

Designated Consumption Establishment Application Instructions

Adult-Use Marijuana Establishment Licensing Application Process



DO NOT SUBMIT THIS MARIJUANA ESTABLISHMENT LICENSE APPLICATION UNLESS YOUR MARIJUANA ESTABLISHMENT WILL BE READY TO PASS ALL PRE-LICENSURE INSPECTIONS WITHIN 60 DAYS OF SUBMISSION.

Failure to pass all pre-licensure inspections within 60 days may result in the denial of the license application.

This application must be completed in its entirety upon submission. If the Marijuana Regulatory Agency (MRA) identifies a deficiency in an application, the MRA will notify the applicant. The applicant must submit all missing information or proof that the deficiency has been corrected in its entirety to the MRA within 5 calendar days of the date the applicant received the notice of deficiency. The failure of an applicant to completely correct a deficiency within 5 days of notification by the MRA may result in the denial of the application.

Marijuana Regulatory Agency
Phone: (517) 284-8599
Website: www.michigan.gov/mra
Email: MRA-Adult-Use-Marijuana@Michigan.gov

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Before initiating the application process, be advised the following documents are due at the time of application submission:

Designated Consumption Establishment License Application [Link to Attestations](#)

- Attestation 3-A – Acknowledgment & Consent to Investigations, Statute & Rule Compliance
- Attestation 3-B – Proof of Possession of Premises & Written Permission from Owner of Premises
- Attestation 3-C – Confirmation of Section 6 Compliance
- Attestation 3-D – Confirmation of Insurance
- Acknowledgment of Attestations

Business Specifications

- Copy of designated consumption establishment plan
- Copy of floor plan
- Copy of marijuana business location plan complying with Rule 8 in the Marijuana Licenses Rule Set (R 420.8)
- Copy of business plan, including but not limited to:
 - Marketing plan
 - Staffing plan
 - Documented employee training that addresses all components of the responsible operations plan
 - Proposed hours of operation
 - Copy of deed or lease agreement
 - Copy of responsible operations plan
 - Copy of product & waste management plan
 - Copy of proof of financial responsibility (e.g., insurance policy, constant value bond)
 - Copy of Certificate of Use and Occupancy
- DBA documentation (if applicable) (obtained at county-level)
- Certificate of Assumed Name (if applicable) (obtained from LARA Corporations Division)

***All applicable items on the checklist are required to be provided at the time of application submission.
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- Enter **User Name or E-mail**.
- Enter **Password**.
- Select **Login**.

A screenshot of the MRA website's navigation and login area. The top navigation bar includes links for Home, Medical Facility Licensing, Adult-Use Establishment Licensing, Facility & Establishment Complaints, and Registry Cards. Below this is an 'Advanced Search' section. The main login area contains three elements: a text input field for 'User Name or E-mail', a text input field for 'Password', and a dark blue button labeled 'Login »'. Three green arrows point from the top of the page down to each of these three elements. At the bottom of the login area, there are three links: a checkbox for 'Remember me on this computer', a link for 'I've forgotten my password', and a link for 'New Users: Register for an Account'.

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- Select *Adult-Use Establishment Licensing*.

A screenshot of the MRA website's navigation menu. The top row contains five items: 'Home' (in a dark blue box), 'Medical Facility Licensing', 'Adult-Use Establishment Licensing' (highlighted with a green box and a green arrow pointing to it), 'Facility & Establishment Complaints', and 'Registry Cards'. The second row contains four items: 'Dashboard', 'My Records', 'My Account', and 'Advanced Search'. Below the navigation menu, there is a white box with the text 'Welcome [redacted]' and 'You are now logged in.' below it.

- Select *Create an Application*.

A screenshot of the MRA website's navigation menu. The top row contains five items: 'Home', 'Medical Facility Licensing', 'Adult-Use Establishment Licensing' (in a dark blue box), 'Facility & Establishment Complaints', and 'Registry Cards'. The second row contains two items: 'Create an Application' (highlighted with a green box and a green arrow pointing to it) and 'Search Applications'.

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Adult-Use Marijuana Establishment Licensing Application Process



- Read the **General Disclaimer**.
- Check the box stating ***I have read and accepted the above terms.***
- Select **Continue Application**.

