>yes</u> , provide information in the following sections.  If <u>no</u> , this disclosure form is complete.

If the answer to this question is "No," you are finished with this disclosure.

If "Yes", provide the following information related to the main applicant entity's past or current debt, bankruptcy, or other insolvency proceeding.

- Date of Filing of the debt, bankruptcy, or other insolvency proceeding
- Name & Location of Court of the debt, bankruptcy, or other insolvency proceeding
- Case Number of the debt, bankruptcy, or other insolvency proceeding
- Date of Disposition of the debt, bankruptcy, or other insolvency proceeding
- **Disposition** of the debt, bankruptcy, or other insolvency proceeding

Date of Filing	Name & Location of Court	Case No.	Date of Disposition	Disposition
		20	-	

The main applicant entity should gather the following supporting documents in relation to the Debt, Insolvency, or Bankruptcy Actions disclosure:

Copy of Discharge Documentation (if applicable)

#### PAGE 17 - DISCLOSURE 5 - TAX & TAX COMPLIANCE

**PAGE 17** - Provide the main applicant entity's name and phone number in the space provided at the top of this disclosure form.

	DISCLOSURE 5 - TAX & TAX COMPLIANCE	
Entity Name	Phone No.	

In the (1) <u>TAXING AGENCIES</u> section, indicate if the main applicant entity was subject to taxation during the past 12 months by selecting "Yes" or "No" to the question at the top of the page.

If "Yes," list all federal, state, local, and foreign taxing agencies in which the main applicant entity was subject to taxation for the past 12 months in the table provided.

(1)		NCIES cant entir	g the last year?	
	Yes	No		vide the information requested below for each federal, state, local, in which the main applicant entity was subject to taxation during anal pages if necessary.
		Taxii	ng Agency	Type of Tax (E.g., Federal income tax, state income tax, sales tax)
-				
H				-
L				

E.g., "Taxing Agency" = IRS, "Type of Tax" = Federal Income Tax;

E.g., "Taxing Agency" = Michigan Department of Treasury, Type of Tax = State Income Tax, Sales Tax

In the (2) <u>TAX COMPLIANCE</u> section, indicate if the main applicant entity has had a tax complaint filed against them or been served with a notice regarding a tax delinquency by selecting "Yes" or "No" to this question.

If "Yes," provide the taxing agency, type of tax, tax period, and amount of the delinquent tax payment in the table provided in this section.

(2) TAX COMPLIANCE  Has the main applicant entity payment of any tax required				egarding the delinquent
□ Yes □ No	and provide all appli		information for each deli ing documents (e.g., co ary.	
Taxing Agency	Type of Tax	Tax Year	Amount	Disposition
×	21			
	8	8	4	98
	8			
		9		27

The main applicant entity should gather the following supporting documents in relation to the Tax & Tax Compliance disclosure:

- > Copy of Initial Notice and Notice of Release (if applicable)
- > Copy of Payment Plan Documentation (if applicable)

#### PAGE 18 - DISCLOSURE 6 - GOVERNMENT REGULATION

**PAGE 18** - Provide the main applicant entity's name and phone number in the space provided at the top of this disclosure form.

	DISCLOSURE 6 - GOVERNMENT REGULATION	
Entity Name	Phone No.	

Select "Yes" or "No" to the three questions in the top section of the page.

Is the main applicant entity subject to regulation by a public agency in any other jurisdiction (e.g., Does the main applicant entity hold any license, certificate, permit, etc., that is regulated by a department of a local, state, federal, or foreign government)?
□ Yes □ No
Does the main applicant entity hold any commercial licenses? (Not including the license in which they are currently applying.)
□ Yes □ No
Has the main applicant entity ever applied for or been granted any commercial license or certificate issued by a licensing authority in any jurisdiction, that has been denied, restricted, suspended, revoked, or not renewed?
□ Yes □ No

**Question 1** - If the main applicant entity is subject to regulation by a public agency (holds any license, certificate, permit, etc. which is regulated by a department of a local, state, federal, or foreign government—such as a liquor license, building permit, sales tax license, other marijuana licenses, etc.), select "Yes."

If "Yes," disclose any marijuana businesses in Section (1) <u>MARIJUANA BUSINESS INTERESTS</u> and any other regulation type in Section (2) <u>COMMERCIAL LICENSES OR CERTIFICATES</u>.

**Question 2** - If the main applicant entity holds any commercial licenses (e.g. food establishment license, retail gas outlet license, marijuana license, liquor license, commercial driver's license, etc.) select "Yes."

If "Yes," disclose any marijuana businesses in Section (1) <u>MARIJUANA BUSINESS INTERESTS</u> and any other regulation type in Section (2) <u>COMMERCIAL LICENSES OR CERTIFICATES.</u>

Question 3 - If the main applicant entity has ever applied for a license or certificate that was denied, or if the main applicant entity has ever been granted a license or certificate that has been restricted, suspended, revoked, or not renewed, select "Yes."

If "Yes," disclose these licenses in Section (3) <u>COMMERCIAL LICENSES OR CERTIFICATES DENIED</u>, <u>RESTRICTED</u>, <u>SUSPENDED</u>, <u>REVOKED</u>, <u>OR NOT RENEWED</u> on the second page of this disclosure.

If the answer to all three of these questions is "No," you are finished with this disclosure.

In the (1) <u>MARIJUANA BUSINESS INTERESTS</u> section, list any marijuana business in which the main applicant entity has any direct or indirect equity interest. For each marijuana business, provide the business entity's name, license number, and the state of license issuance. If the entity does not own other marijuana businesses, this section can be left blank.

## (1) MARIJUANA BUSINESS INTERESTS Provide the requested information for any interest that the main applicant entity has in any other corporation, partnership or other business entity that is directly or indirectly involved in the growing, processing, testing, transporting, or sale of marijuana. Add additional pages if necessary. Marijuana Business Entity Name License Number State of Issuance Country of Issuance

In Section (2) <u>COMMERCIAL LICENSES OR CERTIFICATES</u>, list any (non-marijuana) commercial licenses or certificates held by the main applicant entity.

#### (2) <u>COMMERCIAL LICENSES OR CERTIFICATES</u> Provide the requested information for all non-marijuana commercial licenses or certificates held by the main applicant entity. Add additional pages if necessary.

License or Certificate Type	License Number or Other Identifying Number	Issuing Agency
		er.
		20

E.g., "License or Certificate Type" = Liquor license, "License No. or Other Identifying No." = RQ-1810-12345, "Issuing Agency" = Michigan Liquor Control Commission

E.g., "License or Certificate Type" = Sales tax license, "License No. or Other Identifying No." = 89-6745231, "Issuing Agency" = Michigan Department of Treasury

#### PAGE 19 - DISCLOSURE 6 - GOVERNMENT REGULATION, CONTINUED

**PAGE 19** – Provide the main applicant entity's name and phone number in the space provided at the top of this disclosure form.

	DISCLOSURE 6 - GOVERNMENT REGULATION, CONTINUED
Entity Name	Phone No.

## In the (3) <u>COMMERCIAL LICENSES OR CERTIFICATES DENIED</u>, <u>RESTRICTED</u>, <u>SUSPENDED</u>, <u>REVOKED</u>, <u>OR NOT RENEWED</u> section, list any license or certificate that was applied for and denied, and list any license or certificate that has been restricted, suspended, revoked, or not renewed.

#### (3) COMMERCIAL LICENSES OR CERTIFICATES DENIED, RESTRICTED, SUSPENDED, REVOKED, OR NOT RENEWED Provide the requested information for all commercial licenses or certificates with which the main applicant entity has had an application or license denied, restricted, suspended, revoked, or not renewed. Add additional pages if necessary. License Number or Other Identifying Number License or Certificate Type Issuing Agency Action Taken Reason for Action Date Action Taken 1 License Number or Other Identifying Number License or Certificate Type Issuing Agency Action Taken Date Action Taken 2 Reason for Action License or Certificate Type License Number or Other Identifying Number Issuing Agency Action Taken Date Action Taken Reason for Action 3

In the **(4)** <u>PENDING LICENSES OR CERTIFICATES</u> section, list any pending licenses or certificates in which the main applicant entity has applied for and a determination has not yet been made.

# (4) PENDING LICENSES OR CERTIFICATES Disclose any application for a commercial license or certificate in this state or any other jurisdiction that is currently pending and for which a determination has not been made. Do not include this current application for a marijuana license or any commercial license or certificate previously disclosed on this application. Add additional pages if necessary. License or Certificate Type Issuing Agency Application Number or Other Identifying Number

The main applicant entity should gather the following documentation in support of the Government Regulation disclosures:

- > Copy of Marijuana Licenses (if applicable)
- > Copy of Any Other Commercial Licenses or Any Comparable Licenses from Other Jurisdictions (if applicable)
- > Summary of Facts and Circumstances Concerning A License Denial, Restriction, Revocation, Suspension, or Nonrenewal (If Applicable)

<sup>&</sup>quot;Action Taken" = denied, restricted, suspended, revoked, or not renewed

#### PAGE 20- DISCLOSURE 8 – LITIGATION HISTORY

PAGE 20 - Provide the main applicant entity's name and phone number in the space provided at the top of this disc

o any litigation during the past five years.  s", disclose the case caption, docket or case number, name and location of court, and the cause of	ELITIGATION HISTORY section, select "Yes" or "No" to indicate if the main applicant entity to any litigation during the past five years.  es", disclose the case caption, docket or case number, name and location of court, and the cause o ligation in the table provided. Add additional pages if necessary.  (1) LITIGATION HISTORY  Has the main applicant entity been a party to any litigation during the past five years (e.g., fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker's compensation, discrimination, and tax laws and regulations)?  Yes No If you answered yes, provide the requested information for all litigation related to the many applicant entity (e.g., fraud, environmental, food safety, labor, employment, worker compensation, discrimination, and tax laws and regulations) pending or concluded, for the past 5 years. Add additional pages if necessary.  Case Caption Docket/Case No. Name & Location of Court Cause of Action Disposition  EPENDING LITIGATION  section, for any cases that are currently pending, provide a brief expert of the page of		DISCLOS	URE 8 – LITIGATION	HISTORY	
o any litigation during the past five years.  s", disclose the case caption, docket or case number, name and location of court, and the cause of gation in the table provided. Add additional pages if necessary.  (1) LITIGATION HISTORY  Has the main applicant entity been a party to any litigation during the past five years (e.g., fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker's compensation, discrimination, and tax laws and regulations)?  Yes No If you answered yes, provide the requested information for all litigation related to the ma applicant entity (e.g., fraud, environmental, food safety, labor, employment, worker compensation, discrimination, and tax laws and regulations) pending or concluded, for the past 5 years. Add additional pages if necessary.	Has the main applicant entity been a party to any litigation during the past five years (e.g., fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker's compensation, discrimination, and tax laws and regulations)?  Yes No If you answered yes, provide the requested information for all litigation related to the material applicant entity (e.g., fraud, environmental, food safety, labor, employment, worked compensation, discrimination, and tax laws and regulations) pending or concluded, for the past 5 years. Add additional pages if necessary.  Case Caption Docket/Case No. Name & Location of Court Cause of Action Disposition  PENDING LITIGATION section, for any cases that are currently pending, provide a brief expression provided. Add additional pages if necessary.  (2) PENDING LITIGATION  For any cases that are currently initiated or pending, provide a brief explanation regarding the allegations of the case. A	Entity Name			Phone No.	
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Has the main applicant entity been a party to any litigation during the past five years (e.g., fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker's compensation, discrimination, and tax laws and regulations)?  Yes No If you answered <u>yes</u> , provide the requested information for all litigation related to the ma applicant entity (e.g., fraud, environmental, food safety, labor, employment, worker compensation, discrimination, and tax laws and regulations) pending or concluded, for the past 5 years. Add additional pages if necessary.	Has the main applicant entity been a party to any litigation during the past five years (e.g., fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker's compensation, discrimination, and tax laws and regulations)?  Yes No If you answered yes, provide the requested information for all litigation related to the material applicant entity (e.g., fraud, environmental, food safety, labor, employment, worked compensation, discrimination, and tax laws and regulations) pending or concluded, for the past 5 years. Add additional pages if necessary.  Case Caption Docket/Case No. Name & Location of Court Cause of Action Disposition  PENDING LITIGATION section, for any cases that are currently pending, provide a brief expression provided. Add additional pages if necessary.  (2) PENDING LITIGATION  For any cases that are currently initiated or pending, provide a brief explanation regarding the allegations of the case. A		-			art, and the cause of
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	rea provided. Add additional pages if necessary.  (2) PENDING LITIGATION  For any cases that are currently initiated or pending, provide a brief explanation regarding the allegations of the case. A	Case Caption	past 5 ye	ars. Add additional pages if neo	essary.	
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In the <u>GOVERNMENT CHARGES & INVESTIGATIONS</u> section, disclose any charges and/or government investigations related to the main applicant entity's business operations (e.g. fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker's compensation, discrimination, and tax laws and regulation), whether initiated, pending, or concluded in the area provided. Add additional pages if necessary.

safety, alcoho	ss operations unless l, tobacco, labor, er es if necessary.			
2				

The main applicant entity should gather the following documentation in support of the Litigation History disclosure:

- Copy of Complaint (if applicable)
- > Copy of Judgment (if applicable)

#### SUPPLEMENTAL APPLICATIONS FOR MAIN APPLICANT ENTITES

Supplemental applications are required to be submitted along with the main applicant entity application. Each entity and individual considered a supplemental applicant is required to submit a prequalification application. Refer to the **MAIN AND SUPPLEMENTAL APPLICANTS EXPLANATION** in this application instruction booklet for more information regarding supplemental applicants.

#### SUBMITTING THE APPLICATION

When submitting the application, ensure the main application, all supplemental applications, and all supporting documents are provided. Failure to submit all applications and supporting documents will result in a Notice of Deficiency. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of the application.

The application can be submitted online at: <a href="https://aca3.accela.com/MIMM/Default.aspx">https://aca3.accela.com/MIMM/Default.aspx</a>, in person at: 2407 North Grand River Avenue, Lansing, MI 49806, or via postal mail to:

Marijuana Regulatory Agency Medical Facilities Licensing P.O. Box 30205 Lansing, MI 48909

If any questions arise while completing the application, please do not hesitate to contact MRA by telephone at: 517-284-8599

The medical application submission should contain the following supporting documents:

- ➤ Copy of Governing Documents (e.g., Operating Agreement or Bylaws)
- > Certificate of Good Standing
- Approval to Conduct Business Transactions in Michigan (if applicable)
- ➤ Certificate of Assumed Name (if applicable)
- > Copy of Organizational Structure
- > Authorization Resolution
- > CPA Attestation
- > Statement of Money Lender Form
- Promissory Note/Line of Credit Documents
- Copy of Discharge Documentation (if applicable)
- ➤ Copy of Initial Notice and Notice of Release (if applicable)
- Copy of Payment Plan Documentation (if applicable)
- Copy of Marijuana Licenses (if applicable)
- > Copy of Any Other Commercial Licenses or Any Comparable License from Other Jurisdictions (if applicable)
- Summary of Facts and Circumstances Concerning License Denial, Restriction, Revocation, Suspension, or Nonrenewal (If Applicable)
- > Copy of Complaint (if applicable)
- > Copy of Judgment (if applicable)

#### SUPPLEMENTAL ENTITY PREQUALIFICATION

The Supplemental Entity Prequalification Application can be found at the following link: <u>Supplemental Entity Prequalification.</u>

Download the Supplemental Entity Prequalification Application.

The supplemental entity will need to complete a Supplemental Entity Prequalification Application in its entirety.

#### **APPLICATION CHECKLIST**

Ensure you have gathered all applicable items on the checklist before submitting the application. The last page of the application instruction booklet contains a checklist that provides further information on what each supporting document should entail.

SUPPLEMENTAL ENTITY PREQUALIFICATION							
Supplemental Entity Prequalification Application		Supporting Documents					
	<ul> <li>Page 1: Supplemental Entity Prequalification Checklist</li> </ul>		Entity Information Documents				
	Page 2: Supplemental Entity Demographics		Copy of Governing Documents (e.g., Operating				
	Page 3: ATTESTATION A - Acknowledgment, Agreement,		Agreement, Bylaws)				
0.000	& Consent		Certificate of Good Standing				
	Page 4: ATTESTATION B – Authorization to Release Information		Approval to Conduct Business Transactions in Michigan (if applicable)				
_		П	2 1 11				
	Page 5: ATTESTATION C – Verification & Affidavit of Full Disclosure		from LARA Corporations Division)				
	Page 6: ATTESTATION D - Acknowledgment of Federal		Authorizing Resolution				
2.000	Law & Release of Liability	Debt, Insolvency, or Bankruptcy Documents					
	Page 7: ATTESTATION F - Confirmation of Tax		Copy of Discharge Documentation (if applicable)				
	Compliance	Tax Liability and Delinquency Documents					
	Page 8: Acknowledgement of Attestations (signed and notarized)		Copy of Initial Notice and Notice of Release (if applicable)				
	Page 9: DISCLOSURE 1 - Entity Information		Copy of Payment Plan Documentation (if applicable)				
	Pages 10-11: DISCLOSURE 2 - Affiliated Parties	Regulation Documents					
	Page 12: DISCLOSURE 3 - Interests of Public Officials						
	Page 13: DISCLOSURE 4 - Debt, Insolvency, or						
8.500	Bankruptcy Actions		Comparable License from Other Jurisdictions (if				
	Page 14: DISCLOSURE 5 - Tax & Tax Compliance	0.859	applicable)				
	Pages 15-16: DISCLOSURE 6 - Government Regulation		Summary of Facts and Circumstances Concerning				
	Pages 17: DISCLOSURE 8 - Litigation History		License Denial, Restriction, Revocation, Suspension, or Nonrenewal (if applicable)				
		Litigatio	n Documents				
			Copy of Complaint (if applicable)				
.ac			Copy of Judgment (if applicable)				

#### PAGE 2 – DEMOGRAPHIC INFORMATION

At the top of the form, provide the name of the main applicant in which this supplemental entity is supporting, and the Accela Citizen Access (ACA) application ID, if known. The application ID number is assigned after an online application is submitted via Accela Citizen Access (ACA - the online citizen portal) or after a paper application is processed within the Agency. **The name in this space should not be the name of the supplemental entity.** 

SUPPLEMENTAL ENTITY DEMOGRAPHICS						
This supplemental entity prequalification application is in support of:						
Main Entity Name	ACA Application ID (if known)					

In the **DEMOGRAPHIC INFORMATION** section, provide the following information for the supplemental entity in the corresponding field on the application:

- Entity Name as it appears on official business documents
- Assumed Name of the supplemental entity, if operating under a name other than the supplemental entity's
  official name
- Mailing Address of the supplemental entity
- Federal Employer Identification Number (FEIN) of the supplemental entity
- **Phone Number** of the supplemental entity
- Email Address of the supplemental entity

Entity Name (as appears on official business documents)		Assumed Name (attach copy of filed assumed name certificate, if applicable)		
Entity Mailing Add	ress		FEIN	
City	State	Zip Code	Entity Phone	Entity Email Address

In the **PERSON COMPLETING APPLICATION** section, provide the following information in the corresponding field on the application:

- Name of the individual completing the application
- **Date of Birth** of the individual completing the application
- Mailing Address of the individual completing the application
- **Phone Number** of the individual completing the application
- Email Address of the individual completing the application

PERSON COMPLETING APPLICATION  Please provide the following information regarding the person completing this application.						
Name (First, Middle, Last)			Date of Birth (mm/dd/yyyy)			
Mailing Address			Phone			
City	State	Zip Code	Email Address			

Ensure all contact information is accurate and that current email addresses have been provided, as most correspondence from MRA will be sent via email.

## **PAGES 3-8 – ATTESTATIONS**

Read all the attestations carefully as the applicant will be acknowledging and agreeing to the information and stipulations contained in these attestations.

If you are unsure of what an item within an attestation means, please consult an attorney. MRA cannot provide legal interpretation of the statute or rules.

# PAGE 3 - ATTESTATION A - ACKNOWLEDGMENT, AGREEMENT, AND CONSENT

After reading the attestation, provide the name of the supplemental entity and the name of the individual authorized to sign on behalf of the supplemental entity in the spaces provided.

# ATTESTATION A – ENTITY ACKNOWLEDGMENT, AGREEMENT, & CONSENT (To be completed and submitted by the applicant) On behalf of Name & Title of Individual Authorized to Sign on Behalf of Entity acknowledge that I am the person responsible for submitting this application and supporting documents. I hereby acknowledge that the Marijuana Regulatory Agency (Agency) may require supplemental materials in order to carry out its statutory duties. I hereby agree to submit such supplemental materials as requested by the Agency in a timely manner. I understand that if the Agency identifies a deficiency in an application, the Agency shall notify the applicant and the applicant shall submit the missing information or proof that the deficiency has been corrected to the agency within 5 days of the date the applicant received the deficiency notice. I acknowledge that failure to provide requested disclosures and documentation or to correct any notice of deficiency within 5 days of its receipt may result in the denial of an application. I hereby acknowledge that any issuance of a license is a privilege. I have the responsibility to prove that it is eligible, suitable, and qualified to be licensed. I must accept any risk of adverse public notice, embarrassment, criticism, or other action, or financial loss, which may result from action with respect to an application or the public disclosure of information requested in this application, and expressly waive any claim for damages as a result thereof. Information not called for in this application or in addition to that provided in response to this application, may be requested. I, as the applicant submitting this application, hereby certify that I do not have an interest in any other state operating license that is prohibited by the Medical Marihuana Facilities Licensing Act, 2016 PA 281 (MMFLA). I hereby acknowledge that I am under a continuing duty to promptly disclose to the Agency any changes in the information provided in the application and supporting documents submitted to the Agency. To comply with this requirement, I hereby acknowledge that I must submit a letter to the Agency stating any changes with reference to the specific information within the application to which the changes pertain. I hereby consent to investigations of compliance, regular inspections, examinations, searches, seizures, and auditing of books and records as provided in MMFLA Section 303(1)(c)(j) to (iv) and the MMFLA Administrative Rules, and to disclose to the Agency and its agents of otherwise confidential records, including tax records held by any federal, state, or local agency, or credit agency or financial institution, while applying for or holding a state operating license. This consent is authorization to review and inspect tax records administered under the Michigan Revenue Act, 1941 PA 122. I hereby acknowledge that the finding of prequalification status for a pending application is valid for two years after the Agency issues a notice of prequalification status unless otherwise determined by the agency. The entity understands that after two years have expired, the entity may be required to submit a new application and pay a new nonrefundable application fee I hereby consent to receive all service of process via electronic service as opposed to certified mail. This consent is valid unless otherwise revoked in writing.

