



Paper Application Instruction Booklet
Adult-Use Establishment Licensing

STEP 2 - DESIGNATED CONSUMPTION ESTABLISHMENT LICENSE

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IMPORTANT NOTICE REGARDING TIME SENSITIVITY:

Applying for an adult-use marijuana establishment license is a time-sensitive venture. The Michigan Regulation and Taxation of Marihuana Act (MRTMA) requires that a license determination be made—and the state license or notice of denial be issued—within 90 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.

Please do not submit an adult-use application unless you are able to meet this 5-day deadline. Failure to provide any of the requested items to MRA within 5 days may result in the denial of the application.

OVERVIEW – TWO-STEP APPLICATION PROCESS

The adult-use marijuana establishment 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 marijuana establishment license application. During Step 2, review of the proposed marijuana establishment is completed.

In short, prequalification involves vetting the entity and the individuals involved in the entity; establishment licensing involves vetting the physical establishment.

An application is considered complete when Step 1, the application fee, and Step 2 have been submitted. Because the MRTMA requires that a license determination be made within 90 days, it is not advised to submit a Step 2 application unless the establishment seeking a state license is fully built and ready to pass an inspection within 60 days after the Step 2 license application is submitted. If the establishment is unable to pass an inspection within 60 days of a complete application submission, the license application may be denied.

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 adult-use marijuana establishment 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-Adult-Use-Marijuana@Michigan.gov

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 establishment is in place and will be ready to pass an inspection within 60 days after the day you submit the application.

Prequalification status expires after two years. If you do not submit an adult-use 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 adult-use licensing process.

Step 2 – Establishment License Application Types

- **Marijuana Establishment License Application:** This is the standard Step 2 license application. This application is intended for applicants seeking a license for a marijuana microbusiness, marijuana grower (class A, B, or C), marijuana processor, marijuana retailer, marijuana secure transporter, or marijuana safety compliance facility.
- **Marijuana Event Organizer License Application:** This application is intended for applicants seeking to hold temporary marijuana events. A marijuana event organizer license is required in order to apply for temporary marijuana event licenses.
- **Temporary Marijuana Event License Application:** This application is intended for licensed marijuana event organizers seeking a license for a temporary marijuana event.
- **Designated Consumption Establishment License Application:** This application is intended for applicants seeking a license for an establishment which permits adults 21 years of age or older to consume marijuana products on the premises.
- **Excess Marijuana Grower License Application:** This application is intended for licensees who have 5 adult-use class C marijuana grower licenses and at least 2 medical marijuana grower class C licenses.

DESIGNATED CONSUMPTION ESTABLISHMENT LICENSE APPLICATION

This application is intended for applicants seeking a license for a designated consumption establishment.

The designated consumption establishment License application can be found at the following link: [Designated Consumption Establishment License Application](#).

APPLICATION CHECKLIST

Ensure you have gathered all items on the checklist before submitting the application.



Adult-Use Licensing
Marijuana Regulatory Agency
P.O. Box 30205 Lansing, MI 48909
Telephone: (517) 384-8599
MRA-AdultUseLicensing@Michigan.gov

DO NOT SUBMIT A DESIGNATED CONSUMPTION ESTABLISHMENT LICENSE APPLICATION UNLESS YOUR DESIGNATED CONSUMPTION ESTABLISHMENT WILL BE READY TO PASS AN INSPECTION WITHIN 60 DAYS OF APPLICATION SUBMISSION

Failure to pass an inspection within 60 days of application submission may result in the denial of your license application.