The screenshot shows the MRA website's navigation menu with 'Adult-Use Establishment Licensing' selected. Below the menu is a blue bar with 'Create an Application' and 'Search Applications'. The main content area is titled 'Online Application' and contains a welcome message. A paragraph instructs users to allow pop-ups and accept a general disclaimer. A scrollable box contains the text of the disclaimer. Below the disclaimer is a checked checkbox for 'I have read and accepted the above terms.' and a dark blue button labeled 'Continue Application »'. Three green arrows point to the 'General Disclaimer' title, the checkbox, and the 'Continue Application' button.

Home Medical Facility Licensing **Adult-Use Establishment Licensing** Facility & Establishment Complaints Registry Cards

Create an Application Search Applications

Online Application

Welcome to the Agency's Online Licensing System. Using this system you can submit and update information, pay fees, and track the status of your application all from the convenience of your home or office, 24 hours a day.

Please "Allow Pop-ups from This Site" before proceeding. You must accept the General Disclaimer below before beginning your application.

General Disclaimer

While the Agency attempts to keep its website information accurate and timely, the Agency neither warrants nor makes representations as to the functionality or condition of this website, its suitability for use, freedom from interruptions or from computer virus, or non-infringement of proprietary rights. Website materials have been compiled from a variety of sources and are subject to change without notice from the Agency as a result of updates and corrections.

I have read and accepted the above terms.

Continue Application »

Designated Consumption Establishment Application Instructions

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- Select the arrow next to **Adult-Use Step 2: License Application**.
- Select **Designated Consumption Establishment**.
- Select **Continue Application**.

A screenshot of a web application interface showing a list of application categories. The categories are: 'Adult-Use Step 1: Prequalification Application', 'Adult-Use Step 2: License Application', and 'Adult-Use Special License Application'. Under 'Adult-Use Step 2: License Application', there are several radio button options: 'Class A Marijuana Grower', 'Class B Marijuana Grower', 'Class C Marijuana Grower', 'Designated Consumption Establishment', 'Excess Marijuana Grower', 'Marijuana Event Organizer', 'Marijuana Microbusiness', 'Marijuana Processor', 'Marijuana Retailer', 'Marijuana Safety Compliance Facility', and 'Marijuana Secure Transporter'. The 'Designated Consumption Establishment' option is selected and highlighted with a green rectangular box. A green arrow points to the right of the 'Adult-Use Step 2: License Application' header. Another green arrow points to the right of the 'Designated Consumption Establishment' radio button. At the bottom of the list is a dark blue button with the text 'Continue Application' in white, with a green arrow pointing to it from the left.

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Adult-Use Marijuana Establishment Licensing Application Process



- For a main applicant entity seeking to hold a designated consumption establishment state license, provide demographic information for the main applicant entity by selecting **Add New**.
 - See pages 8-9 for a main applicant entity.
- For a main applicant individual (sole proprietor) seeking to hold a designated consumption establishment state license, provide demographic information for the main applicant individual (sole proprietor) by selecting **Add New**.
 - See pages 10-11 for a main applicant individual (sole proprietor).

Note: you must **Add New** for either Record Entity OR Record Sole Proprietorship.

The diagram consists of two rectangular boxes, one above the other, separated by the word 'Or'. Each box has a dark blue header and a light gray body. The top box is titled 'Record Entity' and contains the text: 'If applying for a designated consumption establishment license as an entity, provide demographic information for the entity by selecting "Add New" to create a new contact.' Below this text are a dark blue button labeled 'Add New' and a green-bordered box containing the text 'See pages 8-9'. The bottom box is titled 'Record Sole Proprietorship' and contains the text: 'If applying for a designated consumption establishment license as a sole proprietor, provide demographic information for the sole proprietor by selecting "Add New" to create a new contact.' Below this text are a dark blue button labeled 'Add New' and a green-bordered box containing the text 'See page 10-11'. A green arrow points from the word 'Or' to the 'Add New' button in the top box, and another green arrow points from 'Or' to the 'Add New' button in the bottom box.

Record Entity

If applying for a designated consumption establishment license as an entity, provide demographic information for the entity by selecting "Add New" to create a new contact.

Add New **See pages 8-9**

Or

Record Sole Proprietorship

If applying for a designated consumption establishment license as a sole proprietor, provide demographic information for the sole proprietor by selecting "Add New" to create a new contact.

Add New **See page 10-11**

Designated Consumption Establishment Application Instructions

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For a main applicant entity:

Main applicant individuals (sole proprietors) skip to page 10.

