



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

DO NOT SUBMIT A MARIJUANA ESTABLISHMENT LICENSE APPLICATION UNLESS YOUR MARIJUANA 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.

MARIJUANA ESTABLISHMENT LICENSE APPLICATION

Marijuana Establishment License Application

- Page 1: Demographic Information
- Page 2: Attestation 2-A – Acknowledgment & Consent to Investigations, Statute & Rule Compliance
- Page 3: Attestation 2-B – Interest & Experience Attestation
- Page 4: Attestation 2-C – Confirmation of Section 6 Compliance – Part 1: Municipality
- Page 5: Attestation 2-C – Confirmation of Section 6 Compliance – Part 2: Applicant
- Page 6: Attestation 2-D – Confirmation of Insurance
- Page 7: Acknowledgment of Attestations
- Page 8: Disclosures: (1) Business Specifications, (2) Municipality Information, (3) Employee Information

Supporting Documents

- Copy of Certificate of Use and Occupancy
- Copy of deed or lease agreement
- Copy of proof of financial responsibility (e.g., insurance policy, constant value bond)
- Copy of marijuana business location plan complying with Rule 8 in the Marijuana Licenses 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
- DBA documentation (if applicable) (obtained at county-level)
- Certificate of Assumed Name (if applicable) (obtained from LARA Corporations Division)

Marijuana 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)

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



Adult-Use Licensing
 Marijuana Regulatory Agency
 P.O. Box 30205 Lansing, MI 48909
 Telephone: (517) 284-8599
MRA-AdultUseLicensing@Michigan.gov

LICENSE TYPE

Please indicate the license type for which you are applying:

- | | | |
|---|--|---|
| <input type="checkbox"/> Class A Marijuana Grower | <input type="checkbox"/> Marijuana Microbusiness | <input type="checkbox"/> Marijuana Safety Compliance Facility |
| <input type="checkbox"/> Class B Marijuana Grower | <input type="checkbox"/> Marijuana Processor | <input type="checkbox"/> Marijuana Secure Transporter |
| <input type="checkbox"/> Class C Marijuana Grower | <input type="checkbox"/> Marijuana Retailer | |

MARIJUANA ESTABLISHMENT INFORMATION

Please provide the following information regarding the marijuana 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)

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

<u>VALIDATION - FOR DEPARTMENT USE ONLY</u>
MRA RECEIPT



Adult-Use Licensing
Marijuana Regulatory Agency
P.O. Box 30205 Lansing, MI 48909
Telephone: (517) 284-8599
MRA-AdultUseLicensing@Michigan.gov

ATTESTATION 2-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.



ATTESTATION 2-B
INTEREST & EXPERIENCE ATTESTATION
(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

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 microbusiness, secure transporter, or safety compliance facility. I attest that my investors do not have any interest in a microbusiness, secure transporter, or safety compliance facility. I further attest that I do not and will not have an interest in more than 5 marijuana grower licenses.

I attest and affirm that if I am applying for a PROCESSOR license that I do not have any interest in a microbusiness, secure transporter, or safety compliance facility. I attest that my investors do not have any interest in a microbusiness, secure transporter, or safety compliance facility.

I attest and affirm that if I am applying for a SECURE TRANSPORTER license that I do not have an interest in a grower, processor, retailer, safety compliance facility, microbusiness, marijuana event organizer, or temporary event.

I attest and affirm that if I am applying for a RETAILER license that I do not have any interest in a microbusiness, secure transporter, or safety compliance facility. I attest that my investors do not have any interest in a microbusiness, 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, retailer, or microbusiness. I attest that my investors do not have any interest in a grower, secure transporter, processor, retailer, microbusiness, designated consumption area, marijuana event organizer, or temporary event.

I attest and affirm that if I am applying for a MICROBUSINESS license that I do not have any interest in a grower, processor, retailer, safety compliance facility, secure transporter, or another microbusiness. I further attest that I do not and will not have an interest in more than one microbusiness.

I hereby understand that if I am found to be noncompliant with these requirements, as set forth in the Michigan Regulation and Taxation of Marijuana Act (MRTMA), 2018 IL 1, Sec. 9, I may be subject to disciplinary action or risk loss of licensure.



Adult-Use Licensing
Marijuana Regulatory Agency
P.O. Box 30205 Lansing, MI 48909
Telephone: (517) 284-8599
MRA-AdultUseLicensing@Michigan.gov

ATTESTATION 2-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: _____.



Adult-Use Licensing
 Marijuana Regulatory Agency
 P.O. Box 30205 Lansing, MI 48909
 Telephone: (517) 284-8599
MRA-AdultUseLicensing@Michigan.gov

ATTESTATION 2-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 Marihuana 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



Adult-Use Licensing
 Marijuana Regulatory Agency
 P.O. Box 30205 Lansing, MI 48909
 Telephone: (517) 284-8599
MRA-AdultUseLicensing@Michigan.gov

ATTESTATION 2-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 (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: _____.



Adult-Use Licensing
 Marijuana Regulatory Agency
 P.O. Box 30205 Lansing, MI 48909
 Telephone: (517) 284-8599
MRA-AdultUseLicensing@Michigan.gov

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 2-A: Acknowledgment & Consent to Investigations, Statute & Rule Compliance
- Attestation 2-B: Interest & Experience Attestation
- Attestation 2-C: Confirmation of Section 6 Compliance – Part 2: Applicant
- Attestation 2-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: _____.



(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 (including suite number, if applicable)	Type of Ownership or Use Interest (e.g., own, rent, land contract)

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

- 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

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