DESIGNATED CONSUMPTION ESTABLISHMENT LICENSE APPLICATION
<i>Designated Consumption Establishment License Application</i>
<ul style="list-style-type: none"><input type="checkbox"/> Page 1: Demographic Information<input type="checkbox"/> Page 2: Attestation 3-A – Acknowledgment & Consent to Investigations, Statute & Rule Compliance<input type="checkbox"/> Page 3: Attestation 3-B – Proof of Possession of Premises & Written Permission from Owner of Premises<input type="checkbox"/> Page 4: Attestation 3-C – Confirmation of Section 6 Compliance – Part 1: Municipality<input type="checkbox"/> Page 5: Attestation 3-C – Confirmation of Section 6 Compliance – Part 2: Applicant<input type="checkbox"/> Page 6: Attestation 3-D – Confirmation of Insurance<input type="checkbox"/> Page 7: Acknowledgment of Attestations<input type="checkbox"/> Page 8: Disclosures: (1) Business Specifications, (2) Municipality Information, (3) Employee Information
<i>Supporting Documents</i>
<ul style="list-style-type: none"><input type="checkbox"/> Copy of designated consumption establishment plan<input type="checkbox"/> Copy of floor plan<input type="checkbox"/> Copy of marijuana business location plan complying with Rule 8 in the Marijuana Licenses Rule Set (R 420.8)<input type="checkbox"/> Copy of business plan, including but not limited to:<ul style="list-style-type: none"><input type="checkbox"/> Marketing plan<input type="checkbox"/> Staffing plan<input type="checkbox"/> Documented employee training that addresses all components of the responsible operations plan<input type="checkbox"/> Proposed hours of operation<input type="checkbox"/> Copy of deed or lease agreement<input type="checkbox"/> Copy of responsible operations plan<input type="checkbox"/> Copy of marijuana product & waste management plan<input type="checkbox"/> Copy of proof of financial responsibility (e.g., insurance policy, constant value bond)<input type="checkbox"/> Copy of Certificate of Use and Occupancy<input type="checkbox"/> DBA documentation (if applicable) (obtained at county-level)<input type="checkbox"/> 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.
Failure to submit any of the items may result in the denial of your application.

Failure to submit any of the required items may result in the denial of the prequalification application.

PAGE 1 – DEMOGRAPHIC INFORMATION

In the **DESIGNATED CONSUMPTION ESTABLISHMENT INFORMATION** section, provide the following information for the applicant in the corresponding field on the application:

- **Applicant name** as it appears on official documents
- **Mailing address** of the applicant
- **E-mail address** of the applicant
- **DBA/Assumed name/fictitious name** of the applicant, if applicable
- **Federal Employer Identification Number (FEIN) or Social Security Number (SSN)** of the applicant
- **Phone number** of the applicant
- **Business Location Zoning Category** of the establishment

DESIGNATED CONSUMPTION ESTABLISHMENT INFORMATION

Please provide the following information regarding the designated consumption establishment seeking a state license.

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
E-mail 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
- **Mailing address** of the individual completing the application
- **Date of birth** of the individual completing the application
- **Phone number** of the individual completing the application
- **E-mail address** of the individual completing the application

PERSON COMPLETING APPLICATION

Please provide the following information for the individual who will act as the primary contact for this license application.

Name (First, Middle, Last)	Date of Birth (mm/dd/yyyy)
Mailing Address	Phone
City State Zip Code	E-mail Address

Please note: The applicant is required to keep their contact information on file with the MRA up to date. If there are changes to any of the above contact information, please contact the MRA to have the information updated.

PAGES 2-6 – 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, consult an attorney. The Agency cannot provide legal interpretation of the statute or rules.

PAGE 2 – ATTESTATION 3-A – ACKNOWLEDGMENT & CONSENT TO INVESTIGATIONS, 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 3-A
ACKNOWLEDGMENT & CONSENT TO INVESTIGATIONS, STATUTE & RULE COMPLIANCE
(To be completed and submitted by the applicant)

On behalf of _____, I _____
Name of Main Applicant Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

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 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 attest that the application information related to the governing municipality for the marijuana establishment 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 hereby consent to investigations of compliance, regular inspections, examinations, searches, seizures, and auditing of books and records as provided in MRTMA Section 7 and the MRTMA 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 the 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.

I acknowledge that I shall have a physical structure ready for inspection so that I may receive a passing inspection by the 60th day after my complete application is submitted. In the event I do not have a passing inspection by the 60th day, I acknowledge that my application may be denied.

PAGE 3 – ATTESTATION 3-B – PROOF OF POSSESSION OF PREMISES & WRITTEN PERMISSION FROM OWNER OF PREMISES

This attestation will need to be signed by the applicant in Part A, and signed by the owner of the premises where the designed consumption establishment will be located in Part B. Do not sign this attestation until in the presence of a notary.

If the applicant and the owner of the premises are the same individual, only Part B needs to be notarized.

PART A – Complete this section 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. Also provide the signature of the applicant, the date, the establishment street address, and the establishment city, state, and zip code on the spaces provided. The applicant signature date and the date in the notary block must match.

ATTESTATION 3-B
PROOF OF POSSESSION OF PREMISES & WRITTEN PERMISSION FROM OWNER OF PREMISES
(To be completed by the applicant and owner of premises, and submitted by the applicant)

Do not sign until notary is present

PART A (to be completed by the applicant):

On behalf of _____, I _____
Name of Main Applicant Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

possess the premises where the proposed designated consumption establishment will be located. I have attached proof of possession to this application.