# PAGE 4 - ATTESTATION B - AUTHORIZATION TO RELEASE INFORMATION

After reading the attestation, provide the name of the supplemental entity and the name and title of the individual authorized to sign on behalf of the supplemental entity in the spaces provided.

# ATTESTATION B - ENTITY AUTHORIZATION TO RELEASE INFORMATION (To be completed and submitted by the applicant)

To all courts, probation departments, selective service boards, employers, educational institutions, banks, financial and other such institutions, and all governmental agencies federal, state and local, without exception, both foreign and domestic:

I understand that by the signing of this authorization, a financial background check will be performed. I authorize any financial institution to surrender to the Agency a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal financial records in whatever form and wherever located. I authorize my employers to release any employment information required to validate my financial history. I understand that the financial background check will include a credit history examination and that my credit report, credit history, and credit capacity information will be obtained.

I understand that by signing this authorization, a financial background check of my tax filing and tax obligation status will be performed. I authorize my respective state taxing agency to surrender to the Agency a complete and accurate record of any and all tax information or records relating to me for the purposes of this application. I authorize the Agency to obtain, receive, review, copy, discuss, and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

I understand that by signing this authorization, a criminal history background check will be performed. I authorize the Agency to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located for purposes of completing this application. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and the sentence was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

Therefore, you are hereby authorized to release any and all information pertaining to this applicant, documentary or otherwise, as requested by any employee or agent of the Agency, provided that he or she certifies to you that said applicant has an application pending before the Agency or that said applicant is a licensee or other person required to be qualified under the provisions of the Michigan Medical Marihuana Facilities Licensing Act (MMFLA).

This authorization shall supersede any prior request or authorization to the contrary and shall be in effect during the pendency of this application. A photocopy of this authorization will be considered as effective and valid as the original.

# PAGE 5 - ATTESTATION C - VERIFICATION & AFFADAVIT OF FULL DISCLOSURE

After reading the attestation, provide the name of the supplemental entity and the name and title of the individual authorized to sign on behalf of the supplemental entity in the spaces provided.

In Section 2, provide the name of the contact person who is authorized to speak with the Agency about the application in the space provided on the form. Provide their email address, phone number, and Accela Citizen Access Login User ID (if known) in the spaces provided.

If you wish to designate more than one contact person, please add additional pages of this form to the application with each contact person on a separate Attestation C form.

**NOTE:** If an individual contacts MRA about the application and that individual is not a supplemental applicant, not the individual completing the application, and not an authorized contact person listed on Attestation C, the Agency will not provide information to that individual.

	ATTESTATION C - ENTITY  VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE  (To be completed and submitted by the applicant)
	Add additional pages of this form if authorizing more than one contact person.
Or	behalf of, I
cor	Name of Entity  Name & Tale of Individual Authorized to Sign on Behalf of Entity  firm the following:
1.	I am the individual responsible for submitting this application and have full authority to execute this affidavit of full disclosure.
2.	I authorize to be a contact person for the Marijuana Regulatory Agency (Agency). I understand that this person will have access to records and material submitted to the Agency for the purposes of this application. Further, I understand that this person will retain access and receive communication from the Agency regarding the applicant/licensee until the applicant/licensee submits an official request to remove this person's access and cease communication with this person. Please provide the information for this contact person below.
	E-mail Address: Phone Number:
	Accela Citizen Access Login User ID (if applicable):
3.	I authorize the person listed as the Person Completing Application within the demographic section of the application to be a contact person for the Agency. I understand that this person will have access to records and material submitted to the Agency for the purposes of this application. Further, I understand that this person will retain access and receive communication from the Agency regarding the applicant/licensee until the applicant/licensee submits an official request to remove this person's access and cease communication with this person.
4.	I affirm that the information contained in this application is true, complete, and accurate to the best of my knowledge and belief.
5.	Except as reported in this application, I have no agreements or understandings with any person or entity and no present intent to hold as agent, nominee, or otherwise any interest in the application.
б.	Except as reported in this application, I have no agreements or understanding with any person or entity and no present intent to pay any sums of money or give anything of value as, including but without limitation, a finder's fee or commission to any person or entity related to the interest in this application.
7.	I understand that the entity has an ongoing obligation to notify the Agency should the entity enter into any such agreement contemplated by this attestation.

# PAGE 6 - ATTESTATION D - ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF LIABILITY

After reading the attestation, provide the name of the supplemental entity and the name and title of the individual authorized to sign on behalf of the supplemental entity in the spaces provided.

	ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF LIABILITY  (To be completed and submitted by the applicant)				
On behalf of		, I	,		
	Name of Entity	Name & Title of Individual Authorized to Sign on Behalf of	Entity		
hereby acknowled	ge and affirm the following:				

The Federal Controlled Substances Act, Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. § 801 et seq., regulates marijuana as a Schedule I controlled substance, for which there is "no currently accepted medical use in treatment in the United States." 21 U.S.C. § 812(b)(1)(B). Although the state of Michigan has recognized and authorized the use of medical marijuana pursuant to the Michigan Medical Marihuana Act, 2008 II. 1, MCL 333.26421 to 333.26430, has authorized the issuance of state operating licenses to medical marijuana facilities pursuant to the Medical Marihuana Facilities Licensing Act, 2016 PA 281, MCL 333.27101 to MCL 333.27801, and has provided for a statewide monitoring system in the Marihuana Tracking Act, 2016 PA 282, MCL 333.27901 to 333.27904, these state authorized activities remain prohibited by federal law.

I understand that a state operating license does not insulate or shield me or my business from federal seizure and/or forfeiture as allowed by federal law and does not insulate me from federal criminal arrest and/or prosecution.

I understand that choosing to file an application for a state operating license and, if issued a license, choosing to establish and operate a marijuana facility pursuant to that license, is done so at my own risk.

By my signature and attestation to this form, I hereby completely release and forever discharge the State of Michigan, the Michigan Department of Licensing and Regulatory Affairs, the Marijuana Regulatory Agency, and its respective employees, agents, facilities, insurers, indemnors, successors, heirs and/or assigns from any and all past, present or future claims, demands, obligations, actions, causes of action, wrongful death claims, rights, damages, costs, losses of services, expenses and compensation of any nature whatsoever, whether based on a tort, contract or other theory of recovery, which I may now have, or which may hereafter accrue or otherwise be acquired, on account of, or may in any way arise out of my application for a state operating license and, if issued a license, my operation of a marijuana facility.

# PAGE 7 – ATTESTATION F – CONFIRMATION OF TAX COMPLIANCE

**PART A** – After reading this section of the attestation, provide the name of the supplemental entity, the name and title of the individual authorized to sign on behalf of the supplemental entity, the signature of the individual authorized to sign, the entity FEIN, and the date in the spaces provided. Ensure a return mailing address is provided so the Department of Treasury is able to return the form.

(To be completed by	the designee of the Michigan De	partment of Treasur	ry and submitted by the applicant)	
PART A (to be completed b	by the applicant before submitti	ig to the Departmen	nt of Treasury):	
On behalf of	No. of the state o	, I	le of Individual Authorized to Sign on Behalf of Ent	
and the Administrative Rule	s. I hereby attest that the statemer urther affirm that if I have been ma	its that will be confirm	rihuana Facilities Licensing Act (MN med in Part B below are true to the l ered and remitting sales tax to the Mi	best of
confidential. I authorize the l Marijuana Regulatory Agenc This limited authorization rel two years from the date of m	A 122, MCL 205.28(1)(f), makes Michigan Department of Treasury ty for the limited purpose of detern lates to all tax types administered by signature below or until the app	to furnish tax returns nining my qualificatio under the Revenue Ac	-	to the
confidential. I authorize the l Marijuana Regulatory Agenc This limited authorization rel	A 122, MCL 205.28(1)(f), makes Michigan Department of Treasury ty for the limited purpose of detern lates to all tax types administered by signature below or until the app	to furnish tax returns nining my qualificatio under the Revenue Ac	s and provide tax return information on and fitness for licensure under MN ct. This limited authorization contin	to the
confidential. I authorize the l Marijuana Regulatory Agenc This limited authorization rel two years from the date of m	A 122, MCL 205.28(1)(f), makes Michigan Department of Treasury ty for the limited purpose of detern lates to all tax types administered by signature below or until the app	to furnish tax returns nining my qualificatio under the Revenue Ac	s and provide tax return information on and fitness for licensure under MN ct. This limited authorization contin ensed, whichever is later.	to the
confidential. I authorize the l Marijuana Regulatory Agenc This limited authorization rel two years from the date of m Signature of Individual Authorized	A 122, MCL 205.28(1)(f), makes Michigan Department of Treasury for the limited purpose of detern lates to all tax types administered by signature below or until the appute Sign on Behalf of Entity	to furnish tax return nining my qualificatio under the Revenue Ac licant is no longer lice	s and provide tax return information on and fitness for licensure under MN ct. This limited authorization contin ensed, whichever is later.	to the
confidential. I authorize the l Marijuana Regulatory Agenc This limited authorization rel two years from the date of m Signature of Individual Authorized	A 122, MCL 205.28(1)(f), makes Michigan Department of Treasury for the limited purpose of detern lates to all tax types administered by signature below or until the app to Sign on Behalf of Entity  Return Address	to furnish tax return nining my qualificatio under the Revenue Ac licant is no longer lice	s and provide tax return information on and fitness for licensure under MN ct. This limited authorization contin ensed, whichever is later.	to the

**PART B** – The supplemental entity must have this section of the attestation completed by an authorized designee of the Michigan Department of Treasury. The designee will confirm the required information and sign the form if applicable.

An authorized designee of the Michigan Department of Treasury can be contacted at:

Michigan Department of Treasury Hours: Monday – Friday, 8:00 a.m. to 4:00 p.m. Phone: 517-636-6925

Fax: 517-636-4520

Email: Treas-MI-Marihuana-Tax@michigan.gov

	(designee) of the Michigan Department of Treasury,
n Part A on the sa Fax Trea	onfirm to the Marijuana Regulatory Agency (Agency) that the applicant for a state operating license as named above , has no delinquency in payments and has satisfied all obligations for any sales or any other taxes that were to be levied le of marijuana in accordance with the treasury bulletin titled "Marihuana Provisioning Center Tax and Sales and Use tment of Marihuana" which was issued January 18,2018 as updated. This attestation is provided in accordance with cal Marihuana Facilities Licensing Act, 2016 PA 281 (MMFLA), and the Administrative Rules.
further	confirm that:
further (	confirm that:  The applicant is in good standing with the Michigan Department of Treasury for any taxes for which the applicant is responsible.
further ( 1. 2.	The applicant is in good standing with the Michigan Department of Treasury for any taxes for which the applicant

Failure to submit this attestation with the signature of an authorized Michigan Department of Treasury designee will result in a Notice of Deficiency. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of the application.

# **PAGE 8 - ACKNOWLEDGMENT OF ATTESTATIONS**

**Do not sign this form until in the presence of a notary.** Provide the name of the supplemental entity and the name and title of the individual authorized to sign on behalf of the supplemental entity in the spaces provided. Indicate by checking the boxes that the supplemental entity acknowledges and consents to each attestation.

The individual who is authorized to sign documents on behalf of the supplemental entity should sign this form in the presence of an active notary, providing the entity name, their name, signature, and date in the spaces provided. The individual who is authorized to sign on behalf of the supplemental entity signature date and notary signature date must match.

If the notary signature is invalid and/or the dates do not match, the applicant will receive a Notice of Deficiency. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of the application.

		150 3750000		
On behalf of	No. and Forting	, I	Andreim der Sien en Behalf of Ber	,
	ledge, and consent to the follo	wing attestations (check all that a		
	cknowledgment, Agreement & C uthorization to Release Information			
☐ Attestation C: V	erification & Affidavit of Full Dis	sclosure (with contact designated, if a	pplicable)	
☐ Attestation D: A	.cknowledgment of Federal Law &	& Release of Liability		
Further, I affirm, under	onfirmation of Tax Compliance the penalties of perjury, that the orrect, and that no material inform	information set forth in this applicati nation has been omitted.	on and all supporting docu	uments
Further, I affirm, under is true, complete, and c	the penalties of perjury, that the		on and all supporting does	uments
Further, I affirm, under is true, complete, and c	the penalties of perjury, that the correct, and that no material inform	nation has been omitted.		uments
Further, I affirm, under is true, complete, and c	the penalties of perjury, that the correct, and that no material inform	nation has been omitted.  Date  before me o		uments
Further, I affirm, under is true, complete, and complete,	the penalties of perjury, that the correct, and that no material informonized to Sign on Behalt of Entity	nation has been omitted.  Date  before me o	a	uments
Further, I affirm, under is true, complete, and complete, and complete, and complete and complete and such subscribed and sworn to be (Notary Public Signature)	the penalties of perjury, that the correct, and that no material information on the state of the	nation has been omitted.  Date  Date  before me o	n(Date)	uments

# PAGE 9 - DISCLOSURE 1 - SUPPLEMENTAL ENTITY INFORMATION

**PAGE 9** - Provide the supplemental entity's name and phone number in the space provided at the top of this disclosure form.

Entity Name Phone No.	DISCLOSURE 1 – SUPPLEME	NTAL ENTITY INFORMATION	
	Entity Name	Phone No.	

ENTITY PRIOR NA     Provide any prior name	used by the entity during the Entity Prior Name	he past 3 years, if applicabl	le. Add additional pages if Date Use Began	f necessary.  Date Use Ceased
>				
(3) ENTITY PRIO	OR ADDRESSES se	ction, provide any p	orior addresses used	by the supplementa
(3) ENTITY PRIO g the past three years	. Add additional pag	• •		• • •
g the past three years, sses, this section can  3) ENTITY PRIOR AD	. Add additional pag be left blank. DDRESSES	es if necessary. If th	e supplemental enti	ty has not had any pr
g the past three years, sees, this section can  3) ENTITY PRIOR AL Provide any prior address	. Add additional pag be left blank.	es if necessary. If th	e supplemental enti	ty has not had any pr
g the past three years, sees, this section can  3) ENTITY PRIOR AL Provide any prior address	. Add additional pag be left blank. DDRESSES ss used by the entity during	es if necessary. If th	e supplemental enti	ty has not had any pr
g the past three years, sees, this section can  3) ENTITY PRIOR AL Provide any prior address	. Add additional pag be left blank. DDRESSES ss used by the entity during	es if necessary. If th	e supplemental enti	ty has not had any pr

In the (1) ENTITY STRUCTURE section, check the box that best describes the business structure of the

Partnership

Trust

supplemental entity. If you select "Other," indicate the entity structure type in the space provided.

Limited Liability Company (LLC)

Privately Held Corporation

(1) ENTITY STRUCTURE

In the **(4) ENTITY OTHER BUSINESS INTERESTS** section, provide any other business interests of the supplemental entity. Add additional pages if necessary. If the supplemental entity does not have any other business interests, this section can be left blank.

	Type of Business Entity (e.g.,		
Name of Other Business Interest	LLC, Corporation, Sole Proprietor, etc.)	Type of Business Conducted	Extent of Involvemen
			·
	0		é .
			6

The supplemental entity applicant should gather the following documentation in support of the Entity Information disclosure:

- ➤ Copy of Governing Documents (e.g., Operating Agreement or Bylaws)
- > Certificate of Good Standing
- > Approval to Conduct Business Transactions in Michigan (if applicable)
- > Certificate of Assumed Name (if applicable)
- ➤ Authorizing Resolution (if applicable)

# PAGE 12 - DISCLOSURE 2 - AFFILIATED PARTIES (Affiliated Parties & Spouses)

PAGE 12 - Provide the supplemental entity's name and phone number in the space provided at the top of this disclosure form.

27	DISCLOSURE 2 - AFFILIATED PARTIES
Entity Name	Phone No.
<u>.</u> 5	Affiliated Parties & Spouses

In the table provided on the disclosure, list the following:

If the entity is a:	Disclose:
Limited Liability Company	All managers (for manager-managed LLC's), all members that have greater than 10% ownership interest in the main applicant seeking licensure, and the spouses of these individuals.
Publicly or Privately Held Corporation	All corporate officers or persons with equivalent titles, all directors, all shareholders holding greater than 10% ownership interest in the main applicant seeking licensure, and the spouses of these individuals.
Trust	All beneficiaries, their spouses, and all trustees.
Partnership or Limited Liability Partnership	All partners and their spouses.
Limited Partnership or Liability Limited Partnership	All general and limited partners with greater than 10% ownership interest and their spouses.
Nonprofit Corporation	All entities and individuals with membership or shareholder rights and their spouses.

Provide the following information for each entity or individual with direct or indirect ownership interest in the main applicant entity seeking licensure in the corresponding field on the table:

- Full Name as it appears on legal documents
- FEIN if an entity, SSN if an individual
- Email Address
- Date of Birth if an individual
- If the entity or individual is from out of the country, select "Yes" in the "Out of Country Applicant?" column
  - o **NOTE**: If the out-of-country applicant has greater than 10 percent direct or indirect ownership interest in the main entity, their supplemental application **must** be submitted via paper documents. The online system cannot account for out-of-country addresses.

# PAGE 13- DISCLOSURE 2 – AFFILIATED PARTIES, CONTINUED (Ten Percent or Less)

PAGE 13 - Provide the supplemental entity's name and phone number in the space provided at the top of this disclosure form.

DISCLO	SURE 2 – AFFILIATED PARTIES, CONTINUED	Gar
Entity Name	Phone No.	
	Ten Percent or Less	

In the table provided on the disclosure, list the following:

If the entity is a:	Disclose:
Limited Liability Company	All members holding 2.5% to 10% direct or indirect ownership interest in the main applicant seeking licensure.
Publicly Held Corporation	All shareholders holding greater than 5% to 10% ownership interest in the main applicant seeking licensure.
Privately Held Corporation	All shareholders holding 2.5% to 10% ownership interest in the main applicant seeking licensure.
Trust	All beneficiaries receiving or who have the right to receive 10% or less of the gross or net profit of the trust during any full or partial calendar or fiscal year.
Limited Partnership or Liability Limited Partnership	All general and limited partners holding 2.5% to 10% ownership interest in the main applicant seeking licensure.

Provide the following information in the corresponding field on the table for each entity or individual with direct or indirect ownership interest of 10% or less in the main applicant entity for which the application is being completed:

- Full Name as it appears on legal documents
- Mailing Address
- Email Address
- Date of Birth if an individual

# PAGE 14 - DISCLOSURE 3 - INTERESTS OF PUBLIC OFFICIALS

PAGE 14 - Provide the supplemental entity's name and phone number in the space provided at the top of this disclosure form.

Entity Name Phone No.	

List the names and titles of all public officials or officers of any unit of government as well as the spouses, parents, and children of those public officials or officers, who directly, or indirectly:

- Own any financial interest in the entity
- Have any beneficial interest in the entity
- Are the creditors of the entity
- Hold any debt instrument issued by the entity
- Hold or have any interest in any contractual or service relationship with the entity

	ist the names and titles of all public officials or officers of any unit of government as well as the spouses, parents, and of those public officials or officers, who directly, or indirectly:
1.	Own any financial interest in the entity
2.	Have any beneficial interest in the entity
3.	Are the creditors of the entity
4.	Hold any debt instrument issued by the entity
5.	Hold or have any interest in any contractual or service relationship with the entity
NT4	Tid-

Check the appropriate box to indicate if the interest of the public official or officer is of a governmental unit.

is the interest that of the public official or officer of a governmental unit?	Is the interest that of the public official or officer of a governmental unit?		Yes		No	
--	--	--	-----	--	----	--

If Yes", state the percentage/capacity of interest on the space provided.

If yes, state the percentage/capacity of interest	

If "No", provide the following information about the interest of the family member of the public official or officer in the table provided:

- Name of family member
- Relationship of family member
- Date of Birth of family member
- Address of family member
- Percentage/Capacity of Interest of family member

Name of Family Member	Relationship	Date of Birth	Address	Percentage/ Capacity of Interest

# PAGE 15 - DISCLOSURE 4 - DEBT, INSOLVENCY, OR BANKRUPTCY ACTIONS

**PAGE 15** - Provide the supplemental entity's name and phone number in the space provided at the top of this disclosure form.

DISCLOSURE 4 – DEBT, INSOLVENCY, OR BANKRUPTCY ACTIONS					
Entity Name	Phone No.				

Check the appropriate box to indicate if the supplemental entity has filed or had filed against it, a proceeding for bankruptcy or been involved in any formal process to adjust, defer, suspend, or otherwise work out payment of a debt in the past seven years?

(1) Has the supplemental entity filed, or had filed against it, a proceeding for bankruptcy or been involved in any formal process t adjust, defer, suspend or otherwise work out payment of a debt in the past seven years?							
Yes		No	If <u>yes</u> , provide information in the following sections.  If <u>no</u> , this disclosure form is complete.				

If the answer to this question is "No," you are finished with this disclosure.