- Enter **Main Applicant Entity** name.
- Enter **Assumed Name** if operating publicly with a name other than the main applicant entity name. Separate multiple assumed names with commas.
- Enter **Federal Employer Identification Number (FEIN)**.
- Enter **Phone Number**.
- Enter **E-mail Address**.
- Select **Add Contact Address**. Another window will open. **Please see next page to continue.**

Contact Information

* Entity Name: 1

Assumed Name: 2

* FEIN: 3

* Phone: 4

* E-mail: 5

* Individual/Organization:
Organization

▼ Contact Addresses

Add Contact Address 6

To edit a contact address, click the address link.
Required contact address type(s): Mailing

Showing 0-0 of 0

Address Type	Address
No records found.	

Continue **Clear** Discard Changes

Designated Consumption Establishment Application Instructions

Adult-Use Marijuana Establishment Licensing Application Process



For a main applicant entity:

- ***Mailing Address** type is required
- Enter **Street Address**.
- Enter **City**.
- Select to add **State**.
- Enter **ZIP Code**.
- Select **Save and Close**.

- **Contact Address Added Successfully** message will appear.
- Select **Continue**.

Contact Information

Contact Address Information

* Address Type: 7

* Address Line 1:

* City: * State: 10 * ZIP Code:

12 Discard Changes

Contact Addresses

To edit a contact address, click the address link.
Required contact address type(s): Mailing

Contact address added successfully.

Showing 1-1 of 1

Address Type	Address
Mailing	

13 Discard Changes

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For a main applicant individual (sole proprietor):

Main applicant entities skip to page 12.

- Enter Sole Proprietor's **First Name**.
- Enter Sole Proprietor's **Last Name**.
- Enter Sole Proprietor's **Date of Birth (DOB)**.
- Enter Sole Proprietor's **Social Security Number (SSN)**.
- Enter Sole Proprietor's **Phone Number**.
- Enter Sole Proprietor's **E-mail Address**.
- Enter Sole Proprietor's **Doing Business As (DBA)**, if applicable.
- Select **Add Contact Address**. Another window will open. **Please see next page to continue.**

Contact Information

* First: 1 Middle: * Last: 2

* Date of Birth: 3 * SSN: 4 FEIN: * Phone: 5

* E-mail: 6

Doing Business As (DBA) Name: 7

* Individual/Organization:
Individual

▼ Contact Addresses 8

Add Contact Address

To edit a contact address, click the address link.
Required contact address type(s): Mailing

Showing 0-0 of 0

Address Type	Address
No records found.	

Continue **Clear** Discard Changes

Designated Consumption Establishment Application Instructions

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For a main applicant individual (sole proprietor):

- *Mailing Address type is required
- Enter **Street Address**.
- Enter **City**.
- Select to add **State**.
- Enter **ZIP Code**.
- Select **Save and Close**.

- **Contact Address Added Successfully** message will appear.
- Select **Continue**.

Contact Information

Contact Address Information

* Address Type:
Mailing

* Address Line 1:

* City: * State: * ZIP Code:

Save and Close Save and Add Another Clear Discard Changes

Contact Addresses

Add Contact Address

To edit a contact address, click the address link.
Required contact address type(s): Mailing

✓ Contact address added successfully.

Showing 1-1 of 1

Address Type	Address
Mailing	

Continue Clear Discard Changes

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- Choose **Select from Account**.

Person Completing Application

Provide demographic information for the person completing the online application by selecting "Select from Account" to use your existing contact.

Select from Account



- Select the box for **Mailing Address**.
- Select **Continue**.

Select Contact from Account

Person Completing Application

Select contact addresses for this contact to attach to the record.

Showing 1-1 of 1

<input type="checkbox"/>	Address Type	Address
<input checked="" type="checkbox"/>	Mailing	

1

2

Continue

Discard Changes

- After entering the demographic information for the main applicant and the person completing the application, select **Continue Application**.



Continue Application

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Provide the physical address of the marijuana establishment seeking a state license.

- Enter establishment **Street Number**.
- Enter establishment **Street Name**.
- Select **Street Type**.
- Select **Unit Type**, if applicable.
- Enter **Unit Number**, if applicable.
- Enter establishment **City**.
- MI is required for **State**.
- Enter establishment **ZIP Code**.

