

# Social Equity Application Instructions



Individuals should submit a social equity application to the Cannabis Regulatory Agency (CRA) for eligibility determination. If eligible, the social equity team will notify the adult-use licensing section so that potential fee reductions can be applied to adult-use fees (e.g. application fee, initial licensure fee, renewal fees).

The social equity application must be completed in its entirety upon submission. If the CRA identifies a deficiency in an application, the CRA will notify the applicant. The applicant must submit all missing information or proof that the deficiency has been corrected in its entirety to the CRA within 7 days of the date the applicant received the notice of deficiency. The failure of an applicant to completely correct a deficiency within 7 days of notification by the CRA may result in your application being placed in inactive status or the denial of the application.

**Cannabis Regulatory Agency**  
**Phone: (517) 284-8599**  
**Website: [www.michigan.gov/CRA](http://www.michigan.gov/CRA)**  
**Email: [CRA-SocialEquity@Michigan.gov](mailto:CRA-SocialEquity@Michigan.gov)**

# Social Equity Application Instructions



**Before initiating the application process, be advised the following documents (if applicable) are due at the time of application submission:**

## Residency Documents

- Residency documents are required for EACH year of residency. You will need to prove residency for at least 5 cumulative years out of the past 10 years that you have lived in a disproportionately impacted community. Each document should have your name, residential address, and year. Please find examples of what is accepted, but NOT limited to below:
  - Mortgage Statements
  - Lease/Rental Agreements
  - Property Tax Documents
  - Tax Returns
  - W-2 Forms
  - Paystubs
  - Insurance Statements
  - College Tuition Statements
  - Utility Statements

## Marijuana-Related Felony Conviction Documents

- Copy of judgment of sentence or other documents.
- Order on application to set aside conviction, if expunged.

## Marijuana-Related Misdemeanor Conviction Documents

- Copy of judgment of sentence or other documents.
- Order on application to set aside conviction, if expunged.

## Registered Primary Caregiver [Link to Form](#)

- Caregiver Authorization for Release of MMMP Information with a valid driver's license or State-issued personal identification card with photo.

**\*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 affect eligibility for the social equity program.**

# Social Equity Application Instructions



- Enter **User Name or E-mail**.
- Enter **Password**.
- Select **Login**.

A screenshot of the Cannabis Regulatory Agency's login page. At the top, there is a navigation bar with links: "Home" (highlighted in a dark blue box), "Medical Facility Licensing", "Adult-Use Establishment Licensing", "Facility & Establishment Complaints", and "Registry Cards". Below the navigation bar is a light blue section with the text "Advanced Search". The main login area has a light blue background. It contains three elements: a label "User Name or E-mail:" followed by a white input box with a green border; a label "Password:" followed by a white input box with a green border; and a dark blue button with white text "Login »". Three green arrows point from the top towards each of these three elements. At the bottom of the login area, there is a row of three items: a checkbox followed by the text "Remember me on this computer", the text "I've forgotten my password", and the text "New Users: Register for an Account".

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

Advanced Search

User Name or E-mail:

Password:

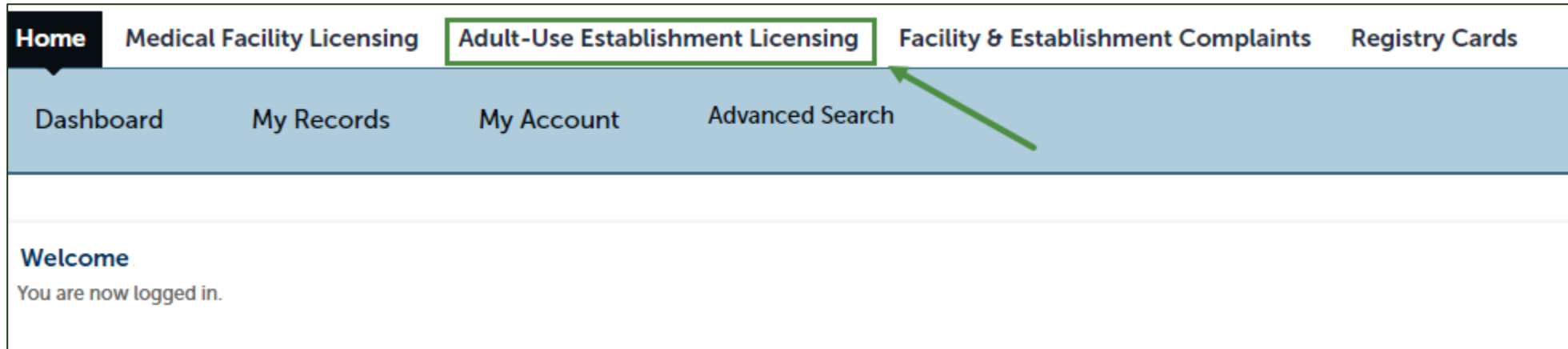
**Login »**

☐ Remember me on this computer I've forgotten my password New Users: Register for an Account