If "Yes", provide the following information related to the supplemental entity's past or current debt, bankruptcy, or other insolvency proceeding.

- Date of Filing of the debt, bankruptcy, or other insolvency proceeding
- Name & Location of Court of the debt, bankruptcy, or other insolvency proceeding
- Case Number of the debt, bankruptcy, or other insolvency proceeding
- **Date of Disposition** of the debt, bankruptcy, or other insolvency proceeding
- **Disposition** of the debt, bankruptcy, or other insolvency proceeding

Date of Filing	Name & Location of Court	Case No.	Date of Disposition	Disposition

The supplemental entity applicant should gather the following supporting documents in relation to the Debt, Insolvency, or Bankruptcy Actions disclosure:

Copy of Discharge Documentation (if applicable)

# PAGE 16 - DISCLOSURE 5 - TAX & TAX COMPLIANCE

**PAGE 16** - Provide the supplemental entity's name and phone number in the space provided at the top of this disclosure form.

DISCLOSURE 5 - TAX & TAX COMPLIANCE					
Entity Name	Phone No.				

In the (1) <u>TAXING AGENCIES</u> section, indicate if the supplemental entity was subject to taxation during the past 12 months by selecting "Yes" or "No" to the question at the top of the page.

If "Yes," list all federal, state, local, and foreign taxing agencies in which the supplemental entity was subject to taxation for the past 12 months in the table provided.

	XING A			been subject to taxation duri	ng the last year?	
	Yes	Yes  No If you answered <u>yes</u> , provide the information requested below for each federal, state, local, and foreign jurisdictions in which the supplemental entity was subject to taxation during the last year. Add additional pages if necessary.				
	Taxing Agency			ng Agency	Type of Tax (E.g., Federal income tax, state income tax, sales tax)	
s.,						
S)						

E.g., "Taxing Agency" = IRS, "Type of Tax" = Federal Income Tax;

E.g., "Taxing Agency" = Michigan Department of Treasury, Type of Tax = State Income Tax, Sales Tax

In the (2) <u>TAX COMPLIANCE</u> section, indicate if the supplemental entity has had a tax complaint filed against them or been served with a notice regarding a tax delinquency by selecting "Yes" or "No" to this question.

If "Yes," provide the taxing agency, type of tax, tax period, and amount of the delinquent tax payment in the table provided in this section.

2) TAX COMPLIANCE  Has the supplemental entity ever been served with, or had filed against it, a complaint or other notice regarding the delinquent payment of any tax required under federal, state, local, or foreign jurisdictions?									
☐ Yes ☐ No If you answered <u>yes</u> , provide the requested information for each delinquent tax payment and provide all applicable required supporting documents (e.g., copy of notice of tax liability due). Add additional pages if necessary.									
Taxing Agency	Type of Tax	Tax Year	Amount	Disposition					
			6 2						
			8						
		,	6 3						
			0 1	2					

The supplemental entity applicant should gather the following supporting documents in relation to the Tax & Tax Compliance disclosure:

- ➤ Copy of Initial Notice and Notice of Release (if applicable)
- > Copy of Payment Plan Documentation (if applicable)

# PAGE 17 - DISCLOSURE 6 - GOVERNMENT REGULATION

PAGE 17 - Provide the supplemental entity's name and phone number in the space provided at the top of this disclosure form.

	DISCLOSURE 6 - GOVERNMENT REGULATION	
Entity Name	Phone No.	

Select "Yes" or "No" to the three questions in the top section of the page.

Is the supplemental entity subject to regulation by a public agency in any other jurisdiction (e.g., Does the supplemental entity hold any license, certificate, permit, etc., that is regulated by a department of a local, state, federal, or foreign government)?
□ Yes □ No
Does the supplemental entity hold any commercial licenses? (Not including the license in which they are currently applying.)
□ Yes □ No
Has the supplemental entity ever applied for or been granted any commercial license or certificate issued by a licensing authority in Michigan, or any other jurisdiction, that has been denied, restricted, suspended, revoked, or not renewed?
□ Yes □ No

**Question 1** - If the supplemental entity is subject to regulation by a public agency (holds any license, certificate, permit, etc. which is regulated by a department of a local, state, federal, or foreign government—such as a liquor license, building permit, sales tax license, other marijuana licenses, etc.), select "Yes."

If "Yes," disclose any marijuana businesses in Section (1) <u>MARIJUANA BUSINESS INTERESTS</u> and any other regulation type in Section (2) <u>COMMERCIAL LICENSES OR CERTIFICATES</u>.

Question 2 - If the supplemental entity holds any commercial licenses (e.g. food establishment license, retail gas outlet license, marijuana license, liquor license, commercial driver's license, etc.) select "Yes."

If "Yes," disclose any marijuana businesses in Section (1) <u>MARIJUANA BUSINESS INTERESTS</u> and any other regulation type in Section (2) <u>COMMERCIAL LICENSES OR CERTIFICATES</u>

**Question 3** - If the supplemental entity has ever applied for a license or certificate that was denied, or if the supplemental entity has ever been granted a license or certificate that has been restricted, suspended, revoked, or not renewed, select "Yes."

If "Yes," disclose these licenses in Section (3) <u>COMMERCIAL LICENSES OR CERTIFICATES DENIED</u>, <u>RESTRICTED</u>, <u>SUSPENDED</u>, <u>REVOKED</u>, <u>OR NOT RENEWED</u> on the second page of this disclosure.

If the answer to all three of these questions is "No," you are finished with this disclosure.

In the (1) MARIJUANA BUSINESS INTERESTS section, list any marijuana business in which the supplemental entity has any direct or indirect equity interest. For each marijuana business, provide the business entity's name, license number, and the state of license issuance. If the entity does not own other marijuana businesses, this section can be left blank.

# (1) MARIJUANA BUSINESS INTERESTS

Provide the requested information for any interest that the supplemental entity has in any other corporation, partnership or other business entity that is directly or indirectly involved in the *growing, processing, testing, transporting, or sale of marijuana*. Add additional pages if necessary.

Marijuana Business Entity Name	License Number	State of Issuance	Country of Issuance
		3	
		2	
	4		
	8) N	3	1

In Section (2) <u>COMMERCIAL LICENSES OR CERTIFICATES</u>, list any (non-marijuana) commercial licenses or certificates held by the supplemental entity.

License Number or Other Identifying Number	Issuing Agency
	License Number or Other Identifying Number

# PAGE 18 - DISCLOSURE 6 - GOVERNMENT REGULATION, CONTINUED

**PAGE 18** – Provide the supplemental entity's name and phone number in the space provided at the top of this disclosure form.

	DISCLOSURE 6 - GOVERNMENT REGULATION, CONTINUED
Entity Name	Phone No.

E.g., "License or Certificate Type" = Liquor license, "License No. or Other Identifying No." = RQ-1810-12345, "Issuing Agency" = Michigan Liquor Control Commission

E.g., "License or Certificate Type" = Sales tax license, "License No. or Other Identifying No." = 89-6745231, "Issuing Agency" = Michigan Department of Treasury

# In the (3) <u>COMMERCIAL LICENSES OR CERTIFICATES DENIED</u>, <u>RESTRICTED</u>, <u>SUSPENDED</u>, <u>REVOKED</u>, <u>OR NOT RENEWED</u> section, list any license or certificate that was applied for and denied, and list any license or certificate that has been restricted, suspended, revoked, or not renewed.

## (3) COMMERCIAL LICENSES OR CERTIFICATES DENIED, RESTRICTED, SUSPENDED, REVOKED, OR NOT RENEWED Provide the requested information for all commercial licenses or certificates with which the supplemental entity has had an application or license denied, restricted, suspended, revoked, or not renewed. Add additional pages if necessary. License or Certificate Type License Number or Other Identifying Number Issuing Agency Action Taken Reason for Action Date Action Taken 1 License or Certificate Type License Number or Other Identifying Number Issuing Agency 2 Action Taken Reason for Action **Date Action Taken** License Number or Other Identifying Number License or Certificate Type Issuing Agency # Action Taken 3 Reason for Action **Date Action Taken**

In the **(4)** <u>PENDING LICENSES OR CERTIFICATES</u> section, list any pending licenses or certificates in which the supplemental entity has applied for and a determination has not yet been made.

# (4) PENDING LICENSES OR CERTIFICATES Disclose any application for a commercial license or certificate in this state or any other jurisdiction that is currently pending and for which a determination has not been made. Do not include this current application for a marijuana license or any commercial license or certificate previously disclosed on this application. Add additional pages if necessary. License or Certificate Type Issuing Agency Application Number or Other Identifying Number

The supplemental entity applicant should gather the following documentation in support of the Government Regulation disclosures:

- > Copy of Marijuana Licenses (if applicable)
- Copy of Any Other Commercial Licenses or Any Comparable Licenses from Other Jurisdictions (if applicable)
- Summary of Facts and Circumstances Concerning A License Denial, Restriction, Revocation, Suspension, or Nonrenewal (If Applicable)

<sup>&</sup>quot;Action Taken" = denied, restricted, suspended, revoked, or not renewed

# PAGE 19 - DISCLOSURE 8 - LITIGATION HISTORY

PAGE 19 - Provide the supplemental entity's name and phone number in the space provided at the top of this disc

	DISCLOS	URE 8 - LITIGATION	HISTORY	
Entity Name			Phone No.	
LITIGATION HIST to any litigation during		elect "Yes" or "No" to ars.	o indicate if the su	applemental entity has
	•	r case number, name a tional pages if necessar		rt, and the cause of ac
alcohol, tobacco, labor □ Yes □ No	If you ans applicant compensat	s compensation, discrimination wered <u>yes</u> , provide the request entity (e.g., fraud, environm tion, discrimination, and tax la rs. Add additional pages if neces	ted information for all lit tental, food safety, labo aws and regulations) pen	igation related to the main or, employment, worker's
Case Caption	Docket/Case No.	Name & Location of Court	Cause of Action	Disposition
1		r 8		

In the <u>GOVERNMENT CHARGES & INVESTIGATIONS</u> section, disclose any charges and/or government investigations related to the supplemental entity's business operations (e.g. fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker's compensation, discrimination, and tax laws and regulation), whether initiated, pending, or concluded in the area provided. Add additional pages if necessary.

(3)	GOVERNMENT CHARGES & INVESTIGATIONS  Disclose any charges and government investigations, whether initiated, pending, or concluded, related to the supplemental entity's business operations unless they have been previously disclosed on this application (e.g., fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker's compensation, discrimination, and tax laws and regulations). Add additional pages if necessary.
10- 10-	

The supplemental entity applicant should gather the following documentation in support of the Litigation History disclosure:

- Copy of Complaint (if applicable)
- Copy of Judgment (if applicable)

# **SUBMITTING THE APPLICATION**

When submitting the application, ensure the main application, all supplemental applications, and all supporting documents are provided. Failure to submit all applications and supporting documents will result in a Notice of Deficiency. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of the application.

The application can be submitted online at: <a href="https://aca3.accela.com/MIMM/Default.aspx">https://aca3.accela.com/MIMM/Default.aspx</a>, in person at: 2407 North Grand River Avenue, Lansing, MI 49806, or via postal mail to:

Marijuana Regulatory Agency Medical Facilities Licensing P.O. Box 30205 Lansing, MI 48909

If any questions arise while completing the application, please do not hesitate to contact MRA by telephone at: 517-284-8599

The medical application submission should contain the following supporting documents:

- ➤ Copy of Governing Documents (e.g., Operating Agreement or Bylaws)
- > Certificate of Good Standing
- Approval to Conduct Business Transactions in Michigan (if applicable)
- ➤ Certificate of Assumed Name (if applicable)
- > Copy of Organizational Structure
- > Authorization Resolution
- > Copy of Discharge Documentation (if applicable)
- ➤ Copy of Initial Notice and Notice of Release (if applicable)
- > Copy of Payment Plan Documentation (if applicable)
- > Copy of Marijuana Licenses (if applicable)
- > Copy of Any Other Commercial Licenses or Any Comparable License from Other Jurisdictions (if applicable)
- > Summary of Facts and Circumstances Concerning License Denial, Restriction, Revocation, Suspension, or Nonrenewal (If Applicable)
- > Copy of Complaint (if applicable)
- > Copy of Judgment (if applicable)

# **SOLE PROPRIETOR PREQUALIFICATION**

The Sole Proprietor Prequalification Application can be found at the following link: <u>Sole Proprietor Prequalification.</u>

Download the Sole Proprietor Prequalification Application.

The sole proprietor will need to complete a Sole Proprietor Prequalification Application in its entirety.

# **APPLICATION CHECKLIST**

Ensure you have gathered all applicable items on the checklist before submitting the application. The last page of the application instruction booklet contains a checklist that provides further information on what each supporting document should entail.

	SOLE PROPRIETOR P	REQUA	LIFICATION
<b>□ \$6,0</b>	00 Application Fee		
Sole Pr	oprietor Prequalification Application	Suppor	rting Documents
	Page 1: Sole Proprietor Prequalification Checklist	Identity	Documents
	Page 2: Medical License Types and Descriptions		Copy of Government Issued ID
	Page 3: Sole Proprietor Demographics		DBA Documentation (if applicable) (obtained at
	Page 4: ATTESTATION A - Acknowledgment, Agreement,		county-level)
	& Consent	Capitalia	zation Documents
	Page 5: ATTESTATION B - Authorization to Release		CPA Attestation
	Information		Statement of Money Lender Form
	Page 6: ATTESTATION C - Verification & Affidavit of		Promissory Note/Line of Credit Documents
	Full Disclosure	Debt, In	solvency, or Bankruptcy Documents
	Page 7: ATTESTATION D - Acknowledgment of Federal		Copy of Discharge Documentation (if applicable)
	Law & Release of Liability	Tax Liab	bility and Delinquency Documents
	Page 8: ATTESTATION F - Confirmation of Tax		W2s, 1099s and/or Schedule K-1s for most recent year
	Compliance		(if no W2s, 1099s and/or Schedule K-1s exist, submit an
	Page 9: Acknowledgement of Attestations (signed and		explanation)
	notarized)		Copy of Initial Notice and Notice of Release (if
	Page 10: DISCLOSURE 1 - Sole Proprietor Information		applicable)
			Copy of Payment Plan Documentation (if applicable)
	Page 12: DISCLOSURE 4 - Debt, Insolvency, or	Regulati	on Documents
_	Bankruptcy Actions		Copy of Marijuana Licenses (if applicable)
	Page 13: DISCLOSURE 5 - Tax & Tax Compliance		Copy of Any Other Commercial Licenses or Any
	Pages 14-15: DISCLOSURE 6 - Government Regulation		Comparable License from Other Jurisdictions (if
	Page 16: DISCLOSURE 7 – Criminal History		applicable)
	Page 17: DISCLOSURE 8 - Litigation History		Summary of Facts and Circumstances Concerning
ш	Page 17: DISCIAISURE 8 - Lingation History		License Denial, Restriction, Revocation, Suspension,
			or Nonrenewal (if applicable)
		Crimina	History Documents
			Copy of Criminal History Documents (if applicable)
		Litigatio	n History
			Copy of Complaint (if applicable)
			Copy of Judgment (if applicable)

# PAGE 2 - MEDICAL LICENSE TYPES & DESCRIPTIONS

Within the **Medical License Types & Descriptions** table, indicate which license type(s) and the number of licenses the sole proprietor intends to apply for in Step 2.

#### MEDICAL LICENSE TYPES & DESCRIPTIONS There is a non-refundable \$6,000 application fee. No review of the application will take place until the fee had been paid. Indicate the license type(s) the sole proprietor intends to apply for in step two. This selection is not permanent until step two of the application is completed. Number of License Type Description of License Licenses Licensee is authorized to grow not more than 500 marijuana plants. Grower Class A Grower Class B Licensee is authorized to grow not more than 1000 marijuana plants. Licensee is authorized to grow not more than 1500 marijuana plants. Grower Class C Licensee is authorized to purchase marijuana only from a grower and Processor sale of marijuana-infused products or marijuana only to a provisioning center or another processor. Licensee is authorized to the purchase or transfer of marijuana only from a grower or processor and sale or transfer to only a registered qualifying Provisioning Center patient or registered primary caregiver. Licensee is authorized to receive marijuana from, test marijuana for, and Safety Compliance Facility return marijuana to only a marijuana facility. Licensee is authorized to store and transport marijuana and associated Secure Transporter money between marijuana facilities.

The following is a detailed description of each license type:

## **Grower Class A**

- License authorizes the licensee to grow not more than 500 marijuana plants.
- Authorizes the sale of marijuana plants to a grower only by means of a secure transporter.
- Authorizes the sale or transfer of seeds, seedlings, or tissue cultures to a grower from a registered primary caregiver or another grower without using a secure transporter.
- Authorizes sale of marijuana, other than seeds, seedlings, tissue cultures, and cuttings, to a processor or a provisioning center.
- The applicant and each investor in the grower must not have an interest in a secure transporter or safety compliance facility.

### **Grower Class B**

- License authorizes the licensee to grow not more than 1,000 marijuana plants.
- Authorizes the sale of marijuana plants to a grower only by means of a secure transporter.
- Authorizes the sale or transfer of seeds, seedlings, or tissue cultures to a grower from a registered primary caregiver or another grower without using a secure transporter.
- Authorizes sale of marijuana, other than seeds, seedlings, tissue cultures, and cuttings, to a processor or a provisioning center.
- The applicant and each investor in the grower must not have an interest in a secure transporter or safety compliance facility.

# **Grower Class C**

- License authorizes the licensee to grow not more than 1,500 marijuana plants.
- Authorizes the sale of marijuana plants to a grower only by means of a secure transporter.
- Authorizes the sale or transfer of seeds, seedlings, or tissue cultures to a grower from a registered primary caregiver or another grower without using a secure transporter.
- Authorizes sale of marijuana, other than seeds, seedlings, tissue cultures, and cuttings, to a processor or a provisioning center.
- The applicant and each investor in the grower must not have an interest in a secure transporter or safety compliance facility.

# **Processor**

- License authorizes the licensee to purchase marijuana only from a grower and sale of marijuana-infused products or marijuana only to a provisioning center or another processor.
- The applicant and each investor in the processor must not have an interest in a secure transporter or safety compliance facility.

# **Provisioning Center**

- License authorizes the licensee to purchase or transfer marijuana only from a grower or processor and sale or transfer to only a registered qualifying patient or registered primary caregiver.
- The applicant and each investor in the provisioning center must not have an interest in a secure transporter or safety compliance facility.

# **Safety Compliance Facility**

- License authorizes the licensee to receive marijuana from, test marijuana for, and return marijuana to only a marijuana facility.
- Must be accredited by an entity approved by the agency by 1 year after the date the license is issued or have previously provided drug testing services to this state or this state's court system and be a vendor in good standing in regard to those services.
- The applicant and each investor with any interest in the safety compliance facility must not have an interest in a grower, secure transporter, processor, or provisioning center.
- Retain and employ at least 1 laboratory manager with a relevant advanced degree in a medical or laboratory science.

# Secure Transporter

- License authorizes the licensee to store and transport marijuana and associated money between marijuana facilities.
- The applicant and each investor with an interest in the secure transporter must not have an interest in a grower, processor, provisioning center, or safety compliance facility
- The applicant and each investor must not be a registered qualifying patient or registered primary caregiver.
- Each driver transporting marijuana must have a chauffeur's license issued by this state.
- Each employee who has custody of marijuana or money that is related to a marijuana transaction shall not have been convicted of or released from incarceration for a felony under the laws of this state, any other state, or the United States within the past 5 years or have been convicted of a misdemeanor involving a controlled substance within the past 5 years.

# **PAGE 3 – DEMOGRAPHIC INFORMATION**

Check the appropriate box to indicate if the Sole Proprietor Prequalification Application is the initial filing of the prequalification application or if the sole proprietor's prequalification previously expired and a prequalification application is being refiled.

SOLE PROPRIETOR DEMOGRAPHICS
☐ Initial Prequalification Application
☐ Refiled Application of Lapsed Prequalification

In the **DEMOGRAPHIC INFORMATION** section, provide the following information for the sole proprietor in the corresponding field on the application:

- Name of the sole proprietor as it appears on official government documents
- **Doing Business As (DBA)** name of the sole proprietor, if operating under a name other than the sole proprietor's official name
- Mailing Address of the sole proprietor
- Social Security Number of the sole proprietor
- Date of Birth of the sole proprietor
- **Phone Number** of the sole proprietor
- Email Address of the sole proprietor

Sole Proprietor Name (as it appears on government issued ID)			Doing Business As (attach copy of filed DBA documentation, if applicable)		
Mailing Address			Social Security Number	Date of Birth (mm/dd/1999)	
City	State	Zip Code	Phone	Email Address	

In the **PERSON COMPLETING APPLICATION** section, provide the following information in the corresponding field on the application:

- Name of the individual completing the application
- Date of Birth of the individual completing the application
- Mailing Address of the individual completing the application
- **Phone Number** of the individual completing the application
- Email Address of the individual completing the application

PERSON COMPLETING Please provide the following in			ng this application.	
Name (First, Middle, Last)			Date of Birth (mm/dd/yyyy)	
Mailing Address			Phone	
City	State	Zip Code	Email Address	

Ensure all contact information is accurate and that current email addresses have been provided, as most correspondence from MRA will be sent via e-mail.

In the **AFFILIATED INDIVIDUALS** section, provide the name, social security number, email address, date of birth, and association to the sole proprietor for the spouse of the sole proprietor, if applicable, and all managerial employees of the sole proprietor, if applicable.

Individual Name	SSN	E-mail Address	Date of Birth	Affiliation to Sole Proprietor (E.g., Spouse Managerial Employee)
			Ø3	
			30 30	
				50

# **PAGES 4-9 – ATTESTATIONS**

Read all the attestations carefully as the applicant will be acknowledging and agreeing to the information and stipulations contained in these attestations.