Establishment Address

Provide the physical address of the marijuana establishment seeking a state license.

Street No.: Street Name: Street Type:

Unit Type: Unit No.:

City: State: Zip:

- Enter establishment **Location Zoning Category**.
- Select **Continue Application**.

Business Location Zoning Category

LOCATION ZONING CATEGORY

Provide the establishment location zoning category:

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- Select **Add a Row** to provide information regarding the ownership of the marijuana establishment to be licensed. Please note, this table pertains to the ownership of the physical marijuana establishment as opposed to the ownership of the main applicant.

- Enter **Property Tax ID Number**.
- Enter **Owner of Record**.
- Enter **Property Street Address**.
- Enter **City**.
- Enter **State**.
- Enter **ZIP Code**.
- Enter **Type of Ownership or Use Interest**.
- Click **Submit**.

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- Use the drop-down box to select the **Estimated Income** of the proposed marijuana establishment.
- Select **Continue Application**.

Estimated Income

ESTIMATED INCOME
Provide the projected or actual gross annual income in Michigan.

Estimated Income:

--Select--

--Select--

\$100,000 or less

\$100,001 - \$150,000

\$150,001 - \$200,000

\$200,001 - \$300,000

\$300,001 and above

[Save and resume later](#) [Continue Application](#)

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- Enter **Name of municipality in which the marijuana establishment will be located.**
- Enter **City of Municipality.**
- Select **State of Municipality.**
- Enter **Zip Code of Municipality.**
- Enter **County of Municipality.**
- Select **Continue Application.**

Municipality Information

MUNICIPALITY INFORMATION

Name of municipality in which the marijuana establishment will be located:

City of Municipality:

State of Municipality:

Zip Code of Municipality:

County of Municipality:

A screenshot of the 'Municipality Information' form. The form has a dark blue header with the title 'Municipality Information'. Below the header, the form is titled 'MUNICIPALITY INFORMATION'. It contains five input fields: 'Name of municipality in which the marijuana establishment will be located:', 'City of Municipality:', 'State of Municipality:', 'Zip Code of Municipality:', and 'County of Municipality:'. The 'State of Municipality' and 'County of Municipality' fields are dropdown menus with '--Select--' as the selected option. A green box highlights the 'State of Municipality' dropdown, and a green arrow points to it from the right. Another green arrow points to the 'Continue Application' button at the bottom right of the form. At the bottom left, there is an orange button labeled 'Save and resume later'.

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- Enter the number of employees who will work for this marijuana establishment (if unknown, estimate).
- Select ***Continue Application***.

Employee Information

EMPLOYEE INFORMATION

Number of employees who will work for this marijuana establishment (if unknown, estimate):

[Save and resume later](#) [Continue Application »](#)

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- All applicable items on the checklist are required to be provided at the time of application submission.
- Failure to submit any of the applicable checklist items may result in the denial of your application.
- Each document in the checklist must be uploaded individually; documents cannot be combined and uploaded as a single PDF.

- To attach documents, Select **Add** on the attachments page.
- Select **Add** on the file upload pop out window. Please see next page to continue.

Attachment

Please attach the following documents:

[Designated Consumption Establishment License Application](#) [Link to Attestations](#)

- Attestation 3-A – Acknowledgment & Consent to Investigations, Statute & Rule Compliance
- Attestation 3-B – Proof of Possession of Premises & Written Permission from Owner of Premises
- Attestation 3-C – Confirmation of Section 6 Compliance
- Attestation 3-D – Confirmation of Insurance
- Acknowledgment of Attestations

[Business Specifications](#)

- Copy of designated consumption establishment plan
- Copy of floor plan
- Copy of marijuana business location plan complying with Rule 8 in the Marijuana Licenses Rule Set (R 420.8)
- Copy of business plan, including but not limited to:
 - Marketing plan
 - Staffing plan
 - Documented employee training that addresses all components of the responsible operations plan
 - Proposed hours of operation
- Copy of deed or lease agreement
- Copy of responsible operations plan
- Copy of product & waste management plan
- Copy of proof of financial responsibility (e.g., insurance policy, constant value bond)
- Copy of Certificate of Use and Occupancy
- DBA documentation (if applicable) (obtained at county-level)
- Certificate of Assumed Name (if applicable) (obtained from LARA Corporations Division)

*All items on the checklist are required to be provided at the time of application submission.
 *Failure to submit any of the items may result in the denial of your application.