Signature of Individual Authorized to Sign on Behalf of Main Applicant _____ Establishment Street Address _____
Date _____ Establishment City, State, Zip Code _____

Subscribed and sworn to by _____ before me on _____
(Authorized Individual Name) (Date)

(Notary Public Signature) _____ (Notary Public Printed Name) _____

State of _____, County of _____, Acting in the county of _____, _____
(county) (state)

My commission expires: _____

PART B – This section must be completed by the owner of the premises of the designed consumption establishment in the presence of a notary. After reading this section of the attestation, the owner of the premises should provide their name in the **owner of premises** blank, and provide their signature, printed name, and the date in the spaces provided. The owner of the premises signature date and the date in the notary block must match.

PART B (to be completed by the owner of the premises):
 I, _____ (owner of the premises),
 approve of the applicant's use of the designated consumption establishment for marijuana consumption on the premises in
 question.

 Owner of Premises Signature

 Date

Subscribed and sworn to by _____ before me on _____
 (Owner of Premises Name) (Date)

 (Notary Public Signature) _____
 (Notary Public Printed Name)

State of _____, County of _____, Acting in the county of _____, _____
 (county) (state)

My commission expires: _____

PAGE 4 – ATTESTATION 3-C – CONFIRMATION OF SECTION 6 COMPLIANCE – PART 1: MUNICIPALITY

The applicant 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.

**ATTESTATION 3-C
 CONFIRMATION OF SECTION 6 COMPLIANCE
 PART 1: MUNICIPALITY**
 (To be completed by the municipal clerk or their designee and submitted by the applicant)
 Do not sign until notary is present

Proposed Establishment Name: _____
 Proposed Establishment Address: _____
 Proposed Establishment Type: _____

I, _____ (clerk/designee) of _____ (municipality),
 attest to and confirm the following:

1. The municipality has not adopted an ordinance prohibiting adult-use marijuana establishments.
2. The proposed establishment is in compliance with all regulations and ordinances within the municipality, including zoning ordinances.
3. The municipality will report to the Marijuana Regulatory Agency (MRA) any changes to any municipal ordinance that the municipality has adopted under Section 6 of the Michigan Regulation and Taxation of Marijuana Act (MRTMA), MCL 333.27956.
4. The municipality will report to the MRA any violations by the proposed establishment of any municipal regulations or ordinances, including zoning ordinances.

 Clerk (or designee) Signature _____
 Clerk (or designee) Email Address _____
 Date

Subscribed and sworn to by _____ before me on _____
 (Clerk/Designee Name) (Date)

 (Notary Public Signature) _____
 (Notary Public Printed Name)

State of _____, County of _____, Acting in the county of _____, _____
 (county) (state)

My commission expires: _____

PAGE 5 – ATTESTATION 3-C – CONFIRMATION OF SECTION 6 COMPLIANCE – PART 2: APPLICANT

After reading the attestation, provide the proposed establishment name, proposed establishment address, proposed establishment type, and the municipality in which the proposed establishment 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 applicant must also provide their signature and the date in the spaces provided.

ATTESTATION 3-C
CONFIRMATION OF SECTION 6 COMPLIANCE
PART 2: APPLICANT
(To be completed and submitted by the applicant)

Proposed Establishment Name: _____
Proposed Establishment Address: _____
Proposed Establishment Type: _____
Municipality: _____

On behalf of _____, I _____
Name of Main Applicant Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

am authorized to sign this attestation on behalf of the proposed marijuana establishment identified above and attest to and confirm the following:

1. The municipality in which the proposed establishment is to be located has not adopted an ordinance prohibiting adult-use marijuana establishments.
2. The proposed establishment is in compliance with all regulations and ordinances within the municipality, including zoning ordinances.
3. The proposed establishment will report to the Marijuana Regulatory Agency (MRA) any changes to any municipal ordinance that the municipality has adopted under Section 6 of the Michigan Regulation and Taxation of Marijuana Act (MRTMA), MCL 333.27956.
4. The proposed establishment will report to the MRA any violations by the proposed establishment of any municipal regulations or ordinances, including zoning ordinances.

Authorized Individual Signature Date

PAGE 6 – ATTESTATION 3-D – CONFIRMATION OF INSURANCE

PART A – 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. The applicant must also provide their signature, the establishment name/insured party name, the address of the marijuana establishment/insured party address, and date in the spaces provided.