If you are unsure of what an item within an attestation means, please consult an attorney. MRA cannot provide legal interpretation of the statute or rules.

## PAGE 4 - ATTESTATION A - ACKNOWLEDGMENT, AGREEMENT, AND CONSENT

After reading the attestation, provide the name of the sole proprietor in the space provided.

# ATTESTATION A - INDIVIDUAL ACKNOWLEDGEMENT, AGREEMENT, & CONSENT (To be completed and submitted by the applicant)

I,\_\_\_\_

acknowledge that I am the person responsible for submitting this application and supporting documents.

I hereby acknowledge that the Marijuana Regulatory Agency (Agency) may require supplemental materials in order to carry out its statutory duties. I hereby agree to submit such supplemental materials as requested by the Agency in a timely manner. I understand that if the Agency identifies a deficiency in an application, the Agency shall notify the applicant and the applicant shall submit the missing information or proof that the deficiency has been corrected to the agency within 5 days of the date the applicant received the deficiency notice. I acknowledge that failure to provide requested disclosures and documentation or to correct any notice of deficiency within 5 days of its receipt may result in the denial of an application.

I hereby acknowledge that any issuance of a license is a privilege. I have the responsibility to prove that I am eligible, suitable, and qualified to be licensed. I must accept any risk of adverse public notice, embarrassment, criticism, or other action, or financial loss, which may result from action with respect to an application or the public disclosure of information requested in this application, and expressly waive any claim for damages as a result thereof. Information not called for in this application or in addition to that provided in response to this application, may be requested.

I, as the applicant submitting this application, hereby certify that I do not have an interest in any other state operating license that is prohibited by the Medical Marihuana Facilities Licensing Act, 2016 PA 281 (MMFLA).

I hereby acknowledge that I am under a continuing duty to promptly disclose to the Agency any changes in the information provided in the application and supporting documents submitted to the Agency. To comply with this requirement, I hereby acknowledge that I must submit a letter to the Agency stating any changes with reference to the specific information within the application to which the changes pertain.

I hereby consent to investigations of compliance, regular inspections, examinations, searches, seizures, and auditing of books and records as provided in MMFLA Section 303(1)(c)(i) to (iv) and the MMFLA Administrative Rules, and to disclose to the Agency and its agents of otherwise confidential records, including tax records held by any federal, state, or local agency, or credit agency or financial institution, while applying for or holding a state operating license. This consent is authorization to review and inspect tax records administered under the Michigan Revenue Act, 1941 PA 122.

I hereby acknowledge that the finding of prequalification status for a pending application is valid for two years after the Agency issues a notice of prequalification status unless otherwise determined by the agency. I understand that after two years have expired, I may be required to submit a new application and pay a new nonrefundable application fee.

I hereby consent to receive all service of process via electronic service as opposed to certified mail. This consent is valid unless otherwise revoked in writing.

# PAGE 5 - ATTESTATION B - AUTHORIZATION TO RELEASE INFORMATION

After reading the attestation, provide the name of the sole proprietor in the space provided.

# ATTESTATION B - INDIVIDUAL AUTHORIZATION TO RELEASE INFORMATION (To be completed and submitted by the applicant)

To all courts, probation departments, selective service boards, employers, educational institutions, banks, financial and other such institutions, and all governmental agencies federal, state and local, without exception, both foreign and domestic:

Name of Sole Proprietor

authorize the Marijuana Regulatory Agency (Agency) and its agents to conduct a full investigation into the background and activities of the applicant for purposes of determining the applicant's eligibility for a marijuana facility prequalification and state operating license.

I understand that by signing this authorization, a financial background check will be performed. I authorize any financial institution to surrender to the Agency a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal financial records in whatever form and wherever located. I authorize my employers to release any employment information required to validate my financial history. I understand that the financial background check will include a credit history examination and that my credit report, credit history, and credit capacity information will be obtained.

I understand that by signing this authorization, a financial background check of my tax filing and tax obligation status will be performed. I authorize my respective state taxing agency to surrender to the Agency a complete and accurate record of any and all tax information or records relating to me for the purposes of this application. I authorize the Agency to obtain, receive, review, copy, discuss, and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

I understand that by signing this authorization, a criminal history background check will be performed. I authorize the Agency to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located for purposes of completing this application. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and the sentence was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

By signing this authorization, I authorize the Agency's Michigan Medical Marijuana Program (MMMP) to release my MMMP patient and/or caregiver registration history to the Agency's Medical Marijuana Facility Licensing Division (MMFL) and/or law enforcement for use in determining licensure eligibility under the Medical Marihuana Facilities Licensing Act (MMFLA). I further authorize the release of this information to the Marijuana Regulatory Agency and the use of this information during administrative proceedings under the MMFLA.

Therefore, you are hereby authorized to release any and all information pertaining to this applicant, documentary or otherwise, as requested by any employee or agent of the Agency, provided that he or she certifies to you that said applicant has an application pending before the Agency, or that said applicant is a license or other person required to be qualified under the provisions of the Medical Marihuana Facilities Licensing Act (MMFLA).

This authorization shall supersede any prior request or authorization to the contrary and shall be in effect during the pendency of this application. A photocopy of this authorization will be considered as effective and valid as the original.

# PAGE 6 - ATTESTATION C - VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE

After reading the attestation, provide the name of the sole proprietor in the space provided.

In Section 2, provide the name of the contact person who is authorized to speak with the Agency about the application in the space provided on the form. Provide their email address, phone number, and Accela Citizen Access Login User ID (if known) in the spaces provided.

If you wish to designate more than one contact person, please add additional pages of this form to the application with each contact person on a separate Attestation C form.

**NOTE:** If an individual contacts MRA about the application and that individual is not a supplemental applicant, not the person completing the application, and not an authorized contact person listed on Attestation C, the Agency will not provide information to that individual.

	ATTESTATION C - INDIVIDUAL  VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE  (To be completed and submitted by the applicant)
	Add additional pages of this form if authorizing more than one contact person.
I,	Name of Sole Proprietise
co	nfirm the following:
1.	I am the individual responsible for submitting this application and have full authority to execute this affidavit of full disclosure.
2.	I authorize to be a contact person for the Marijuana Regulatory Agency (Agency). I understand that this person will have access to records and material submitted to the Agency for the purposes of this application. Further, I understand that this person will retain access and receive communication from the Agency regarding the applicant/licensee until the applicant/licensee submits an official request to remove this person's access and cease communication with this person. Please provide the information for this contact person below.
	E-mail Address: Phone Number:
	Accela Citizen Access Login User ID (if applicable):
3.	I authorize the person listed as the Person Completing Application within the demographic section of the application to be a contact person for the Agency. I understand that this person will have access to records and material submitted to the Agency for the purposes of this application. Further, I understand that this person will retain access and receive communication from the Agency regarding the applicant/licensee until the applicant/licensee submits an official request to remove this person's access and cease communication with this person.
4.	I affirm that the information contained in this application is true, complete, and accurate to the best of my knowledge and belief.
5.	Except as reported in this application, I have no agreements or understandings with any person or entity and no present intent to hold as agent, nominee, or otherwise any interest in the application.
6.	Except as reported in this application, I have no agreements or understanding with any person or entity and no present intent to pay any sums of money or give anything of value as, including but without limitation, a finder's fee or commission to any person or entity related to the interest in this application.
7.	I understand that the sole proprietor has an ongoing obligation to notify the Agency should the sole proprietor enter into any such agreement contemplated by this attestation.

# <u>PAGE 7 - ATTESTATION D – ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF LIABILITY</u>

After reading the attestation, provide the name of the sole proprietor in the space provided.

# ATTESTATION D - INDIVIDUAL ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF LIABILITY (To be completed and submitted by the applicant)

I, Name of Sole Proprietor

hereby acknowledge and affirm the following:

The Federal Controlled Substances Act, Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. § 801 et seq., regulates marijuana as a Schedule I controlled substance, for which there is "no currently accepted medical use in treatment in the United States." 21 U.S.C. § 812(b)(1)(B). Although the state of Michigan has recognized and authorized the use of medical marijuana pursuant to the Michigan Medical Marihuana Act, 2008 IL 1, MCL 333.26421 to 333.26430, has authorized the issuance of state operating licenses to medical marijuana facilities pursuant to the Medical Marihuana Facilities Licensing Act, 2016 PA 281, MCL 333.27101 to MCL 333.27801, and has provided for a statewide monitoring system in the Marihuana Tracking Act, 2016 PA 282, MCL 333.27901 to 333.27904, these state authorized activities remain prohibited by federal law.

I understand that a state operating license does not insulate or shield me or my business from federal seizure and/or forfeiture as allowed by federal law and does not insulate me from federal criminal arrest and/or prosecution.

I understand that choosing to file an application for a state operating license and, if issued a license, choosing to establish and operate a marijuana facility pursuant to that license, is done so at my own risk.

By my signature and attestation to this form, I hereby completely release and forever discharge the State of Michigan, the Michigan Department of Licensing and Regulatory Affairs, the Marijuana Regulatory Agency, and its respective employees, agents, facilities, insurers, indemnors, successors, heirs and/or assigns from any and all past, present or future claims, demands, obligations, actions, causes of action, wrongful death claims, rights, damages, costs, losses of services, expenses and compensation of any nature whatsoever, whether based on a tort, contract or other theory of recovery, which I may now have, or which may hereafter accrue or otherwise be acquired, on account of, or may in any way arise out of my application for a state operating license and, if issued a license, my operation of a marijuana facility.

# <u>PAGE 8 – ATTESTATION F – CONFIRMATION OF TAX COMPLIANCE</u>

**PART A** – After reading this section of the attestation, provide the name of the sole proprietor in the space provided. Provide the sole proprietor's signature, printed name, social security number, and the date in the spaces provided in this section. Ensure a return mailing address is provided so the Department of Treasury is able to return the form.

	ATTESTATION F - INDIVIDUAL CONFIRMATION OF TAX COMPLIANCE
(To be completed by th	e designee of the Michigan Department of Treasury and submitted by the applicant)
PART A (to be completed by	the applicant before submitting to the Department of Treasury):
T	
•	Name of Sole Proprietor
and the Administrative Rules.	g this Attestation in compliance with the Medical Marihuana Facilities Licensing Act (MMFLA). I hereby attest that the statements that will be confirmed in Part B below are true to the best of ther affirm that if I have been making sales, I am registered and remitting sales tax to the Michigan quired.
confidential. I authorize the M Marijuana Regulatory Agency This limited authorization relat two years from the date of my	122, MCL 205.28(1)(f), makes taxpayer information acquired in the administration of a tax ichigan Department of Treasury to furnish tax returns and provide tax return information to the for the limited purpose of determining my qualification and fitness for licensure under MMFLA. les to all tax types administered under the Revenue Act. This limited authorization continues for signature below or until the applicant is no longer licensed, whichever is later.
Signature of Sole Proprietor	Dute
Sole Proprietor SSN	Return Address for Completed Form:
	Name
	Name
	Street Address
	City, State, Zip Code
	Treasury Phone: 517-636-6925   Department of Treasury Fax: 517-636-4520   tment of Treasury Email: Treas-MI-Marihuana-Tax@michigan.gov

**PART B** – The sole proprietor must have this section of the attestation completed by an authorized designee of the Michigan Department of Treasury. The designee will confirm the required information and sign the form if applicable.

An authorized designee of the Michigan Department of Treasury can be contacted at:

Michigan Department of Treasury Hours: Monday – Friday, 8:00 a.m. to 4:00 p.m. Phone: 517-636-6925 Fax: 517-636-4520

Email: Treas-MI-Marihuana-Tax@michigan.gov

	(designee) of the Michigan Department of Treasury,
	onfirm to the Marijuana Regulatory Agency (Agency) that the applicant for a state operating license as named above
	, has no delinquency in payments and has satisfied all obligations for any sales or any other taxes that were to be levied
	le of marijuana in accordance with the treasury bulletin titled "Marihuana Provisioning Center Tax and Sales and Use
	atment of Marihuana" which was issued January 18, 2018 as updated. This attestation is provided in accordance with
he Medi	cal Marihuana Facilities Licensing Act (MMFLA), and the Administrative Rules.
	confirm that:
nurmer	continu trat.
1.	The applicant is in good standing with the Michigan Department of Treasury for any taxes for which the applicant
	is responsible.
2.	
3.	Any tax delinquencies for which the applicant is responsible, have been satisfied, if applicable.

Failure to submit this attestation with the signature of an authorized Michigan Department of Treasury designee will result in a Notice of Deficiency. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of the application.

# PAGE 9 - ACKNOWLEDGMENT OF ATTESTATIONS

**Do not sign this form until in the presence of a notary.** Provide the name of the sole proprietor in the space provided. Indicate by checking the boxes that the sole proprietor acknowledges and consents to each attestation.

The sole proprietor should sign this form in the presence of an active notary. In the notary block at the bottom, the sole proprietor's signature date and notary signature date must match.

If the notary signature is invalid and/or the dates do not match, you will receive a Notice of Deficiency. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of the application.

1,		Name of Sole Proprietor
harabi emaar a	almondades and convent to the fi	following attestations (check all that apply to indicate the applicant)
acknowledgment		browning attendations (theex are that apply to indicate the applicant
☐ Attestatio	n A: Acknowledgment, Agreement &	& Consent
☐ Attestatio	n B: Authorization to Release Inform	nation
☐ Attestatio	n C: Verification & Affidavit of Full	Disclosure (with contact designated, if applicable)
☐ Attestatio	n D: Acknowledgment of Federal La	rw & Release of Liability
☐ Attestatio	n F: Confirmation of Tax Compliano	ee
	under the penalties of perjury, that , and correct, and that no material inf	
is true, complete	and correct, and that no material in	
s true, complete	and correct, and that no material in	formation has been omitted.
is true, complete,	and correct, and that no material information	Date before me on
is true, complete,	, and correct, and that no material in	Formation has been omitted.  Date  before me on
is true, complete,	opnetor  om to by  (Sole Propriet	Formation has been omitted.    Date   Defore me on
is true, complete, Signature of Sole Pro Subscribed and sw	opnetor  om to by  (Sole Propriet	Date  Date  before me on  (Date)

# PAGE 10 - DISCLOSURE 1 – SOLE PROPRIETOR INFORMATION

**PAGE 10** - Provide the sole proprietor's name and phone number in the space provided at the top of this disclosure form.

DISCLOSURE 1 – SOLE	PROPRIETOR INFORMATION	
Sole Proprietor Name	Phone No.	83

In the (1) <u>SOLE PROPRIETOR PRIOR NAMES</u> section, provide any prior names used by the sole proprietor during the past three years. Add additional pages if necessary. If the sole proprietor has not had any previous names, this section can be left blank.

(1) SOLE PROPRIETOR PRIOR NAMES Provide any prior name used by the sole proprietor during the past 3 years, if applicable. Add additional pages if necessary.				
Prior Name	Date Use Began	Date Use Ceased		

In the (2) <u>SOLE PROPRIETOR PRIOR ADDRESSES</u> section, provide any prior addresses used by the sole proprietor during the past three years. Add additional pages if necessary. If the sole proprietor has not had any previous addresses, this section can be left blank.

2) SOLE PROPRIETOR PRIOR ADDRE Provide any prior address used by the sole pro		cable. Add additional pa	ges if necessary.
Prior Street Address	City, State, Zip Code	Date Use Began	Date Use Ceased

In the (3) <u>SOLE PROPRIETOR OTHER BUSINESS INTERESTS</u> section, provide any other business interests of the sole proprietor. Add additional pages if necessary. If the sole proprietor does not have any other business interests, this section can be left blank.

Name of Other Business	Type of Business Entity (e.g., LLC, Corporation, Sole	Type of Business Conducted	Extent of Involvement
Interest	Proprietor, etc.)		
	9		
	4		
	1		

The sole proprietor applicant should gather the following documentation in support of the Sole Proprietor Information disclosure:

- Copy of Government Issued ID
- > DBA Documentation (if applicable)

# PAGE 11 - DISCLOSURE 3 – INTERESTS OF PUBLIC OFFICIALS

**PAGE 11** - Provide the sole proprietor's name and phone number in the space provided at the top of this disclosure form.

Sole Proprietor Name	Phone No.
ist the names and titles of all public officials or officers of and children of those public officials or officers, who directly	
Are the creditors of the individual	
<ul><li>Hold any debt instrument issued by the individual</li><li>Hold or have any interest in any contractual or servi</li></ul>	and all and the solutions and the desired field
1. Are the creditors of the individual 2. Hold any debt instrument issued by the individual 3. Hold or have any interest in any contractual or service relations.	
Name of Public Official/Office of Governmental Unit	Title
heck the appropriate box to indicate if the interest of the pu	

If yes, state the percentage/capacity of interest \_

If "No", provide the following information about the interest of the family member of the public official or officer in the table provided:

- Name of family member
- Relationship of family member
- Date of Birth of family member
- Address of family member
- Percentage/Capacity of Interest of family member

Name of Family Member	Relationship	Date of Birth	Address	Percentage/ Capacity of Interest
				\$3 .0.

# PAGE 12 - DISCLOSURE 4 - DEBT, INSOLVENCY, OR BANKRUPTCY ACTIONS

**PAGE 12** - Provide the sole proprietor's name and phone number in the space provided at the top of this disclosure form.

DISCLOSURE 4 - DEBT, INSOLVENC	Y. OR BANKRUPTCY ACTIONS
Sole Proprietor Name	Phone No.

Check the appropriate box to indicate if the sole proprietor has filed or had filed against it, a proceeding for bankruptcy or been involved in any formal process to adjust, defer, suspend, or otherwise work out payment of a debt in the past seven years?

			ed, or had filed against it, a proceeding for bankruptcy or been involved in any formal process to therwise work out payment of a debt in the past seven years?
[	Yes	No	If <u>yes</u> , provide information in the following sections.  If <u>no</u> , this disclosure form is complete.

If the answer to this question is "No," you are finished with this disclosure.

If "Yes", provide the following information related to the sole proprietor's past or current debt, bankruptcy, or other insolvency proceeding.

- Date of Filing of the debt, bankruptcy, or other insolvency proceeding
- Name & Location of Court of the debt, bankruptcy, or other insolvency proceeding
- Case Number of the debt, bankruptcy, or other insolvency proceeding
- Date of Disposition of the debt, bankruptcy, or other insolvency proceeding
- Disposition of the debt, bankruptcy, or other insolvency proceeding

Date of Filing	Name & Location of Court	Case No.	Date of Disposition	Disposition
		83	1	
		8		
		23		

The sole proprietor applicant should gather the following supporting documents in relation to their Debt, Insolvency, or Bankruptcy Actions disclosure:

Copy of Discharge Documentation (if applicable)

## PAGE 13 - DISCLOSURE 5 - TAX & TAX COMPLIANCE

**PAGE 13** – Provide the sole proprietor's name and phone number in the space provided at the top of this disclosure form.

	DISCLOSURE 5 - TAX & TAX COMPLIANCE	
Sole Proprietor Name	Phone No.	

In the (1) <u>TAXING AGENCIES</u> section, list all federal, state, local and foreign taxing agencies in which the sole proprietor was subject to taxation for the past 12 months.

<ol> <li>TAXING AGENCIES         List all federal, state, local, and foreign jurisdictions in which the sole proprietor was subject to taxation during the last year.         Add additional pages if necessary.     </li> </ol>			
Taxing Agency	Type of Tax (E.g., Federal income tax, state income tax, sales tax)		

E.g., "Taxing Agency" = IRS, "Type of Tax" = Federal Income Tax;

E.g., "Taxing Agency" = Michigan Department of Treasury, Type of Tax = State Income Tax, Sales Tax

In the (2) <u>TAX COMPLIANCE</u> section, indicate if the sole proprietor has had a tax complaint filed against them or been served with a notice regarding a tax delinquency by selecting "Yes" or "No" to this question.

If "Yes," provide the taxing agency, type of tax, tax period, and amount of the delinquent tax payment in the table provided in this section.

TAX COMPLIANCE  Has the sole proprietor ever been served with, or had filed against it, a complaint or other notice regarding the delinquent payment of any tax required under federal, state, local, or foreign jurisdictions?  Yes No  If you answered <u>yes</u> , provide the requested information for each delinquent tax payment and provide all applicable required supporting documents (e.g., copy of notice of tax liability due). Add additional pages if necessary.				linquent tax payment
Taxing Agency	Type of Tax	Tax Year	Amount	Disposition
	7.5	8		
3		8		
90	35	9	2	

The sole proprietor applicant should gather the following documentation in support of the Tax & Tax Compliance disclosure:

- ➤ W2s, 1099s, and/or Schedule K-1s for Past 12 Months (if noW2s, 1099s and/or Schedule K-1s exist, submit an explanation)
- > Copy of Initial Notice and Notice of Release (if applicable)
- > Copy of Payment Plan Documentation (if applicable)

## PAGE 14 - DISCLOSURE 6 - GOVERNMENT REGULATION

**PAGE 14** - Provide the sole proprietor's name and phone number in the space provided at the top of this disclosure form.

DISCLOSURE 6 - GOVE	RNMENT REGULATION	
Sole Proprietor Name	Phone No.	-

Select "Yes" or "No" in response to the three questions in the top section of the page.

	_	-	tor subject to regulation by a public agency in any other jurisdiction (e.g., Does the sole proprietor hold any permit, etc., that is regulated by a department of a local, state, federal, or foreign government)?
	Yes		No
Doe	s the sol	e prop	rietor hold any commercial licenses? (Not including the license in which they are currently applying.)
	Yes		No
			ietor ever applied for or been granted any commercial license or certificate issued by a licensing authority in at has been denied, restricted, suspended, revoked, or not renewed?
	Yes		No

**Question 1** - If the sole proprietor is subject to regulation by a public agency (holds any license, certificate, permit, etc. which is regulated by a department of a local, state, federal, or foreign government (e.g. liquor license, building permit, sales tax license, other marijuana licenses, concealed carry permits, chauffer's licenses, etc.)), select "Yes".

