

# Adding Social Equity: Existing Adult-Use Applicant or Licensee Form

## Adult-Use Applicant/Licensee Information

Please provide the following information regarding the adult-use applicant or licensee seeking to verify their eligibility for fee reductions through the social equity program.

Adult-Use Record Name: \_\_\_\_\_

Adult-Use Record Number: \_\_\_\_\_

*Step 1 Adult-Use Record Number*

## Social Equity Participants

Please provide the participant name(s) and record number(s) for all of the associated individual(s) that are eligible for the social equity program.

Social Equity Participant Name (First, Middle, Last)	Record Number (e.g., AU-SEA-000001)

Email this form to:

[CRA-SocialEquity@michigan.gov](mailto:CRA-SocialEquity@michigan.gov)

If you have any questions regarding the social equity application process, please contact us by phone at **(517) 284-8599** or email at [CRA-SocialEquity@michigan.gov](mailto:CRA-SocialEquity@michigan.gov).