The maximum file size allowed is 500 MB.
 ade;adp;bat;chm;cmd;com;cpl;exe;hta;htm;html;ins;isp;jar;js;jse;lib;lnk;mde;mht;mhtml;msc;mst;msp;php;pif;scr;sct;shb;sys;vb;vbe;vbs;vxd;wsc;wsh are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
No records found.				

Add ← 1

File Upload

The maximum file size allowed is 500 MB.
 ade; adp; bat; chm; cmd; com; cpl; exe; hta; htm; html; ins; isp; jar; js; jse; lib; lnk; mde; mht; mhtml; msc; msp; mst; php; pif; scr; sct; shb; sys; vb; vbe; vbs; vxd; wsc; wsf; wsh are disallowed file types to upload.

2 ↓

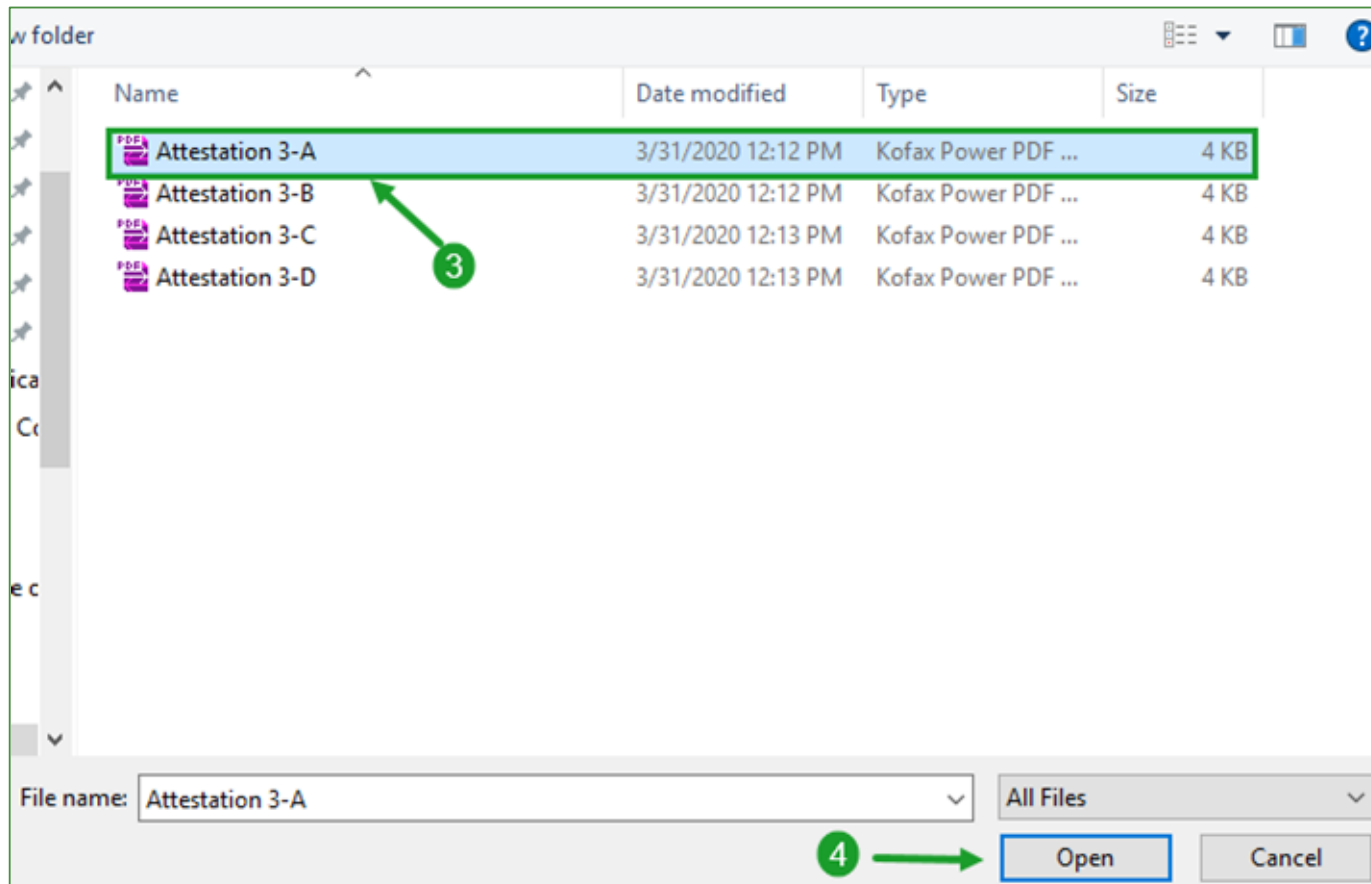
Continue
Add
Remove All
Cancel

Designated Consumption Establishment Application Instructions

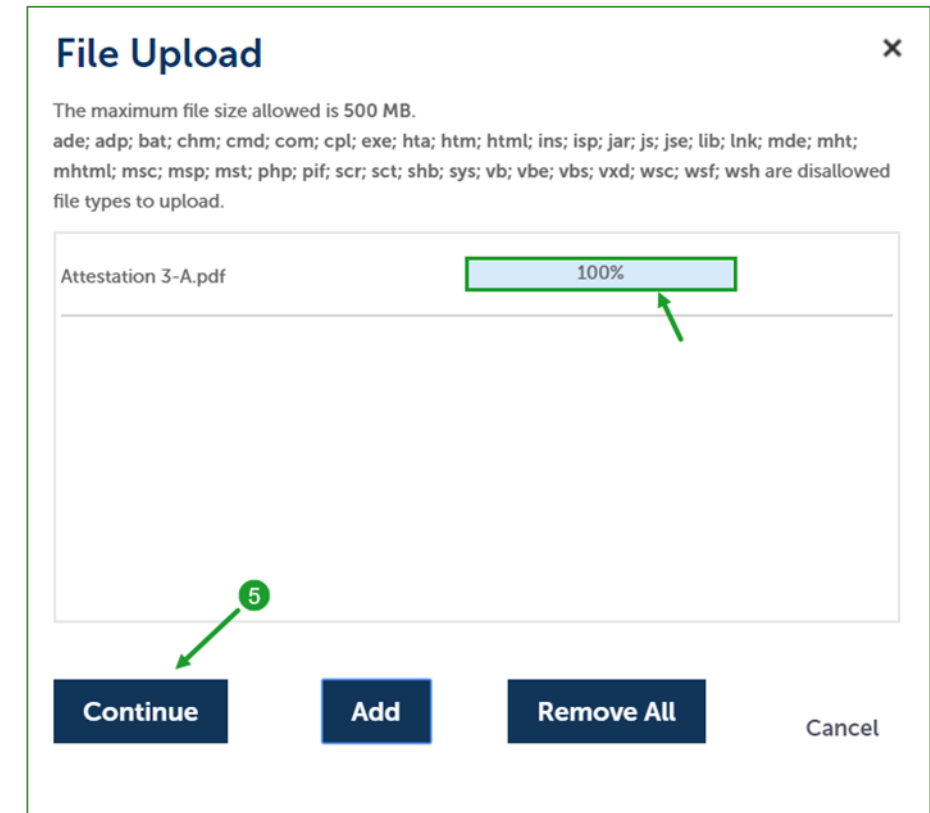
Adult-Use Marijuana Establishment Licensing Application Process



- **Select** and **Open** the file(s) you wish to upload.
 - Attachments should be uploaded in PDF format.
 - Files should be named according to their document type. For example, the Attestation 3-A PDF should be named "Attestation 3-A".



- Confirm the file(s) are 100% uploaded and select **Continue**.



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- Select document **Type**.
 - All documents on the checklist have a corresponding type. You must choose the corresponding document type for each document that is uploaded. For example, when uploading Attestation 3-A , you must select the “Attestation 3-A” type.
- Select **Save**.
- **You must repeat the process depicted for Attestation 3-A for all applicable documents on the checklist.**