If "Yes," disclose any marijuana businesses in Section (1) <u>MARIJUANA BUSINESS INTERESTS</u> and any other regulation type in Section (2) <u>COMMERCIAL LICENSES OR CERTIFICATES</u>.

**Question 2** - If the sole proprietor holds any commercial licenses (e.g. food establishment license, retail gas outlet license, marijuana license, liquor license, commercial driver's license, etc.), select "Yes."

If "Yes," disclose any marijuana businesses in Section (1) <u>MARIJUANA BUSINESS INTERESTS</u> and any other regulation type in Section (2) <u>COMMERCIAL LICENSES OR CERTIFICATES</u>.

**Question 3** – If the sole proprietor has ever applied for a license or certificate that was denied, or if the sole proprietor has ever been granted a license or certificate that has been restricted, suspended, revoked, or not renewed, select "Yes".

If "Yes," disclose these licenses in Section (3) <u>COMMERCIAL LICENSES OR CERTIFICATES DENIED</u>, <u>RESTRICTED</u>, <u>SUSPENDED</u>, <u>REVOKED</u>, <u>OR NOT RENEWED</u> on the second page of this disclosure.

If the answer to all three of these questions is "No," you are finished with this disclosure.

In the (1) <u>MARIJUANA BUSINESS INTERESTS</u> section, list any marijuana business in which the sole proprietor has any direct or indirect equity interest. For each marijuana business, provide the business entity's name, license number, state of license issuance, and the country of issuance. If the sole proprietor does not own other marijuana businesses, this section can be left blank.

### (1) MARIJUANA BUSINESS INTERESTS

Provide the requested information any interest that the sole proprietor has in any other corporation, partnership, sole proprietorship, or other business entity that is directly or indirectly involved in the *growing*, *processing*, *testing*, *transporting*, *or sale of marijuana*. Add additional pages if necessary.

Marijuana Business Entity Name	License Number	State of Issuance	Country of Issuance

In the (2) <u>COMMERCIAL LICENSES OR CERTIFICATES</u> section, list any (non-marijuana) commercial licenses or certificates held by the sole proprietor.

178 %	COLUMN	TECHNICE	OD OFFITTE	CATEC
(CA)	COMMERCIAL	LICENSES	OKCERLIE	AIL

Provide the requested information for all non-marijuana commercial licenses or certificates held by the sole proprietor. Add additional pages if necessary.

License or Certificate Type	License Number or Other Identifying Number	Issuing Agency
	16	6

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### PAGE 15 - DISCLOSURE 6 - GOVERNMENT REGULATION, CONTINUED

**PAGE 15** – Provide the sole proprietor's name and phone number in the space provided at the top of this disclosure form.

DISCLOSURE 6 - GOVERNMENT REGULATION, CONTINUED				
Sole Proprietor Name	Phone No.			

<sup>&</sup>quot;License or Certificate Type" = *Liquor license*, "License No. or Other Identifying No." = *RQ-1810-12345*, "Issuing Agency" = *Michigan Liquor Control Commission* 

Ex. "License or Certificate Type" = Sales tax license, "License No. or Other Identifying No." = 89-6745231, "Issuing Agency" = Michigan Department of Treasury

In the (3) <u>COMMERCIAL LICENSES OR CERTIFICATES DENIED</u>, <u>RESTRICTED</u>, <u>SUSPENDED</u>, <u>REVOKED</u>, <u>OR NOT RENEWED</u> section, list any license or certificate that was applied for and denied, and list any license or certificate that has been restricted, suspended, revoked, or not renewed.

## (3) COMMERCIAL LICENSES OR CERTIFICATES DENIED, RESTRICTED, SUSPENDED, REVOKED, OR NOT RENEWED

Provide the requested information for all commercial licenses or certificates with which the sole proprietor has had an application or license denied, restricted, suspended, revoked, or not renewed. Add additional pages if necessary.

#	License or Certificate Type	License Number or Other Identifying Number	Issuing Agency
1	Action Taken	Reason for Action	Date Action Taken
#	License or Certificate Type	License Number or Other Identifying Number	Issuing Agency
2	Action Taken	Reason for Action	Date Action Taken
#	License or Certificate Type	License Number or Other Identifying Number	Issuing Agency
3	Action Taken	Reason for Action	Date Action Taken

<sup>&</sup>quot;Action Taken" = denied, restricted, suspended, revoked, or not renewed

In the (4) <u>PENDING LICENSES OR CERTIFICATES</u> section, list any pending licenses or certificates in which the sole proprietor has applied for and a determination has not yet been made.

## (4) PENDING LICENSES OR CERTIFICATES

Disclose any application for a commercial license or certificate in this state or any other jurisdiction that is currently pending and for which a determination has not been made. Do not include this current application for a marijuana license or any commercial license or certificate previously disclosed on this application. Add additional pages if necessary.

License or Certificate Type	Issuing Agency	Application Number or Other Identifying Number

In the **(5) GOVERNMENT EMPLOYMENT** section, select "Yes" or "No" in response to the four questions related to government employment. If the answer to all three questions is "No," you are done with this disclosure. (Elected officers of or employees of a federally recognized Indian tribe and elected precinct delegates are not ineligible to receive a state operating license.)

If "Yes," write an explanation in the space provided. (E.g., "I am a state employee within the Licensing and Regulatory Affairs division.")

	Yes		No	Employee, advisor, or consultant of the Marijuana Regulatory Agency.
	Yes		No	Holds an elective office of a governmental unit of this state, another state, or the federal government
	Yes		No	Member of or employed by a regulatory body of a governmental unit of this state, another state, of the federal government.
	Yes		No	Employed by a governmental unit of this state.
If y	you an	swere	d yes to	any of the above questions, provide an explanation. If you are an elected officer of or employee ian tribe or an elected precinct delegate, please include this information in the explanation:

The sole proprietor applicant should gather the following documentation in support of the Government Regulation disclosures:

- Copy of Marijuana Licenses (if applicable)
- > Copy of Any Other Commercial Licenses or Any Comparable License from Other Jurisdictions (if applicable)
- > Summary of Facts and Circumstances Concerning a License Denial, Restriction, Revocation, Suspension, or Nonrenewal (if applicable)

### PAGE 16 - DISCLOSURE 7 - CRIMINAL HISTORY

**PAGE 16** – Provide the sole proprietor's name and phone number in the space provided at the top of this disclosure form.

	DISCLOSURE 7 – CRIMINAL HISTORY	
Sole Proprietor Name	Phone No.	-

or foreign)	concern	ing ar	•			nder the laws of any jurisdiction (state, federal r involving a controlled substance, dishonesty
theft, or fra	aud, not	inclu	ding traffic violations	s, regardless of	whetl	ner the offense has been reversed on appeal
reduced, ex	punged	, set a	side, pardoned or other	rwise?		
bail t invol has b	under the ving a co	laws o	f any jurisdiction (state, fe substance, dishonesty, the appeal, reduced, expunged,	deral, or foreign) c ft, or fraud, <b>not incl</b>	oncem uding	ted of, pled guilty or nolo contendere to, or forfeited ing <u>any</u> felony criminal offense or a misdemeanor traffic violations, regardless of whether the offense erwise?
Ouastian 2	galaa	t "Vos	" or "No" to indicate i	f the gala propri	oton h	ng haan faund roomangihla far vialating a laga
						as been found responsible for violating a loca heft, or fraud that substantially corresponds to
	•		•		•	on that appeal, reduced, expunged, set aside
pardoned or			ate, whether the offen	ise has been lev	CISCU	on that appear, reduced, expunged, set aside
pardoned of	Otherw	130:				
disho	nesty, the	eft, or f		esponds to a misder	meano	nance in any state involving a controlled substance, in that state, whether the offense has been reversed
					-	
	Yes		io .			
Question 3 misdemean been revers  (3) As to regard	6 – selector, in the	ct "Ye le law: ppeal, inal off	es" or "No" to indicates of any jurisdiction, no reduced, expunged, so tense, either felony or mison	te if the sole prot including trafet aside, pardone	opriet	or has any criminal offense, either felony of olations, regardless of whether the offense has otherwise, has the sole proprietor ever:  any jurisdiction, <b>not including traffic violations</b> , nged, set aside, pardoned or otherwise, has the sole
Question 3 misdemean been revers  (3) As to regard	6 – selector, in the ed on appartment any crimal eless of which the selection is a selection of the selectio	ct "Ye ne laws ppeal, inal off hether t	es" or "No" to indicates of any jurisdiction, no reduced, expunged, see fense, either felony or mische offense has been reverse	te if the sole prot including trafet aside, pardone	opriet fic vi ed or o ws of d, expu	olations, regardless of whether the offense has otherwise, has the sole proprietor ever:  any jurisdiction, not including traffic violations, nged, set aside, pardoned or otherwise, has the sole
Question 3 misdemean been revers  (3) As to regard	or, in the ed on appear of whether ever:	et "Ye laws ppeal, inal off hether t	es" or "No" to indicate of any jurisdiction, no reduced, expunged, see fense, either felony or mische offense has been reverse been arrested	te if the sole prot including trafet aside, pardone demeanor, in the lad on appeal, reduced $\frac{\mathbf{Yes}}{\Box}$	opriet fic vi ed or c ws of d, expu	olations, regardless of whether the offense has otherwise, has the sole proprietor ever:  any jurisdiction, not including traffic violations, nged, set aside, pardoned or otherwise, has the sole pled nolo contendere (no contest)
Question 3 misdemean been revers  (3) As to regard	or, in the ed on appears of wheter ever:	ct "Ye laws ppeal, inal off hether t	es" or "No" to indicate of any jurisdiction, no reduced, expunged, see fense, either felony or mische offense has been reverse been arrested been charged	te if the sole prot including trafet aside, pardone demeanor, in the lad on appeal, reduced \frac{Yes}{\top}	opriet	plations, regardless of whether the offense has otherwise, has the sole proprietor ever:  any jurisdiction, not including traffic violations, nged, set aside, pardoned or otherwise, has the sole  pled nolo contendere (no contest) forfeit bail concerning an offense
Question 3 misdemean been revers  (3) As to regard	or, in the ed on appear of whether ever:	et "Ye laws ppeal, inal off hether t	es" or "No" to indicate of any jurisdiction, no reduced, expunged, see fense, either felony or mische offense has been reverse been arrested	te if the sole prot including trafet aside, pardone demeanor, in the lad on appeal, reduced $\frac{\mathbf{Yes}}{\Box}$	opriet fic vi ed or c ws of d, expu	olations, regardless of whether the offense has otherwise, has the sole proprietor ever:  any jurisdiction, not including traffic violations, nged, set aside, pardoned or otherwise, has the sole pled nolo contendere (no contest)
Question 3 misdemean been revers  (3) As to regard	or, in the ed on apany crim lless of wheter ever:	ct "Ye laws ppeal, inal off hether t	es" or "No" to indicate of any jurisdiction, no reduced, expunged, see fense, either felony or mische offense has been reverse been arrested been charged been indicted	te if the sole prot including trafet aside, pardone demeanor, in the lad on appeal, reduced Ves	opriet fic vied or o ws of d, expu	pled nolo contendere (no contest) forfeit bail concerning an offense had a criminal record expunged

If "Yes", provide the following information for all offenses in the table provided:

- Name of offense
- Type of offense
- Date of the offense
- Arresting Agency/Jurisdiction of the offense
- Name and Location of Court where offense was litigated
- Docket/Case Number of criminal litigation
- **Disposition** of offense

#	Name of Offense	Type of Offense	Date	Arresting Agency/Jurisdiction
1	Name & Location of Court	Docket/Case #		Disposition
	Name & Location of Court	Docker Case #		Disposition
#	Name of Offense	Type of Offense	Date	Arresting Agency/Jurisdiction
2	Name & Location of Court	Docket/Case #		Disposition
#	Name of Offense	Type of Offense	Date	Arresting Agency/Jurisdiction
3	Name & Location of Court	Docket/Case #		Disposition
#	Name of Offense	Type of Offense	Date	Arresting Agency/Jurisdiction
4	Name & Location of Court	Docket/Case #		Disposition

The sole proprietor applicant should gather the following documentation in support of the Criminal History disclosure:

➤ Copy of Criminal History Documents (if applicable)

## PAGE 17 - DISCLOSURE 8 - LITIGATION HISTORY

**PAGE 17** – Provide the sole proprietor's name and phone number in the space provided at the top of this disclosure form.

gv.	DISCLOSURE 8 - LITIGATION HISTORY	8-3
Sole Proprietor Name	Phone No.	

In the <u>LITIGATION HISTORY</u> section, select "Yes" or "No" to indicate if the sole proprietor or any of the sole proprietor's other business interests have been a party to any litigation during the past five years.

If "Yes", disclose the case caption, docket or case number, name and location of court, the cause of action, and disposition for the litigation in the table provided. Add additional pages if necessary.

(1)	1) LITIGATION HISTORY  Has the sole proprietor or any of the sole proprietor's other business interests been a party to any litigation during the past five years (e.g., fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker's compensation, discrimination, and tax laws and regulations)?  If you answered <u>yes,</u> provide the requested information for all litigation related to the sproprietor (e.g., fraud, environmental, food safety, labor, employment, worker							
	c	ase Cap	tion			ation, discrimination, and tax ars. Add additional pages if ne Name & Location of Court		Disposition

In the <u>PENDING LITIGATION</u> section, for any cases that are currently pending, provide a brief explanation in the area provided.

	<b>PENDING LITIGATION</b> For any cases that are currently initiated or pending, provide a brief explanation regarding the allegations of the case. Add additional pages if necessary.
10	
-	

In the <u>GOVERNMENT CHARGES & INVESTIGATIONS</u> section, disclose any charges and/or government investigations related to the sole proprietor's business operations (e.g. fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker's compensation, discrimination, and tax laws and regulation), whether initiated, pending, or concluded in the area provided.

(3)	GOVERNMENT CHARGES & INVESTIGATIONS  Disclose any charges and government investigations, whether initiated, pending, or concluded, related to the sole proprietor's business operations unless they have been previously disclosed on this application (e.g., fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker's compensation, discrimination, and tax laws and regulations). Add additional pages if necessary.
- 1	

The sole proprietor applicant should gather the following documentation in support of the Litigation History disclosure:

- > Copy of Complaint (if applicable)
- > Copy of Judgment (if applicable)

### SUPPLEMENTAL APPLICATIONS FOR SOLE PROPRIETORS

Supplemental applications are required to be submitted for the spouse of the sole proprietors, if applicable, and all managerial employees of the sole proprietor, if applicable. If the sole proprietor has a spouse or managerial employees, each of these individuals must submit a Supplemental Individual Prequalification Application.

### SUBMITTING THE APPLICATION

When submitting the application, ensure the main application, all supplemental applications, and all supporting documents are provided. Failure to submit all applications and supporting documents will result in a Notice of Deficiency. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of the application.

The application can be submitted online at: <a href="https://aca3.accela.com/MIMM/Default.aspx">https://aca3.accela.com/MIMM/Default.aspx</a>, in person at: 2407 North Grand River Avenue, Lansing, MI 49806, or via postal mail to:

Marijuana Regulatory Agency Medical Facilities Licensing P.O. Box 30205 Lansing, MI 48909

If any questions arise while completing the application, please do not hesitate to contact MRA by telephone at: 517-284-8599

## The medical application submission should contain the following supporting documents:

- ➤ Copy of Government Issued ID (e.g., driver's license, passport)
- > DBA Documentation (if applicable) (obtained at county-level)
- > CPA Attestation
- Statement of Money Lender Form
- Promissory Note/Line of Credit Documents
- Copy of Discharge Documentation (if applicable)
- ➤ W2s, 1099s and/or Schedule K-1s for past 12 months (if no W2s, 1099s and/or Schedule K-1s exist, submit an explanation)
- Copy of Initial Notice and Notice of Release (if applicable)
- > Copy of Payment Plan Documentation (if applicable)
- Copy of Marijuana Licenses (if applicable)
- > Copy of Any other Commercial Licenses or Any Comparable License from Other Jurisdictions (if applicable)
- > Summary of Facts and Circumstances Concerning License Denial, Restriction, Revocation, Suspension, or Nonrenewal (if applicable)
- ➤ Copy of Criminal History Documents (if applicable)
- > Copy of Complaint (if applicable)
- Copy of Judgment (if applicable)

## SUPPLEMENTAL INDIVIDUAL PREQUALIFICATION

The Supplemental Individual Prequalification Application can be found at the following link: <u>Supplemental Individual Prequalification</u>.

Download the Supplemental Individual Prequalification Application.

The supplemental individual will need to complete a Supplemental Individual Prequalification Application in its entirety.

## **APPLICATION CHECKLIST**

Ensure you have gathered all applicable items on the checklist before submitting the application. The last page of the application instruction booklet contains a checklist that provides further information on what each supporting document should entail.

	SUPPLEMENTAL INDIVII	DUAL PREQUALIFICATION		
upple	mental Individual Prequalification Application	Supporting Documents		
	Page 1: Supplemental Individual Prequalification Checklist	Identity Documents		
	Page 2: Supplemental Individual Demographics	□ Copy of Government Issued ID		
	Page 3: ATTESTATION A - Acknowledgment, Agreement,	Debt, Insolvency, or Bankruptcy Documents		
	& Consent	□ Copy of Discharge Documentation (if applicable)		
	Page 4: ATTESTATION B - Authorization to Release	Tax Liability and Delinquency Documents		
	Information	□ W2s, 1099s and/or Schedule K-1s for most recent year		
	Page 5: ATTESTATION C - Verification & Affidavit of	(if no W2s,1099s and/or Schedule K-1s exist, submit an		
	Full Disclosure	explanation)		
	Page 6: ATTESTATION D - Acknowledgment of Federal	□ Copy of Initial Notice and Notice of Release (if		
	Law & Release of Liability	applicable)		
	Page 7: ATTESTATION F - Confirmation of Tax	□ Copy of Payment Plan Documentation (if applicable)		
	Compliance	Regulation Documents		
	Page 8: Acknowledgement of Attestations (signed and	☐ Copy of Marijuana Licenses (if applicable)		
	notarized)	□ Copy of Any Other Commercial Licenses or Any		
	Page 9: DISCLOSURE 1 - Individual Information	Comparable License from Other Jurisdictions (if		
	Page 10: DISCLOSURE 3 - Interests of Public Officials	applicable)		
	Page 11: DISCLOSURE 4 - Debt, Insolvency, or	☐ Summary of Facts and Circumstances Concerning		
	Bankruptcy Actions	License Denial, Restriction, Revocation, Suspension, or		
	Page 12: DISCLOSURE 5 - Tax & Tax Compliance	Nonrenewal (if applicable)		
	Pages 13-14: DISCLOSURE 6 - Government Regulation	Criminal History Documents		
	Page 15: DISCLOSURE 7 - Criminal History	☐ Copy of Criminal History Documents (if applicable)		
	Page 16: DISCLOSURE 8 - Litigation History	Litigation History		
		☐ Copy of Complaint (if applicable)		
		☐ Copy of Judgment (if applicable)		

## PAGE 2 – DEMOGRAPHIC INFORMATION

At the top of the form, provide the name of the main applicant in which this supplemental individual is supporting, and the Accela Citizen Access (ACA) application ID, if known. The ACA application ID number is assigned after an online application is submitted via Accela Citizen Access (ACA - the online citizen portal) or after a paper application is processed within the Agency. The name in this space should not be the name of the supplemental individual.

SUPPLEMENTAL INDIVIDUAL DEMOGRAPHICS						
This supplemental individual prequalification application is in support of:						
Main Entity or Sole Proprietor Name	ACA Application ID (if known)					

In the **DEMOGRAPHIC INFORMATION** section, provide the following information for the supplemental individual in the corresponding field on the application:

- Name of the supplemental individual as it appears on official government documents
- Social Security Number of the supplemental individual
- Mailing Address of the supplemental individual
- Date of Birth of the supplemental individual
- Phone Number of the supplemental individual
- Email Address of the supplemental individual

DEMOGRAPHIO		. 73 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	individual.		
Name (as appears on g	overnment issued ID)		Social Security Number		
Mailing Address			Date of Birth (mm/dd/3333)		
City	State	Zip Code	Phone	Email Address	

In the **PERSON COMPLETING APPLICATION** section, provide the following information in the corresponding field on the application:

- Name of the individual completing the application
- Date of Birth of the individual completing the application
- Mailing Address of the individual completing the application
- Phone Number of the individual completing the application
- Email Address of the individual completing the application

PERSON COMPLETING APPLICATION  Please provide the following information regarding the person completing this application.							
Name (First, Middle, Las	t)		Date of Birth (mm/dd/yyyy)				
Mailing Address			Phone				
City	State	Zip Code	Email Address				

Ensure all contact information is accurate and that current email addresses have been provided, as most correspondence from MRA will be sent via email.

### **PAGES 3-8 – ATTESTATIONS**

Read all the attestations carefully as the applicant will be acknowledging and agreeing to the information and stipulations contained in these attestations.

If you are unsure of what an item within an attestation means, please consult an attorney. MRA cannot provide legal interpretation of the statute or rules.

## PAGE 3 - ATTESTATION A - ACKNOWLEDGMENT, AGREEMENT, AND CONSENT

After reading the attestation, provide the name of the supplemental individual in the space provided.

# ATTESTATION A - INDIVIDUAL ACKNOWLEDGEMENT, AGREEMENT, & CONSENT (To be completed and submitted by the applicant)

I,\_\_\_\_\_

Name of Supplemental Individual

acknowledge that I am the person responsible for submitting this application and supporting documents.