ATTESTATION 3-D
CONFIRMATION OF INSURANCE
(To be completed by the applicant and an authorized representative or designee of the insurance or surety company, and submitted by the applicant)

Do not sign until notary is present
PART A (to be completed by the applicant):
On behalf of _____, I _____
Name of Main Applicant Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

understand that I am submitting this attestation in accordance with the Administrative Rules.

Applicant Signature Date

Establishment Name/Insured Party Name

Establishment Address/Insured Party Address

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 agency 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.

PART B (to be completed by an authorized representative or designee of the insurance or surety company):
 I, _____ of _____
Name of Representative/Designee Name of Insurance or Surety Company Authorized to do Business in this State
 hereby attest to the Marijuana Regulatory Agency (Agency) that the applicant for a state license as named above in part A, has liability coverage for bodily injury to lawful users resulting from the manufacture, distribution, transportation, or sale of adulterated marijuana or adulterated marijuana-infused products in an amount not less than \$100,000.00 and that no products liability exclusion exists in the liability coverage issued to the applicant and/or licensee that would exclude the coverage mandated in the Administrative Rules.
 I further attest that:

The policy number for the above-referenced insurance policy is _____, with an effective date of _____ and expiration date of _____. The declaration page of the above-referenced policy is attached hereto.

The bond number for the above-referenced constant value bond is _____, with an effective date of _____ and expiration date of _____. A copy of the bond is attached hereto.

The policy or surety bond listed above covers the following locations (list all locations covered by the policy or bond):

Representative or Designee Signature Company Address

Date

Subscribed and sworn to by _____ before me on _____
(Representative/Designee Name) (Date)

(Notary Public Signature) (Notary Public Printed Name)

State of _____, County of _____, Acting in the county of _____, _____
(county) (state)

My commission expires: _____

PAGE 7 - 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 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, 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.

ACKNOWLEDGMENT OF ATTESTATIONS
 (To be completed and submitted by the applicant)
 Do not sign until notary is present

On behalf of _____, I _____
Name of Main Applicant Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

hereby swear, acknowledge, and consent to the following attestations (check all that apply to indicate the applicant's acknowledgment and consent):

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 – Part 2: Applicant
 Attestation 3-D: Confirmation of Insurance

Further, I affirm, under the penalties of perjury, that the information set forth in this application and all supporting documents is true, complete, and correct, and that no material information has been omitted.

Signature of Individual Authorized to Sign on Behalf of Main Applicant Date

Subscribed and sworn to by _____ before me on _____
(Authorized Individual Name) (Date)

(Notary Public Signature) (Notary Public Printed Name)

State of _____, County of _____, Acting in the county of _____, _____
(county) (state)

My commission expires: _____

PAGE 8 - DISCLOSURES

(1) BUSINESS SPECIFICATIONS

A. Establishment Ownership Information – Provide the property tax ID number of the establishment, 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., if you own, rent, have a land contract).

(1) BUSINESS SPECIFICATIONS

A. Establishment Ownership Information: Provide the following information regarding ownership of the marijuana establishment to be licensed:

Property Tax ID Number	Owner of Record
Property Street Address	Type of Ownership or Use Interest (e.g., own, rent, land contract)

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)

- Less than \$100,000 \$100,001 – \$150,000 \$150,001 – \$200,000 \$200,001 – \$300,000 \$300,001 and above

(2) MUNICIPALITY INFORMATION

Part A. – Provide the name of the municipality where the marijuana establishment is located.

Part B. – Provide the city, state, and zip code of the municipality where the marijuana establishment is located.

Part C. – Provide the name of the county of the municipality where the marijuana establishment is located.

(2) MUNICIPALITY INFORMATION

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

B. City, state, and zip code of municipality: _____

C. County of municipality: _____

(3) EMPLOYEE INFORMATION

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

(3) EMPLOYEE INFORMATION

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

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 in person at: **2407 North Grand River Avenue, Lansing, MI 48906**, or submitted via postal mail to:

**Marijuana Regulatory Agency
Adult-Use Establishment 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 designated consumption establishment license application should contain the following supporting documents:

- Copy of designated consumption establishment plan
- Copy of floor plan
- Copy of marijuana business location plan complying with Rule 8 in the Marihuana Licenses Rule Set (R 420.8)
- Copy of business plan
- Copy of deed or lease agreement
- Copy of responsible operations plan
- Copy of marijuana product destruction and waste management plan
- Copy of proof of financial responsibility (e.g., copy of insurance policy or 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)