A screenshot of a web application form. The form has a light gray background. At the top left, there is a label '* Type:' followed by a dropdown menu showing '--Select--'. A green box highlights the dropdown menu, and a green arrow labeled '6' points to it. Below the dropdown is a 'File:' section with the text 'Attestation 3-A.pdf' and a progress bar showing '100%'. Below that is a 'Description:' label followed by a large empty text area. At the bottom left, there is a 'spell check' label and a green arrow labeled '8' pointing to it. At the bottom center, there are three dark blue buttons: 'Save', 'Add', and 'Remove All'. On the right side, a dropdown menu is open, showing a list of document types. The list includes: '--Select--', 'Acknowledgment of Attestations', 'Attestation 3-A' (highlighted in blue), 'Attestation 3-B', 'Attestation 3-C', 'Attestation 3-D', 'Business Plan', 'Certificate of Assumed Name', 'Certificate of Use and Occupancy', 'DBA Documentation', 'Deed or Lease Agreement', 'Designated Consumption Establishment Plan', 'Floor Plan', 'Marihuana Business Location Plan', 'NCS - Financial Institution Release and Authorization for Information', 'Other', 'Product and Waste Management Plan', 'Proof of Financial Responsibility', 'Public Contact Form', and 'Responsible Operations Plan'. A green arrow labeled '7' points to the 'Attestation 3-A' option in the list.

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- After all applicable documents have been uploaded and **their corresponding document types have been selected and saved**, select **Continue Application**.

Attachment

Please attach the following documents:

Designated Consumption Establishment License Application [Link to Attestations](#)

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*All items on the checklist are required to be provided at the time of application submission.
 *Failure to submit any of the items may result in the denial of your application.

The maximum file size allowed is 500 MB.
 adef:adp;bat;chm;cmd;com;cp;exe;hta;htm;html;ins;isp;jar;jse;lib;lnk;mde;mht;mhtml;msc;msp;mst;php;pdf;scr;sc;shb;sys;vb;vbe;vbs;vxd;wsc;wsf;wsh are disallowed file types to upload.
 This application type requires you to submit the following types of documents. Subject to the collected information, you may be required to submit additional documents prior to approval.
 Attestation 3-A, Attestation 3-B, Attestation 3-C, Attestation 3-D, Designated Consumption Establishment Plan, Floor Plan, Deed or Lease Agreement, Certificate of Use and Occupancy, Responsible Operations Plan, Product and Waste Management Plan, Proof of Financial Responsibility, Acknowledgment of Attestations, Marijuana Business Location Plan, Business Plan

Name	Type	Size	Latest Update	Action
Attestation 3-A.pdf	Attestation 3-A	3.55 KB	03/31/2020	Actions ▾
Attestation 3-C.pdf	Attestation 3-C	3.55 KB	03/31/2020	Actions ▾
Attestation 3-D.pdf	Attestation 3-D	3.55 KB	03/31/2020	Actions ▾
Attestation 3-C.pdf	Deed or Lease Agreement	3.55 KB	03/31/2020	Actions ▾
Floor Plan.pdf	Floor Plan	3.55 KB	03/31/2020	Actions ▾

Save and resume later

Continue Application

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- After reviewing the marijuana establishment state license application, **Check** the box to electronically sign and file the application thus certifying that the application is true, complete, correct, and that no material information has been omitted.
- Select **Continue Application** to submit the application.

I certify that I have read and understand the instructions that accompany this application and that the statements made as part of this application are true, complete, and correct and that no material information has been omitted. By checking the box below, I understand and agree that I am electronically signing and filing this application.

By checking this box, I agree to the above certification.

Date: 09/18/2019

[Save and resume later](#) [Continue Application](#)

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- The marijuana establishment state license application has now been submitted. Retain a copy of the record number.

Home Medical Facility Licensing **Adult-Use Establishment Licensing** Facility & Establishment Complaints Registry Cards

Create an Application Search Applications

Designated Consumption Establishment

1 Demographic Information 2 Establishment Information 3 Attachments 4 Review 5 Record Issuance

 Your application has been successfully submitted.
Please print your record and retain a copy for your records.

Thank you for using our online services.
Your Record Number is AU-DCEA-000157. ←

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- The person completing the application and the main applicant will receive the below email containing:
 - The license application number.
 - The application name.

Dear Entity 1, LLC,

You have successfully submitted your application for licensure. Below is the application record number and name. Make sure to retain this number for your records.

License Application Number: AU-DCEA-000157

Application Name: Entity 1, LLC

You can also view the application for licensure status under the MY RECORDS tab on the citizen portal.

Thank you,

Marijuana Regulatory Agency
Adult-Use Licensing
(517) 284-8599

MRA-AdultUseLicensing@michigan.gov

www.michigan.gov/MRA

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Marijuana Regulatory Agency

Phone:(517) 284-8599

Website: www.michigan.gov/mra

Email: MRA-Adult-Use-Marijuana@Michigan.gov