I hereby acknowledge that the Marijuana Regulatory Agency (Agency) may require supplemental materials in order to carry out its statutory duties. I hereby agree to submit such supplemental materials as requested by the Agency in a timely manner. I understand that if the Agency identifies a deficiency in an application, the Agency shall notify the applicant and the applicant shall submit the missing information or proof that the deficiency has been corrected to the agency within 5 days of the date the applicant received the deficiency notice. I acknowledge that failure to provide requested disclosures and documentation or to correct any notice of deficiency within 5 days of its receipt may result in the denial of an application.

I hereby acknowledge that any issuance of a license is a privilege. I have the responsibility to prove that I am eligible, suitable, and qualified to be licensed. I must accept any risk of adverse public notice, embarrassment, criticism, or other action, or financial loss, which may result from action with respect to an application or the public disclosure of information requested in this application, and expressly waive any claim for damages as a result thereof. Information not called for in this application or in addition to that provided in response to this application, may be requested.

I, as the applicant submitting this application, hereby certify that I do not have an interest in any other state operating license that is prohibited by the Medical Marihuana Facilities Licensing Act, 2016 PA 281 (MMFLA).

I hereby acknowledge that I am under a continuing duty to promptly disclose to the Agency any changes in the information provided in the application and supporting documents submitted to the Agency. To comply with this requirement, I hereby acknowledge that I must submit a letter to the Agency stating any changes with reference to the specific information within the application to which the changes pertain.

I hereby consent to investigations of compliance, regular inspections, examinations, searches, seizures, and auditing of books and records as provided in MMFLA Section 303(1)(c)( $\hat{j}$ ) to (iv) and the MMFLA Administrative Rules, and to disclose to the Agency and its agents of otherwise confidential records, including tax records held by any federal, state, or local agency, or credit agency or financial institution, while applying for or holding a state operating license. This consent is authorization to review and inspect tax records administered under the Michigan Revenue Act, 1941 PA 122.

I hereby acknowledge that the finding of prequalification status for a pending application is valid for two years after the Agency issues a notice of prequalification status unless otherwise determined by the agency. I understand that after two years have expired, I may be required to submit a new application and pay a new nonrefundable application fee.

I hereby consent to receive all service of process via electronic service as opposed to certified mail. This consent is valid unless otherwise revoked in writing.

### PAGE 4 - ATTESTATION B - AUTHORIZATION TO RELEASE INFORMATION

After reading the attestation, provide the name of the supplemental individual in the space provided.

## ATTESTATION B - INDIVIDUAL AUTHORIZATION TO RELEASE INFORMATION (To be completed and submitted by the applicant)

To all courts, probation departments, selective service boards, employers, educational institutions, banks, financial and other such institutions, and all governmental agencies federal, state and local, without exception, both foreign and domestic:

# 600% Gentle

Name of Supplemental Individual

authorize the Marijuana Regulatory Agency (Agency) and its agents to conduct a full investigation into the background and activities of the applicant for purposes of determining the applicant's eligibility for a marijuana facility prequalification and state operating license.

I understand that by signing this authorization, a financial background check will be performed. I authorize any financial institution to surrender to the Agency a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal financial records in whatever form and wherever located. I authorize my employers to release any employment information required to validate my financial history. I understand that the financial background check will include a credit history examination and that my credit report, credit history, and credit capacity information will be obtained.

I understand that by signing this authorization, a financial background check of my tax filing and tax obligation status will be performed. I authorize my respective state taxing agency to surrender to the Agency a complete and accurate record of any and all tax information or records relating to me for the purposes of this application. I authorize the Agency to obtain, receive, review, copy, discuss, and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

I understand that by signing this authorization, a criminal history background check will be performed. I authorize the Agency to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located for purposes of completing this application. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and the sentence was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

By signing this authorization, I authorize the Agency's Michigan Medical Marijuana Program (MMMP) to release my MMMP patient and/or caregiver registration history to the Agency's Medical Marijuana Facility Licensing Division (MMFL) and/or law enforcement for use in determining licensure eligibility under the Medical Marijuana Facilities Licensing Act (MMFLA). I further authorize the release of this information to the Marijuana Regulatory Agency and the use of this information during administrative proceedings under the MMFLA.

Therefore, you are hereby authorized to release any and all information pertaining to this applicant, documentary or otherwise, as requested by any employee or agent of the Agency, provided that he or she certifies to you that said applicant has an application pending before the Agency or that said applicant is a licensee or other person required to be qualified under the provisions of the Medical Marihuana Facilities Licensing Act (MMFLA).

This authorization shall supersede any prior request or authorization to the contrary and shall be in effect during the pendency of this application. A photocopy of this authorization will be considered as effective and valid as the original.

## PAGE 5 - ATTESTATION C - VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE

After reading the attestation, provide the name of the supplemental individual in the space provided.

In Section 2, provide the name of the contact person who is authorized to speak with the Agency about the application in the space provided on the form. Provide their email address, phone number, and Accela Citizen Access Login User ID (if known) in the spaces provided.

If you wish to designate more than one contact person, please add additional pages of this form to the application with each contact person on a separate Attestation C form.

**NOTE:** If an individual contacts MRA about the application and that individual is not a supplemental applicant, not the person completing the application, and not an authorized contact person listed on Attestation C, the Agency will not provide information to that individual.

	ATTESTATION C - INDIVIDUAL VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE
	(To be completed and submitted by the applicant)
	Add additional pages of this form if authorizing more than one contact person.
	Name of Supplemental Individual
00	min de following.
	I am the individual responsible for submitting this application and have full authority to execute this affidavit of full disclosure.
	I authorize to be a contact person to the Marijuana Regulatory Agency (Agency). I understand that this person will have access to records and material submitted to the Agency for the purposes of this application. Further, I understand that this person will retain access and receive communication from the Agency regarding the applicant/licensee until the applicant/licensee submits an official request to remove this person's access and cease communication with this person. Please provide the information for this contact person below.
	E-mail Address: Phone Number:
	Accela Citizen Access Login User ID (if applicable):
	I authorize the person listed as the Person Completing Application within the demographic section of the application to be a contact person for the Agency. I understand that this person will have access to records and material submitted to the Agency for the purposes of this application. Further, I understand that this person will retain access and receive communication from the Agency regarding the applicant/licensee until the applicant/licensee submits an official request to remove this person's access and cease communication with this person.
	I affirm that the information contained in this application is true, complete, and accurate to the best of my knowledge and belief.
	Except as reported in this application, I have no agreements or understandings with any person or entity and no present intent to hold as agent, nominee, or otherwise any interest in the application.
	to pay any sums of money or give anything of value as, including but without limitation, a finder's fee or commission to any
	person or entity related to the interest in this application.
	I understand that the supplemental individual has an ongoing obligation to notify the Agency should the supplemental individual enter into any such agreement contemplated by this attestation.

# <u>PAGE 6 -ATTESTATION D – ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF LIABILITY</u>

After reading the attestation, provide the name of the supplemental individual in the space provided.

# ATTESTATION D - INDIVIDUAL ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF LIABILITY

(To be completed and submitted by the applicant)

I	I,
	Mary PRoduction and Edition 1

hereby acknowledge and affirm the following:

The Federal Controlled Substances Act, Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. § 801 st seq., regulates marijuana as a Schedule I controlled substance, for which there is "no currently accepted medical use in treatment in the United States." 21 U.S.C. § 812(b)(1)(B). Although the state of Michigan has recognized and authorized the use of medical marijuana pursuant to the Michigan Medical Marihuana Act, 2008 II. 1, MCL 333.26421 to 333.26430, has authorized the issuance of state operating licenses to medical marijuana facilities pursuant to the Medical Marihuana Facilities Licensing Act, 2016 PA 281, MCL 333.27101 to MCL 333.27801, and has provided for a statewide monitoring system in the Marihuana Tracking Act, 2016 PA 282, MCL 333.27901 to 333.27904, these state authorized activities remain prohibited by federal law.

I understand that a state operating license does not insulate or shield me or my business from federal seizure and/or forfeiture as allowed by federal law and does not insulate me from federal criminal arrest and/or prosecution.

I understand that choosing to file an application for a state operating license and, if issued a license, choosing to establish and operate a marijuana facility pursuant to that license, is done so at my own risk.

By my signature and attestation to this form, I hereby completely release and forever discharge the State of Michigan, the Michigan Department of Licensing and Regulatory Affairs, the Marijuana Regulatory Agency, and its respective employees, agents, facilities, insurers, indemnors, successors, heirs and/or assigns from any and all past, present or future claims, demands, obligations, actions, causes of action, wrongful death claims, rights, damages, costs, losses of services, expenses and compensation of any nature whatsoever, whether based on a tort, contract or other theory of recovery, which I may now have, or which may hereafter accrue or otherwise be acquired, on account of, or may in any way arise out of my application for a state operating license and, if issued a license, my operation of a marijuana facility.

## PAGE 7 – ATTESTATION F – CONFIRMATION OF TAX COMPLIANCE

**PART A** – After reading this section of the attestation, provide the name of the supplemental individual in the space provided. Provide the supplemental individual's signature, social security number, and the date in the spaces provided in the section. Ensure a return mailing address is provided so the Department of Treasury is able to return the form.

	ATTESTATION F - INDIVIDUAL CONFIRMATION OF TAX COMPLIANCE
	esignee of the Michigan Department of Treasury and submitted by the applicant)
PART A (to be completed by the	applicant before submitting to the Department of Treasury):
I,	SECURIOR DE CONTRETAR I LA CONTRETAR DE CONT
-	Name of Supplemental Individual
and the Administrative Rules. I he	is Attestation in compliance with the Medical Marihuana Facilities Licensing Act (MMFLA) reby attest that the statements that will be confirmed in Part B below are true to the best of affirm that if I have been making sales, I am registered and remitting sales tax to the Michigan ad.
confidential. I authorize the Michi Marijuana Regulatory Agency for t This limited authorization relates to two years from the date of my sign	MCL 205.28(1)(f), makes taxpayer information acquired in the administration of a tax gan Department of Treasury to furnish tax returns and provide tax return information to the the limited purpose of determining my qualification and fitness for licensure under MMFLA. to all tax types administered under the Revenue Act. This limited authorization continues for lature below or until the applicant is no longer licensed, whichever is later.
Signature of Supplemental Individual	Date
Supplemental Individual SSN	Return Address for Completed Form:
	Name
	Street Address
	City, State, Zip Code
	asury Phone: 517-636-6925   Department of Treasury Fax: 517-636-4520   nt of Treasury Email: Treas-MI-Marihuana-Tax@michigan.gov

**PART B** – The supplemental individual must have this section of the attestation completed by an authorized designee of the Michigan Department of Treasury. The designee will confirm the required information and sign the form if applicable.

An authorized designee of the Michigan Department of Treasury can be contacted at:

Michigan Department of Treasury Hours: Monday – Friday, 8:00 a.m. to 4:00 p.m. Phone: 517-636-6925 Fax: 517-636-4520

Email: Treas-MI-Marihuana-Tax@michigan.gov

I,	(designee) of the Michigan Department of Treasury,
in Part A, on the sal and Use regarding	onfirm to the Marijuana Regulatory Agency (Agency) that the applicant for a state operating license as named above, has no delinquency in payments and has satisfied all obligations for any sales or any other taxes that were to be levied le of marijuana in accordance with treasury bulletin RAB 2018-2 titled "Marihuana Provisioning Center Tax and Sales Tax Treatment of Marihuana" which was issued January 18, 2018, as well as any subsequent bulletins released at ax obligations. This attestation is provided in accordance with the Medical Marihuana Facilities Licensing Act, 2016 MMFLA), and the Administrative Rules.
1 A 201 (1	while LA), and the Administrative Kines.
	confirm that:
	confirm that:  The applicant is in good standing with the Michigan Department of Treasury for any taxes for which the applicant is responsible.

Failure to submit this attestation with the signature of an authorized Michigan Department of Treasury designee will result in a Notice of Deficiency. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of the application.

## PAGE 8 - ACKNOWLEDGMENT OF ATTESTATIONS

**Do not sign this form until in the presence of a notary.** Provide the name of the supplemental individual in the space provided. Indicate by checking the boxes that the supplemental individual acknowledges and consents to each attestation.

The supplemental individual should sign this form in the presence of an active notary. In the notary block at the bottom, the supplemental individual's signature date and notary signature date must match.

If the notary signature is invalid and/or the dates do not match, you will receive a Notice of Deficiency. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of the application.

(To be completed and submitted by the applicant)  Do not sign until notary is present				
I,				
-	No.	ame of Supplemental Individual		
hereby swear, ackno acknowledgment and		following attestations (check all that apply to in	ndicate the applicant's	
☐ Attestation A:	Acknowledgment, Agreement a	& Consent		
☐ Attestation C:	Verification & Affidavit of Full	Disclosure (with contact designated, if applicable	)	
	Acknowledgment of Federal La		7.3	
Further, I affirm, und		the information set forth in this application and all	supporting documents	
Further, I affirm, und	er the penalties of perjury, that correct, and that no material in	the information set forth in this application and all	supporting documents	
Further, I affirm, und is true, complete, and Signature of Supplemental	er the penalties of perjury, that correct, and that no material in: individual	the information set forth in this application and all formation has been omitted.	supporting documents	
Further, I affirm, undi is true, complete, and Signature of Supplemental	er the penalties of perjury, that correct, and that no material in:	the information set forth in this application and all formation has been omitted.    Date   Defore me on		
Further, I affirm, undi is true, complete, and Signature of Supplemental	er the penalties of perjury, that correct, and that no material in:	the information set forth in this application and all formation has been omitted.  Date	supporting documents	
Further, I affirm, unding true, complete, and Signature of Supplemental Subscribed and sworn to	er the penalties of perjury, that correct, and that no material in:	the information set forth in this application and all formation has been omitted.    Date   Defore me on		
Further, I affirm, undi is true, complete, and Signature of Supplemental Subscribed and sworn to (Notary Public Signature)	er the penalties of perjury, that correct, and that no material in: individual  by	the information set forth in this application and all formation has been omitted.  Date  before me on		

## PAGE 9 - DISCLOSURE 1 - INDIVIDUAL INFORMATION

**PAGE 10** - Provide the supplemental individual's name and phone number in the space provided at the top of this disclosure form.

DISCLOSURE 1 – INDIVIDU	JAL INFORMATION	10
Supplemental Individual Name	Phone No.	

In the (1) <u>SUPPLEMENTAL INDIVIDUAL PRIOR NAMES</u> section, provide any prior names used by the supplemental individual during the past three years. Add additional pages if necessary. If the supplemental individual has not had any previous names, this section can be left blank.

<ol> <li>SUPPLEMENTAL INDIVIDUAL PRIOR NAMES         Provide any prior name used by the individual during the past 3 years, if applicable. Add additional pages if necessary.     </li> </ol>			necessary.
	Prior Name	Date Use Began	Date Use Ceased
7		0 2	1

In the (2) <u>SUPPLEMENTAL INDIVIDUAL PRIOR ADDRESSES</u> section, provide any prior addresses used by the supplemental individual during the past three years. Add additional pages if necessary. If the supplemental individual has not had any previous addresses, this section can be left blank.

Prior Street Address	City, State, Zip Code	Date Use Began	Date Use Ceased
	1		7

In the (3) <u>SUPPLEMENTAL INDIVIDUAL OTHER BUSINESS INTERESTS</u> section, provide any other business interests of the supplemental individual. Add additional pages if necessary. If the supplemental individual does not have any other business interests, this section can be left blank.

Name of Other Business Interest	Type of Business Entity (e.g., LLC, Corporation, Sole	Type of Business Conducted	Extent of Involvement
	Proprietor, etc.)		
	2		
	3		

The supplemental individual applicant should gather the following documentation in support of the Individual Information disclosure:

Copy of Government Issued ID

## PAGE 10 - DISCLOSURE 3 - INTERESTS OF PUBLIC OFFICIALS

PAGE 10 - Provide the supplemental individual's name and phone number in the space provided at the top of this disclosure form.

IS OF PUBLIC OFFICIALS
Phone No.
of any unit of government as well as the spouses, parer ectly, or indirectly:
1
rvice relationship with the individual
s of any unit of government as well as the spouses, parents, and ndirectly:  ationship with the individual
Title
e public official or officer is of a governmental unit.

If

If yes, state the percentage/capacity of interest

If "No", provide the following information about the interest of the family member of the public official or officer in the table provided:

- Name of family member
- Relationship of family member
- Date of Birth of family member
- Address of family member
- Percentage/Capacity of Interest of family member

Name of Family Member	Relationship	Date of Birth	Address	Percentage/ Capacity of Interest
97			9	**

## PAGE 11 - DISCLOSURE 4 - DEBT, INSOLVENCY, OR BANKRUPTCY ACTIONS

**PAGE 11** - Provide the supplemental individual's name and phone number in the space provided at the top of this disclosure form.

DISCLOSURE 4 – DEBT, INSOLVE	ENCY, OR BANKRUPTCY ACTIONS
Supplemental Individual Name	Phone No.

Check the appropriate box to indicate if the supplemental individual has filed or had filed against it, a proceeding for bankruptcy or been involved in any formal process to adjust, defer, suspend, or otherwise work out payment of a debt in the past seven years?

 	•		ividual filed, or had filed against it, a proceeding for bankruptcy or been involved in any formal uspend or otherwise work out payment of a debt in the past seven years?
Yes		No	If <u>yes</u> , provide information in the following sections.  If <u>no</u> , this disclosure form is complete.

If the answer to this question is "No," you are finished with this disclosure.

If "Yes", provide the following information related to the supplemental individual's past or current debt, bankruptcy, or other insolvency proceeding.

- Date of Filing of the debt, bankruptcy, or other insolvency proceeding
- Name & Location of Court of the debt, bankruptcy, or other insolvency proceeding
- Case Number of the debt, bankruptcy, or other insolvency proceeding
- Date of Disposition of the debt, bankruptcy, or other insolvency proceeding
- **Disposition** of the debt, bankruptcy, or other insolvency proceeding

Date of Filing	Name & Location of Court	Case No.	Date of Disposition	Disposition
	05			
	15			

The supplemental individual applicant should gather the following supporting documents in relation to their Debt, Insolvency, or Bankruptcy Actions disclosure:

> Copy of Discharge Documentation (if applicable)

## PAGE 12 - DISCLOSURE 5 - TAX & TAX COMPLIANCE

**PAGE 12** – Provide the supplemental individual's name and phone number in the space provided at the top of this disclosure form.

DISCLOSURE 5 - TAX	X & TAX COMPLIANCE	
Supplemental Individual Name	Phone No.	

In the (1) <u>TAXING AGENCIES</u> section, list all federal, state, local and foreign taxing agencies in which the supplemental individual was subject to taxation for the past 12 months.

<ol> <li>TAXING AGENCIES         List all federal, state, local, and foreign jurisdictions in which the supplemental individual was subject to taxation during the last year. Add additional pages if necessary.     </li> </ol>			
Taxing Agency	Type of Tax (E.g., Federal income tax, state income tax, sales tax)		

E.g., "Taxing Agency" = IRS, "Type of Tax" = Federal Income Tax;

E.g., "Taxing Agency" = Michigan Department of Treasury, Type of Tax = State Income Tax, Sales Tax

In the (2) <u>TAX COMPLIANCE</u> section, indicate if the supplemental individual has had a tax complaint filed against them or been served with a notice regarding a tax delinquency by selecting "Yes" or "No" to this question.

If "Yes," provide the taxing agency, type of tax, tax period, and amount of the delinquent tax payment in the table provided in this section.

Has the suppl	2) TAX COMPLIANCE  Has the supplemental individual ever been served with, or had filed against it, a complaint or other notice regarding the delinquent payment of any tax required under federal, state, local, or foreign jurisdictions?						
□ Yes	☐ Yes ☐ No If you answered <u>yes</u> , provide the requested information for each delinquent tax payment and provide all applicable required supporting documents (e.g., copy of notice of tax liability due).  Add additional pages if necessary.						
Taxing A	gency	Type of Tax	Tax Year	Amount	Disposition		
	**	3					
3 E	3/2	35	ā				
	20	2					
6	·		0	e e			

The supplemental individual applicant should gather the following documentation in support of the Tax & Tax Compliance disclosure:

- ➤ W2s, 1099s, and/or Schedule K-1s for Past 12 Months (if noW2s, 1099s and/or Schedule K-1s exist, submit an explanation)
- ➤ Copy of Initial Notice and Notice of Release (if applicable)
- > Copy of Payment Plan Documentation (if applicable)

## PAGE 13 - DISCLOSURE 6 - GOVERNMENT REGULATION

**PAGE 13** - Provide the supplemental individual's name and phone number in the space provided at the top of this disclosure form.

DISCLOSURE 6 - GOVER	NMENT REGULATION	
Supplemental Individual Name	Phone No.	_

Select "Yes" or "No" in response to the three questions in the top section of the page.

Is the supplemental individual subject to regulation by a public agency in any other jurisdiction (e.g., Does the supplemental individual hold any license, certificate, permit, etc., that is regulated by a department of a local, state, federal, or foreign government)?
□ Yes □ No
Does the supplemental individual hold any commercial licenses? (Not including the license in which they are currently applying.)
□ Yes □ No
Has the supplemental individual ever applied for or been granted any commercial license or certificate issued by a licensing authority in any jurisdiction that has been denied, restricted, suspended, revoked, or not renewed?
□ Yes □ No

**Question 1** - If the supplemental individual is subject to regulation by a public agency (holds any license, certificate, permit, etc. which is regulated by a department of a local, state, federal, or foreign government (e.g. liquor license, building permit, sales tax license, other marijuana licenses, concealed carry permits, chauffer's licenses, etc.)), select "Yes".

If "Yes," disclose any marijuana businesses in Section (1) <u>MARIJUANA BUSINESS INTERESTS</u> and any other regulation type in Section (2) <u>COMMERCIAL LICENSES OR CERTIFICATES</u>.

**Question 2** - If the supplemental individual holds any commercial licenses (e.g. food establishment license, retail gas outlet license, marijuana license, liquor license, commercial driver's license, etc.), select "Yes."

If "Yes," disclose any marijuana businesses in Section (1) <u>MARIJUANA BUSINESS INTERESTS</u> and any other regulation type in Section (2) <u>COMMERCIAL LICENSES OR CERTIFICATES</u>.

Question 3 – If the supplemental individual has ever applied for a license or certificate that was denied, or if the supplemental individual has ever been granted a license or certificate that has been restricted, suspended, revoked, or not renewed, select "Yes".

If "Yes," disclose these licenses in Section (3) <u>COMMERCIAL LICENSES OR CERTIFICATES DENIED</u>, <u>RESTRICTED</u>, <u>SUSPENDED</u>, <u>REVOKED</u>, <u>OR NOT RENEWED</u> on the second page of this disclosure.

If the answer to all three of these questions is "No," you are finished with this disclosure.

In the (1) <u>MARIJUANA BUSINESS INTERESTS</u> section, list any marijuana business in which the supplemental individual has any direct or indirect equity interest. For each marijuana business, provide the business entity's name, license number, state of license issuance, and the country of issuance. If the supplemental individual does not own other marijuana businesses, this section can be left blank.

## (1) MARIJUANA BUSINESS INTERESTS

Provide the requested information any interest that the supplemental individual has in any other corporation, partnership, sole proprietorship, or other business entity that is directly or indirectly involved in the growing, processing, testing, transporting, or sale of marijuana. Add additional pages if necessary.

Marijuana Business Entity Name	License Number	State of Issuance	Country of Issuance
	63		

In the (2) <u>COMMERCIAL LICENSES OR CERTIFICATES</u> section, list any (non-marijuana) commercial licenses or certificates held by the supplemental individual.

## (2) COMMERCIAL LICENSES OR CERTIFICATES

Provide the requested information for all non-marijuana commercial licenses or certificates held by the supplemental individual. Add additional pages if necessary.

License or Certificate Type	License Number or Other Identifying Number	Issuing Agency

Ex. "License or Certificate Type" = *Liquor license*, "License No. or Other Identifying No." = *RQ-1810-12345*, "Issuing Agency" = *Michigan Liquor Control Commission* 

Ex. "License or Certificate Type" = Sales tax license, "License No. or Other Identifying No." = 89-6745231, "Issuing Agency" = Michigan Department of Treasury

### PAGE 14 - DISCLOSURE 6 - GOVERNMENT REGULATION, CONTINUED

**PAGE 14** – Provide the supplemental individual's name and phone number in the space provided at the top of this disclosure form.

DISCLOSURE 6 - GOVERNMENT	REGULATION, CONTINUED	<u>.</u>
Supplemental Individual Name	Phone No.	

In the (3) <u>COMMERCIAL LICENSES OR CERTIFICATES DENIED</u>, <u>RESTRICTED</u>, <u>SUSPENDED</u>, <u>REVOKED</u>, <u>OR NOT RENEWED</u> section, list any license or certificate that was applied for and denied, and list any license or certificate that has been restricted, suspended, revoked, or not renewed.

## (3) COMMERCIAL LICENSES OR CERTIFICATES DENIED, RESTRICTED, SUSPENDED, REVOKED, OR NOT RENEWED

Provide the requested information for all commercial licenses or certificates with which the supplemental individual has had an application or license denied, restricted, suspended, revoked, or not renewed. Add additional pages if necessary.

#	License or Certificate Type	License Number or Other Identifying Number	Issuing Agency
1	Action Taken	Reason for Action	Date Action Taken
#	License or Certificate Type	License Number or Other Identifying Number	Issuing Agency
2	Action Taken	Reason for Action	Date Action Taken
#	License or Certificate Type	License Number or Other Identifying Number	Issuing Agency
3	Action Taken	Reason for Action	Date Action Taken

<sup>&</sup>quot;Action Taken" = denied, restricted, suspended, revoked, or not renewed

In the (4) <u>PENDING LICENSES OR CERTIFICATES</u> section, list any pending licenses or certificates in which the supplemental individual has applied for and a determination has not yet been made.

## (4) PENDING LICENSES OR CERTIFICATES

Disclose any application for a commercial license or certificate in this state or any other jurisdiction that is currently pending and for which a determination has not been made. Do not include this current application for a marijuana license or any commercial license or certificate previously disclosed on this application. Add additional pages if necessary.

License or Certificate Type	Issuing Agency	Application Number or Other Identifying Number
		5

In the **(5) GOVERNMENT EMPLOYMENT** section, select "Yes" or "No" in response to the four questions related to government employment. If the answer to all three questions is "No," you are done with this disclosure. (Elected officers of or employees of a federally recognized Indian tribe and elected precinct delegates are not ineligible to receive a state operating license.)

If "Yes," write an explanation in the space provided. (E.g., "I am a state employee within the Licensing and Regulatory Affairs division.")

Yes	No	Employee, advisor, or consultant of the Marijuana Regulatory Agency.
Yes	No	Holds an elective office of a governmental unit of this state, another state, or the federal government
Yes	No	Member of or employed by a regulatory body of a governmental unit of this state, another state, o the federal government.
Yes	No	Employed by a governmental unit of this state.
		my of the above questions, provide an explanation. If you are an elected officer of or employee of ian tribe or an elected precinct delegate, please include this information in the explanation:

The supplemental individual applicant should gather the following documentation in support of the Government Regulation disclosures:

- Copy of Marijuana Licenses (if applicable)
- > Copy of Any Other Commercial Licenses or Any Comparable License from Other Jurisdictions (if applicable)
- > Summary of Facts and Circumstances Concerning a License Denial, Restriction, Revocation, Suspension, or Nonrenewal (if applicable)

## PAGE 15 - DISCLOSURE 7 - CRIMINAL HISTORY

**PAGE 15** – Provide the supplemental individual's name and phone number in the space provided at the top of this disclosure form.

DISCLO	SURE 7 - CRIMINAL HISTORY	700
Supplemental Individual Name	Phone No.	

arrested for, convicted of, pled guilty or nolo contendere to federal, or foreign) concerning any felony criminal offe	
forfeited bail under the laws of any jurisdiction (state, fed	eral, or foreign) concerning <u>any</u> felony criminal offense or a theft, or fraud, <b>not including traffic violations</b> , regardless of
□ Yes □ No	
violating a local ordinance in any state involving a control corresponds to a misdemeanor in that state, whether texpunged, set aside, pardoned or otherwise?  (2) Has the supplemental individual been found responsible for	supplemental individual has been found responsible for led substance, dishonesty, theft, or fraud that substantially the offense has been reversed on that appeal, reduced, reviolating a local ordinance in any state involving a controlled ponds to a misdemeanor in that state, whether the offense has been ed or otherwise?
□ Yes □ No	
Question 3 – select "Yes" or "No" to indicate if the suppl	emental individual has any criminal offense, either felony
• • • • • • • • • • • • • • • • • • • •	uding traffic violations, regardless of whether the offense
has been reversed on appeal, reduced, expunged, set asid-	e, pardoned or otherwise, has the supplemental individual
ever:	
	in the laws of any jurisdiction, <b>not including traffic violations</b> , l, reduced, expunged, set aside, pardoned or otherwise, has the sole
Yes No	Yes No
□ □ been arrested	□ □ pled nolo contendere (no contest)
□ □ been charged	□ □ forfeit bail concerning an offense
□ □ been indicted	□ □ had a criminal record expunged
□ □ been convicted	□ □ been incarcerated

If "Yes", provide the following information for all offenses in the table provided:

- Name of offense
- Type of offense
- **Date** of the offense
- Arresting Agency/Jurisdiction of the offense
- Name and Location of Court where offense was litigated
- Docket/Case Number of criminal litigation
- **Disposition** of offense

#	Name of Offense	Type of Offense	Date	Arresting Agency/Jurisdiction
1	, , , , , , , , , , , , , , , , , , ,	48.900 (1.2.000)		_
	Name & Location of Court	Docket/Case #		Disposition
#	Name of Offense	Type of Offense	Date	Arresting Agency/Jurisdiction
-		-11-11-11-11-11-11-11-11-11-11-11-11-11		
2	Name & Location of Court	Docket/Case #		Disposition
		15 ACCUMEN		1 // // // / / **
#	Name of Offense	Type of Offense	Date	Arresting Agency/Jurisdiction
3	Name & Location of Court	Docket/Case #		Disposition
#	Name of Offense	Type of Offense	Date	Arresting Agency/Jurisdiction
		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
4	Name & Location of Court	Docket/Case #		Disposition
	\$ 8×		10	

The supplemental individual applicant should gather the following documentation in support of the Criminal History disclosure:

> Copy of Criminal History Documents (if applicable)

## PAGE 16 - DISCLOSURE 8 - LITIGATION HISTORY

**PAGE 16** – Provide the supplemental individual's name and phone number in the space provided at the top of this disclosure form.

DIS	LOSURE 8 – LITIGATION HISTORY
Supplemental Individual Name	Phone No.

In the <u>LITIGATION HISTORY</u> section, select "Yes" or "No" to indicate if the supplemental individual or any of the supplemental individual's other business interests have been a party to any litigation during the past five years.

If "Yes", disclose the case caption, docket or case number, name and location of court, the cause of action, and disposition for the litigation in the table provided. Add additional pages if necessary.

(1)	Has duri	ng the p	plemer ast five	ntal ir e year	dividual or any of the	ne supplemental individual's oth nmental, food safety, alcohol, to )?		
		Yes		No	supplem	enswered <u>yes</u> , provide the requental individual (e.g., fraud, enviation, discrimination, and tax lears. Add additional pages if nec	ironmental, food safety, l aws and regulations) pe	labor, employment, worker's
	C	Case Cap	otion		Docket/Case No.	Name & Location of Court	Cause of Action	Disposition
							S	
3 8				1			4	3

In the <u>PENDING LITIGATION</u> section, for any cases that are currently pending, provide a brief explanation in the area provided.

(2)	PENDING LITIGATION  For any cases that are currently initiated or pending, provide a brief explanation regarding the allegations of the case. Add additional pages if necessary.
-	
-	

In the <u>GOVERNMENT CHARGES & INVESTIGATIONS</u> section, disclose any charges and/or government investigations related to the supplemental individual's business operations (e.g. fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker's compensation, discrimination, and tax laws and regulation), whether initiated, pending, or concluded in the area provided.

(3)	GOVERNMENT CHARGES & INVESTIGATIONS  Disclose any charges and government investigations, whether initiated, pending, or concluded, related to the sole proprietor's business operations unless they have been previously disclosed on this application (e.g., fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker's compensation, discrimination, and tax laws and regulations). Add additional pages if necessary.

The supplemental individual applicant should gather the following documentation in support of the Litigation History disclosure:

- > Copy of Complaint (if applicable)
- > Copy of Judgment (if applicable)

### **SUBMITTING THE APPLICATION**

When submitting the application, ensure the main application, all supplemental applications, and all supporting documents are provided. Failure to submit all applications and supporting documents will result in a Notice of Deficiency. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of the application.

The application can be submitted online at: <a href="https://aca3.accela.com/MIMM/Default.aspx">https://aca3.accela.com/MIMM/Default.aspx</a>, in person at: 2407 North Grand River Avenue, Lansing, MI 49806, or via postal mail to:

Marijuana Regulatory Agency Medical Facilities Licensing P.O. Box 30205 Lansing, MI 48909

If any questions arise while completing the application, please do not hesitate to contact MRA by telephone at: 517-284-8599

## The medical application submission should contain the following supporting documents:

- ➤ Copy of Government Issued ID (e.g., driver's license, passport)
- > Debt, Insolvency, or Bankruptcy Documents
- > Copy of Discharge Documentation (if applicable)
- ➤ W2s, 1099s and/or Schedule K-1s for past 12 months (if no W2s, 1099s and/or Schedule K-1s exist, submit an explanation)
- > Copy of Initial Notice and Notice of Release (if applicable)
- ➤ Copy of Payment Plan Documentation (if applicable)
- > Copy of Marijuana Licenses (if applicable)
- > Copy of Any Other Commercial Licenses or Any Comparable License from Other Jurisdictions (if applicable)
- > Summary of Facts and Circumstances Concerning License Denial, Restriction, Revocation, Suspension, or Nonrenewal (if applicable)
- ➤ Copy of Criminal History Documents (if applicable)
- > Copy of Complaint (if applicable)
- Copy of Judgment (if applicable)

#### STEP 2 – LICENSE APPLICATION

If any questions arise while completing the application, please do not hesitate to contact MRA by telephone at: 517-284-8599

After prequalification status has been granted to the main applicant and all applicable supplemental applicants, the main applicant should submit a Step 2 license application.

It is not recommended to submit a Step 2 license application unless the physical location of the facility is in place and will be ready to pass an inspection within 60 days after the Step 2 application is submitted.

Prequalification status expires after two years. If you do not submit a medical Step 2 license application within that timeframe, you will be required to submit a new Step 1 prequalification application and application fee if you still wish to continue the medical marijuana facility licensing process.

## Step 2 – Facility License Application Types

License Type	Description of License
Grower Class A	Licensee is authorized to grow not more than 500 marijuana plants.
Grower Class B	Licensee is authorized to grow not more than 1000 marijuana plants.
Grower Class C	Licensee is authorized to grow not more than 1500 marijuana plants.
Processor	Licensee is authorized to purchase marijuana only from a grower and sale of marijuana-infused products or marijuana only to a provisioning center or another processor.
Provisioning Center	Licensee is authorized to the purchase or transfer of marijuana only from a grower or processor and sale or transfer to only a registered qualifying patient or registered primary caregiver.
Safety Compliance Facility	Licensee is authorized to receive marijuana from, test marijuana for, and return marijuana to only a marijuana facility.
Secure Transporter	Licensee is authorized to store and transport marijuana and associated money between marijuana facilities.

The following is a detailed description of each license type:

#### **Grower Class A**

- License authorizes the licensee to grow not more than 500 marijuana plants.
- Authorizes the sale of marijuana plants to a grower only by means of a secure transporter.
- Authorizes the sale or transfer of seeds, seedlings, or tissue cultures to a grower from a registered primary caregiver or another grower without using a secure transporter.
- Authorizes sale of marijuana, other than seeds, seedlings, tissue cultures, and cuttings, to a processor or a provisioning center.
- The applicant and each investor in the grower must not have an interest in a secure transporter or safety compliance facility.

### **Grower Class B**

- License authorizes the licensee to grow not more than 1,000 marijuana plants.
- Authorizes the sale of marijuana plants to a grower only by means of a secure transporter.
- Authorizes the sale or transfer of seeds, seedlings, or tissue cultures to a grower from a registered primary caregiver or another grower without using a secure transporter.
- Authorizes sale of marijuana, other than seeds, seedlings, tissue cultures, and cuttings, to a processor or a provisioning center.
- The applicant and each investor in the grower must not have an interest in a secure transporter or safety compliance facility.

### **Grower Class C**

- License authorizes the licensee to grow not more than 1,500 marijuana plants.
- Authorizes the sale of marijuana plants to a grower only by means of a secure transporter.
- Authorizes the sale or transfer of seeds, seedlings, or tissue cultures to a grower from a registered primary caregiver or another grower without using a secure transporter.
- Authorizes sale of marijuana, other than seeds, seedlings, tissue cultures, and cuttings, to a processor or a provisioning center.
- The applicant and each investor in the grower must not have an interest in a secure transporter or safety compliance facility.

#### **Processor**

- License authorizes the licensee to purchase marijuana only from a grower and sale of marijuana-infused products or marijuana only to a provisioning center or another processor.
- The applicant and each investor in the processor must not have an interest in a secure transporter or safety compliance facility.

### **Provisioning Center**

- License authorizes the licensee to purchase or transfer marijuana only from a grower or processor and sale or transfer to only a registered qualifying patient or registered primary caregiver.
- The applicant and each investor in the provisioning center must not have an interest in a secure transporter or safety compliance facility.

### **Safety Compliance Facility**

- License authorizes the licensee to receive marijuana from, test marijuana for, and return marijuana to only a marijuana facility.
- Must be accredited by an entity approved by the agency by 1 year after the date the license is issued or have previously provided drug testing services to this state or this state's court system and be a vendor in good standing in regard to those services.
- The applicant and each investor with any interest in the safety compliance facility must not have an interest in a grower, secure transporter, processor, or provisioning center.
- Retain and employ at least 1 laboratory manager with a relevant advanced degree in a medical or laboratory science.

### **Secure Transporter**

- License authorizes the licensee to store and transport marijuana and associated money between marijuana facilities.
- The applicant and each investor with an interest in the secure transporter must not have an interest in a grower, processor, provisioning center, or safety compliance facility
- The applicant and each investor must not be a registered qualifying patient or registered primary caregiver.
- Each driver transporting marijuana must have a chauffeur's license issued by this state.
- Each employee who has custody of marijuana or money that is related to a marijuana transaction shall not have been convicted of or released from incarceration for a felony under the laws of this state, any other state, or the United States within the past 5 years or have been convicted of a misdemeanor involving a controlled substance within the past 5 years.

# MEDICAL MARIJUANA FACILITY LICENSE APPLICATION

This application is intended for applicants seeking a license for a marijuana grower (class A, B, or C), processor, provisioning center, safety compliance facility, or secure transporter.

The marijuana facility license application can be found at the following link: Marijuana Facility License Application.

### APPLICATION CHECKLIST

Ensure you have gathered all applicable items on the checklist before submitting the application. The last page of the application instruction booklet contains a checklist that provides further information on what each supporting document should entail.

	MEDICAL MARIJUANA F	ACILIT	Y LICENSE APPLICATION
Medic	al Marijuana Facility License Application	Suppo	rting Documents
	Page 1: Facility License Checklist		Copy of Certificate of Occupancy
	Page 2: Facility Demographics		Copy of Deed or Lease Agreement
	Page 3: Attestation G – Acknowledgment & Consent		Copy of Insurance – Premises Liability and Casualty
	to Investigations, Statute & Rule Compliance	1000	(e.g., insurance policy, constant value bond)
	Page 4: Attestation H – Interest & Experience		Copy of Marijuana Business Location Plan complying
	Attestation		with Rule 8 in the Marihuana Licenses Rule Set (R
	Page 5: Attestation I - Confirmation of Section 205		420.8)
	Compliance - Part 1: Municipality		Copy of Floor Plan
	Page 6: Attestation I - Confirmation of Section 205		Copy of Business Plan, including but not limited to:
	Compliance - Part 2: Applicant	100,000	□ Technology Plan
	Page 7: Attestation J - Confirmation of Section 408		☐ Marketing Plan
	Compliance - Insurance		☐ Staffing Plan
	Page 8: Acknowledgment of Attestations		<ul> <li>Inventory and Recordkeeping Plan</li> </ul>
	Pages 9-10: Disclosures: (1) Business Specifications,		Copy of Certified Mail Receipt with Letter Sent to
	(2) Municipality Information, (3) Employee	10000	Municipality
	Information, (4) Facility Information		DBA Documentation (if applicable) (obtained at
	Page 11: Consent to Publish Licensee Public Contact		county-level)
	Information		Certificate of Assumed Name (if applicable) (obtained
		88.	from LARA Corporations Division)
		Secure	Transporter Applicants Only:
			Proof of Auto Insurance (for any vehicles used to
			transport marijuana product)
			Vehicle Registration (for any vehicles used to
			transport marijuana product)
			Registration as a Commercial Motor Vehicle (for any
			vehicles used to transport marijuana product)

### **PAGE 2 – DEMOGRAPHIC INFORMATION**

In the **LICENSE TYPE** section, select the license type in which the applicant is applying for. Please note, only one license type can be selected per application.

LICENSE TYPE Please indicate the license type for which you are applying:						
☐ Grower Class A ☐ Grower Class B ☐ Grower Class C	<ul> <li>□ Processor</li> <li>□ Provisioning Center</li> <li>□ Secure Transporter</li> </ul>	☐ Safety Compliance Facility				

In the MARIJUANA FACILITY INFORMATION section, provide the following information for the applicant in the corresponding field on the application:

- Applicant name as it appears on official documents.
- Assumed name/DBA of the applicant, if operating under a name other than the applicant's official name.
- Mailing Address of the applicant.
- Federal Employer Identification Number (FEIN) or Social Security Number (SSN) of the applicant.
- Phone Number of the applicant
- Email Address of the applicant
- Business Location Zoning Category of the marijuana facility

Applicant Name (as appears on official business documents)		Assumed Name/DBA (Attach copy of filed assumed name certificate, if applicable	
Mailing Address		FEIN/SSN	
City State	Zip Code	Phone	
Email Address		Business Location Zoning Category (e.g., agriculture, commercial, residential)	

In the **PERSON COMPLETING APPLICATION** section, provide the following information in the corresponding field on the application:

- Name of the individual completing the application
- Date of Birth of the individual completing the application
- Mailing Address of the individual completing the application
- **Phone Number** of the individual completing the application
- Email Address of the individual completing the application

	PLETING APPLICA	177.77.2	t as the primary contact for this license application.	
Name (First, Middle,	-		Date of Birth (mm/dd/yyyy)	
Mailing Address			Phone	
City	State	Zip Code	Email Address	
			,	

Ensure all contact information is accurate and that current e-mail addresses have been provided, as most correspondence from MRA will be sent via e-mail.

### **PAGES 3-8 – ATTESTATIONS**

Read all attestations carefully as the applicant will be acknowledging and agreeing to the information and stipulations contained in these attestations.

If you are unsure of what an item within an attestation means, consult an attorney. The Agency cannot provide legal interpretation of the statute or rules.

### <u>PAGE 3 – ATTESTATION G – ACKNOWLEDGMENT & CONSENT TO INVESTIGATIONS,</u> STATUTE, & RULE COMPLIANCE

After reading the attestation, provide the name of the main applicant and the name and title of the individual authorized to sign on behalf of the main applicant in the spaces provided.

# ATTESTATION G ACKNOWLEDGMENT & CONSENT TO INVESTIGATIONS, STATUTE & RULE COMPLIANCE

(To be completed and submitted by the applicant)

I hereby acknowledge that the Marijuana Regulatory Agency (Agency) may require supplemental materials to carry out its statutory duties. I agree to submit such supplemental materials as requested in a timely manner. I understand that if the Agency identifies a deficiency in an application, the agency shall notify the applicant and the applicant shall submit the missing information or proof that the deficiency has been corrected to the agency within 5 days of the date the applicant received the deficiency notice. I acknowledge that failure to provide requested disclosures and documentation or to correct any notice of deficiency within 5 days of its receipt may result in the denial of an application.

I am the person responsible for submitting this application, and have full authority to submit supplemental documentation, and attestations.

I attest that the application information related to the governing municipality for the marijuana facility which is the subject of this application is complete and accurate. Further, I attest that the use of the premises described therein complies with all covenants, easements, restrictions, and other matters of record including the use provisions of any applicable zoning ordinance and all other governmental requirements.

I attest that I have notified the appropriate municipality identified in this application by certified mail that I have applied for a medical marijuana facility license or will so notify within 10 days of the application submission date as required under the Medical Marihuana Facilities Licensing Act, 2016 PA 281 (MMFLA) Sec. 401(1)(k).

I hereby consent to investigations of compliance, regular inspections, examinations, searches, seizures, and auditing of books and records as provided in MMFLA Section 303(1)(c)(i) to (iv) and the MMFLA Administrative Rules.

I understand that in failing to cooperate with an investigation process, the Agency may impound, seize, assume physical control of, or remove from the premises all books, ledgers, documents, writings, photocopies, correspondence, records, and videotapes, including electronically stored records, money receptacles, or equipment in which records are stored. Failure to assist in an investigation may also result in denial, suspension, revocation, or restriction of a license. I understand that sanctions may be imposed for violations on a licensee while licensed or after the marijuana license has expired.

### PAGE 4 – ATTESTATION H – APPLICANT'S INTEREST & EXPERIENCE

After reading the attestation, provide the name of the main applicant and the name and title of the individual authorized to sign on behalf of the main applicant in the spaces provided.

### APPLICANT'S INTEREST & EXPERIENCE (To be completed and submitted by the applicant) On behalf of \_, I Name & Title of Individual Authorized to Sign on Behalf of Main Applicant hereby acknowledge and affirm the following: I attest and affirm that if I am applying for a GROWER A, B, or C license that I do not have any interest in a secure transporter or safety compliance facility. I attest that my investors do not have any interest in a secure transporter or safety compliance facility. I further acknowledge that I am not a registered primary caregiver as defined in the Medical Marihuana Act, 2008 Initiated Law 1 (MMA) Sec. 3(k); MCL § 333.26423(3)(k). I attest that I will not employ an individual who is simultaneously a primary caregiver. I further attest that I am or will employ an individual who has a minimum of 2 years' experience as a registered primary caregiver. I attest and affirm that if I am applying for a PROCESSOR license that I do not have any interest in a secure transporter or safety compliance facility. I attest that my investors do not have any interest in a secure transporter or safety compliance facility. I further acknowledge that I am not a registered primary caregiver as defined in the MMA Sec. 3(k); MCL § 333.26423(3)(k). I attest that I will not employ an individual who is simultaneously a primary caregiver. I further attest that I am or will employ an individual who has a minimum of 2 years' experience as a registered primary caregiver. I attest and affirm that if I am applying for a SECURE TRANSPORTER license that I do not have any interest in a grower, processor, provisioning center, or safety compliance facility. I further acknowledge that I am not a registered primary caregiver as defined in the MMA Sec. 3(k); MCL § 333.26423(3)(k). In addition to the requirements in sub-rule (1) of this rule, a marihuana transporter shall show proof of auto insurance, vehicle registration, and registration as a commercial motor vehicle, as applicable, for any vehicles used to transport marijuana product as required by the acts and these rules. I attest and affirm that if I am applying for a PROVISIONING CENTER license that I do not have any interest in a secure transporter or safety compliance facility. I attest that my investors do not have any interest in a secure transporter or safety compliance facility. I attest and affirm that if I am applying for a SAFETY COMPLIANCE FACILITY license that I do not have any interest in a grower, secure transporter, processor, or provisioning center. I attest that my investors do not have any interest in a grower, secure transporter, processor, or provisioning center. I further acknowledge that I am, or have employed at least 1 staff member, with an advanced degree in medical or laboratory science relevant to the processes at my marijuana facility. I hereby understand that if I am found to be noncompliant with these requirements, as set forth in the Medical Marihuana Facility Licensing Act (MMFLA), 2016 P.A. 281 Sec. 501 et. seq., I may be subject to disciplinary action or risk loss of licensure.

# <u>PAGE 5 – ATTESTATION I – CONFIRMATION OF SECTION 205 COMPLIANCE – PART 1:</u> <u>MUNICIPALITY</u>

This attestation must have this page completed by their municipal clerk or a designee of the municipal clerk. The clerk or designee will confirm the required information and sign the form if applicable.

Failure to submit this attestation with the signature of the municipal clerk or their designee will result in a Notice of Deficiency letter. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of the application.

	(To be com	CONFIRMA	PART 1: MU nicipal clerk or 0	CATION I CTION 205 COMP NICIPALITY their designee and subm		licant)
ropose	d Facility Name:	38	100,000,000			
ropose	d Facility Address:	<u> </u>				
ropose	d Facility Type:					
			(alark blacima)	e) of		(municipality)
	and confirm the fo		(crene designee	901		(municipanty);
1.	The municipality	has not adorted a	n ordinance probi	biting medical marijuana	a facilities	
2.		gulations and ord marijuana facilit		ne municipality, including iefly describe):	ng zoning ordinan	ces, will apply to the
3.	The proposed fac	ility is in complia	nce with all regul	lations and ordinances wi	ithin the municipa	lity, including zoning
	ordinances.  The municipality	will report to the	Marijuana Regu	latices and ordinances wi latery Agency (MRA) at of the Medical Maribuan	ny changes to any	municipal ordinance
	ordinances.  The municipality that the municipality  The municipality	will report to the lity has adopted u	Marijuana Regu nder Section 205 e MRA any viola	latory Agency (MRA) at	ny changes to any na Facilities Licens	municipal ordinance sing Act (MMFLA).
4.	ordinances.  The municipality that the municipality  The municipality	will report to the lity has adopted u will report to the	Marijuana Regu nder Section 205 e MRA any viola ances.	latory Agency (MRA) at of the Medical Maribuan	ny changes to any na Facilities Licens	municipal ordinance sing Act (MMFLA). nicipal regulations or
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4. 5. Herk (or o	cerdinances.  The municipality that the municipality cordinances, included the configuration of the configuration	will report to the lity has adopted u will report to the ling zoning ordin	Marijuana Regu nder Section 205 e MRA any viola ances.	lateey Agency (MRA) at of the Medical Maribuan ations by the proposed f	ny changes to any na Facilities Licens facility of any man	municipal ordinance sing Act (MMFLA). nicipal regulations or
4. 5.  Lerk (or constraints and security that	certinances.  The municipality that the municipality certinances, inchased and sworn to by	will report to the lity has adopted u will report to the ling zoning ordina	Marijuana Regu nder Section 205 e MRA any viola ances.  Gerk (or design	lateey Agency (MRA) as of the Medical Marihuan stions by the proposed f	ny changes to any na Facilities Licens (acility of any man Das	municipal ordinance sing Act (MMFLA). nicipal regulations or

# <u>PAGE 6 – ATTESTATION I – CONFIRMATION OF SECTION 205 COMPLIANCE – PART 2:</u> <u>APPLICANT</u>

After reading the attestation, provide the proposed facility name, proposed facility address, proposed facility type, and the municipality in which the proposed facility will be located on the spaces provided.

Provide the name of the main applicant and the name and title of the individual authorized to sign on behalf of the main applicant in the spaces provided. The individual authorized to sign on behalf of the main applicant must also provide their signature and the date in the spaces provided.

		•	submitted by the applicant)
Propose	d Facility Name:	10	
Propose	d Facility Address:	<u> (a</u>	
Propose	d Facility Type:	_	
Municip	ality:	9	
On beha	10.0		
	IT OT		
am auth	orized to sign this at		, I  Name & Title of Individual Authorized to Sign on Behalf of Main Applications and Title of Individual Authorized to Sign on Behalf of Main Applications and Title of Individual Authorized to Sign on Behalf of Main Applications.
am auth confirm	orized to sign this at the following:	testation on behalf of the prop n which the proposed facility	
am auth confirm	orized to sign this at the following: The municipality i marijuana facilities	testation on behalf of the prop n which the proposed facility	posed medical marijuana facility identified above and attest to a
am auth confirm 1. 2.	orized to sign this at the following:  The municipality i marijuana facilities  The proposed facil ordinances.  The proposed facili	n which the proposed facility ity is in compliance with all re	oosed medical marijuana facility identified above and attest to a

### PAGE 7 – ATTESTATION J – CONFIRMATION OF SECTION 408 COMPLIANCE

**PART A** – After reading the attestation, provide the name of the main applicant and the name and tile of the individual authorized to sign on behalf of the main applicant in the spaces provided. The applicant must also provide their signature, the facility name/insured party name, the address of the marijuana facility/insured party address, and date in the spaces provided.

<u>CONFIRMATION OF SI</u> To be completed by the applicant and an authorized representative or	STATION J ECTION 408 COMPLIANCE designee of the insurance or surety company, and submitted by the applicant) intil notary is present
PART A (to be completed by the applicant):	
On behalf of	, I
Name of Main Applicant Entity (if applicable)	Name & Title of Individual Authorized to Sign on Behalf of Main Applicant
inderstand that I am submitting this attestation in accordance w	ith Section 408 of the MMFLA and the Administrative Rules.
200000	Date
Applicant Signature  Facility Name/Insured Party Name	

**PART B** – The applicant must have this section of the attestation completed by the agent or designee of the insurance or surety company. The agent or designee will need to provide the required information and sign the form in the presence of a notary. Ensure the agent or designee provides a copy of the insurance policy or constant value bond.

Failure to submit this attestation with the signature of the agent or designee will result in a Notice of Deficiency letter. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of the application.

	, of	
ereby attest to the Marijuana Regulatory Ager las liability coverage for bodily injury to la idulterated marijuana or adulterated marijuana	Name of Insurance or Streety C ncy (Agency) that the applicant for a state oper swful users resulting from the manufacture, -infused products in an amount not less than \$1 d to the applicant and/or licensee that would e	ating license as named above in Part A, distribution, transportation, or sale of 00,000.00 and that no products liability
further attest that:		
☐ The policy number for the above-r	eferenced insurance policy is	, with an effective date of
, and expiration date of	. The declaration page of the above-re	ferenced policy is attached hereto.
☐ The bond number for the above-ref	ferenced constant value bond is	, with an effective date of
70 TO 10 TO	. A copy of the bond is attached hereto ne following locations (list all locations covered	
he policy or surety bond listed above covers th		
he policy or surety bond listed above covers th	te following locations (list all locations covered	
he policy or surety bond listed above covers the policy or surety bond listed above covers the policy or Designee Signature	te following locations (list all locations covered	
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the policy or surety bond listed above covers the policy or surety bond listed above covers the episcentative or Designer Signature at the subscribed and sworm to by	Company Address    before   before	i by the policy or bond):

## PAGE 8 - ACKNOWLEDGMENT OF ATTESTATIONS

Do not sign this form until in the presence of a notary. After reading the attestation, provide the name of the main applicant and the name and title of the individual authorized to sign on behalf of the main applicant in the spaces provided.

Indicate by checking the boxes that the applicant acknowledges and consents to the attestations.

The applicant should sign this form in the presence of an active notary. In the notary block at the bottom, the applicant signature date and notary signature date must match.

If the notary signature is invalid and/or the dates do not match, the applicant will receive a Notice of Deficiency. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of the application.

	(To be completed and sul Do not sign until		
On behalf of	Name of Main Applicant	, ī	
	Name of Main Applicant	Name & Title of Individual Author	rized to Sign on Behalf of Main Applicant
I hereby swear, ackno acknowledgment and c	wledge, and consent to the following onsent):	attestations (check all that app	ly to indicate the applicant'
☐ Attestation G: A	cknowledgment & Consent to Investiga	ions, Statute & Rule Compliance	2
☐ Attestation H: In	nterest & Experience Attestation		
	infirmation of Section 205 Compliance	Dart 2: Applicant	
☐ Attestation I: Confirmation of Section 205 Compliance - Part 2: Applicant			
☐ Attestation J: Co Further, I affirm, under	onfirmation of Section 205 Compliance on infirmation of Section 408 Compliance - the penalties of perjury, that the information orrect, and that no material information	- Insurance stion set forth in this application	and all supplemental material
☐ Attestation J: Co Further, I affirm, under is true, complete, and c	onfirmation of Section 408 Compliance - the penalties of perjury, that the informa-	- Insurance stion set forth in this application	and all supplemental material
☐ Attestation J: Co Further, I affirm, under is true, complete, and c	onfirmation of Section 408 Compliance - the penalties of perjury, that the inform- orrect, and that no material information is orized to Sign on Behalf of Main Applicant	- Insurance stion set forth in this application as been omitted.	
Attestation J: Co Further, I affirm, under is true, complete, and c Signature of Individual Auth	onfirmation of Section 408 Compliance - the penalties of perjury, that the inform- orrect, and that no material information is orized to Sign on Behalf of Main Applicant	- Insurance stion set forth in this application as been omitted.	and all supplemental material  (Due)
Attestation J: Co Further, I affirm, under is true, complete, and c Signature of Individual Auth	onfirmation of Section 408 Compliance - the penalties of perjury, that the inform- orrect, and that no material information is orized to Sign on Behalf of Main Applicant	- Insurance stion set forth in this application as been omitted.	

### PAGE 9 – DISCLOSURES

# (1) BUSINESS SPECIFICATIONS

**A.** Facility Ownership Information – Provide the property tax ID number of the facility, the name of the individual or entity that owns the property, the property street address, and the type of ownership or use interest in the property (e.g., own, rent, have a land contract).

USINESS SPECIFICATIONS	
A. Facility Ownership Information: I to be licensed:	Provide the following information regarding ownership of the marijuana facility
to be licensed.	
Property Tax ID Number	Owner of Property
Property Tax ID Number	Owner of Property

**B.** Estimated Income – Provide the amount of actual income earned annually in Michigan or provide the amount of annual income you project the business will earn in Michigan.

B. Estimated Income: Provide the projected or actual gross annual income in Michigan. (check one box)
$ \ \square \ \ \text{Less than } \$100,000 \ \ \square \ \ \$100,001 - \$150,000 \ \ \square \ \ \$150,001 - \$200,000 \ \ \square \ \ \$200,001 - \$300,000 \ \ \square \ \ \$300,001 \ \ \text{and above} $

### (2) MUNICIPALITY INFORMATION

- Part A. Provide the name of the municipality where the marijuana facility is located.
- Part B. Provide the city, state, and zip code of the municipality where the marijuana facility is located.
- Part C. Provide the contact person's name of the municipality where the marijuana facility is located.
- Part **D.** Provide the email address of the municipality where the marijuana facility is located.
- Part **E.** Provide the date the applicant submitted a medical marijuana application to the municipality where the marijuana facility is located (if applicable).
- Part F. Provide the phone number of the municipality where the marijuana facility is located.
- Part G. Provide the name of the county of the municipality where the marijuana facility is located.
- Part **H.** Check the appropriate box indicating if the applicant notified the municipality (via certified mail), where the marijuana facility is located, a Step 2 application has been submitted with MRA.
- Part I. Provide the date the applicant sent notification to the municipality, where the marijuana facility is located, that a Step 2 application has been submitted with MRA.

(2) <u>MU</u>	NICIPALITY INFORMATION
A.	Name of Municipality in which the marijuana facility will be located:
В.	City, State, and Zip Code of Municipality:
C.	Contact Person for Municipality:
D.	Municipality's Email Address:
E.	Date of Municipal Application (if applicable):
F.	Municipality Phone:
G.	County of Municipality:
H.	Municipality Notice Sent Via Certified Mail
I.	Date Municipality Notice was sent via Certified Mail:

### (3) EMPLOYEE INFORMATION

Part A. – Indicate the number of employees who will work for the marijuana facility. If unknown, provide an estimate.

Part **B.** – Check the appropriate box indicating if the applicant plans to hire independent contractors. (An independent contractor is a person or entity that provides services to or works for the business as a nonemployee.)

(3) EMPLOYEE INFORMATION								
20,000	A.	Number of employees who will work for this marijuana facility:	(if unknown, estimate)					
	B.	Do you plan to hire independent contractors (e.g., people you will report on a 1099 form)?	□ Yes	□ No				

### **PAGE 10 – DISCLOSURES, CONT.**

# (4) FACILITY INFORMATION

Part A. – Check the appropriate box indicating if the location of the facility is currently licensed or the subject of another facility license application.

Part **B.** – If yes, provide the name of the current applicant or licensee currently located at the facility and any documentation related to the transfer of ownership, if applicable.

Part C. – Check the appropriate box indicating if the facility is ready for inspection by MRA and Bureau of Fire Services (BFS).

Part **D.** – Check the appropriate box indicating if the facility is ready for plan review by BFS (growers and processors only). If the facility is not a grower or processor, check N/A.

Part E. – If no to questions C or D, provide an anticipated date or timeline of when the facility will be ready for inspection and/or BFS plan review. Please note, a facility is ready for inspection when the business is ready to begin operations.

A.	Is this location currently licensed or the subject of another facility license application	on? 🗆 Yes		No		
В.	If yes, name the current applicant or licensee (provide any documentation related to	the transfe	r of ow	nership	p)	
C.	Is the facility ready for inspection by MRA and Bureau of Fire Services (BFS)?	□ Yes		No		***
D.	Is the facility ready for plan review by BFS (growers and processors only)?	☐ Yes		No		N/A
E.	If no for either question above, indicate anticipated date or provide a timeline when inspection and/or plan review. Please note, a facility is ready for inspection when t					

## PAGE 11 - CONSENT TO PUBLISH LICENSEE PUBLIC CONTACT INFORMATION

The following information must be provided regarding whether the applicant/proposed licensee consents to public contact information being posted on the MRA's website upon licensure.

**If opting in**, check the first box and provide the public contact person's name, phone number, email address, and website address. From the public contact information list (name, phone number, email address, website address), the applicant/proposed licensee can choose what specific information they want posted on the website.

If opting out, check the second box.

After one box is checked, provide the name of the main applicant, date, signature of individual authorized to sign on behalf of the main applicant, and printed name of individual authorized to sign on behalf of the main applicant.

CONSENT TO PUBLISH LICENSEE PUBLIC CONTACT INFORMATION							
The Marijuana Regulatory Agency (MRA) is requesting authorization to post licensee contact information on the public MRA website in an effort to make it easier for the public to communicate with licensees.							
Please indicate below whether the applicant/proposed licensee consents to public contact information for the licensee being posted on our website upon licensure.							
I, on behalf of the applicant/proposed licensee, consent to the MRA publishing the following public contact information for the applicant/proposed licensee on the MRA website upon licensure (select all that apply and provide the requested information):							
□ Public Contact Person's Name:							
□ Telephone Number:							
□ Email Address:							
□ Website Address:							
<ul> <li>I, on behalf of the applicant/proposed licensee, do not consent to the MRA publishing public contact information for the applicant/proposed licensee on the MRA website upon licensure.</li> </ul>							
Applicant Entity Proposed Licensee Name or Sole Proprietor Name Date							
Signature of Individual Authorized to Sign on Behalf of Entity							
Individual Authorized to Sign on Behalf of Entity: Printed Name and Title							

### **SUBMITTING THE APPLICATION**

When submitting the application, ensure all supporting documents are provided. Failure to submit all application pages and supporting documents will result in a Notice of Deficiency letter. Failure to correct any deficiencies within 5 days after receiving a Notice of Deficiency may result in the denial of the application.

The application can be submitted online at: <a href="https://aca3.accela.com/MIMM/Default.aspx">https://aca3.accela.com/MIMM/Default.aspx</a>, in person at: 2407 North Grand River Avenue, Lansing, MI 49806, or via postal mail to:

Marijuana Regulatory Agency Medical Facilities Licensing P.O. Box 30205 Lansing, MI 48909

If any questions arise while completing the application, please do not hesitate to contact MRA by telephone at: 517-284-8599

The medical marijuana facility Step 2 application should contain the following supporting documents:

- Copy of Certificate of Occupancy
- Copy of Deed or Lease Agreement
- ➤ Copy of Insurance Premises Liability and Casualty (e.g., insurance policy, constant value bond)
- Copy of Marijuana Business Location Plan complying with Rule 8 in the Marihuana Licensees Rule Set (R 420.8)
- Copy of Floor Plan
- > Copy of Business Plan, including but not limited to:
  - Technology Plan
  - Marketing Plan
  - Staffing Plan
  - Inventory and Recordkeeping Plan
- ➤ Copy of Certified Mail Receipt with Letter Sent to Municipality
- ➤ DBA Documentation (if applicable) (obtained at county-level)
- > Certificate of Assumed Name (if applicable) (obtained from LARA Corporations Division)

#### Secure Transporter applicants must also provide:

- > Proof of Auto Insurance (for any vehicles used to transport marijuana product)
- ➤ Vehicle Registration (for any vehicles used to transport marijuana product)
- Registration as a Commercial Motor Vehicle (for any vehicles used to transport marijuana product)