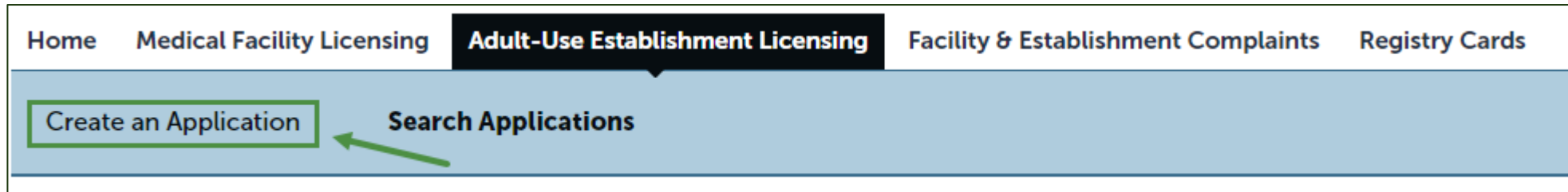
# Social Equity Application Instructions



- Select **Adult-Use Establishment Licensing**.



- Select **Create an Application**.



# Social Equity Application Instructions



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

A screenshot of the Michigan Cannabis Regulatory Agency's online application system. The page has a navigation bar with links: Home, Medical Facility Licensing, Adult-Use Establishment Licensing (highlighted), Facility & Establishment Complaints, and Registry Cards. Below the navigation bar is a blue header with "Create an Application" and "Search Applications". The main content area is titled "Online Application" and contains a welcome message. A green arrow points to a note about allowing pop-ups. Another green arrow points to a "General Disclaimer" box, which contains a disclaimer about the website's accuracy. A third green arrow points to a checked checkbox stating "I have read and accepted the above terms." A final green arrow points to a dark blue button labeled "Continue Application »".

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 »**

# Social Equity Application Instructions



- Select the arrow next to ***Social Equity Application***.
- Select ***Social Equity Application***.
- Select ***Continue Application***.

## Select a Record Type

### Social Equity Applicants

If you are seeking to apply for fee reductions under the Social Equity Program, please select the social equity application dropdown below to submit the social equity application. For further instructions on completing the social equity application, click [here](#).

If you have any questions about the Social Equity Program, please email us at [CRA-SocialEquity@michigan.gov](mailto:CRA-SocialEquity@michigan.gov).

### Adult-Use Establishment Licensing Applicants

Select [here](#) for adult-use marijuana establishment licensing application instructions.

If you have any questions regarding the adult-use application process, please email us at [CRA-Adult-Use-Marijuana@michigan.gov](mailto:CRA-Adult-Use-Marijuana@michigan.gov).

### Amendment Applications

If you are seeking to submit a proposed change to a prequalified application or a licensed facility/establishment, follow this link [Amendment Application](#).

For more information on how to complete the amendment application and the required documentation, follow this link [Amendment Information](#).

If you have any questions regarding the amendment process, please email us at [CRA-Amendments@michigan.gov](mailto:CRA-Amendments@michigan.gov).

\*Applicants shall report to the agency any proposed material changes to the marihuana business before making a material change that may require prior authorization by the agency.



- ▶ [Adult-Use Step 1: Prequalification Application](#)
- ▶ [Adult-Use Step 2: License Application](#)
- ▶ [Adult-Use Special License Application](#)
- ▼ [Social Equity Application](#)
  - ☒ Social Equity Application

# Social Equity Application Instructions



- Select **Add New** to enter the individual's demographic information.

## Record Individual

Provide demographic information for the Individual seeking to participate in the social equity program by selecting "Add New" to create a new contact.

Add New



# Social Equity Application Instructions



1. Enter individual's **First Name**.
2. Enter individual's **Last Name**.
3. Enter individual's **Social Security Number**.
4. Enter individual's **Date of Birth**.
5. Enter individual's **Primary Phone Number**.
6. Enter individual's **E-mail Address**.
7. Select **Add Contact Address**. Another window will open. **Please see next page to continue.**

### Contact Information

\*First:

1

Middle:

\*Last:

2

\*SSN:

3

\*Date of Birth:

4

\*Phone:

5

\*E-mail:

6

\*Individual/Organization:

Individual

▼ Contact Addresses

Add Contact Address

7

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



# Social Equity Application Instructions



1. Mailing Address is required.
2. Enter **Street Address**.
3. Enter **City**.
4. Select to add **State**.
5. Enter **ZIP Code**.
6. Select **Save and Close**.

### Contact Address Information

\* Address Type:  

Mailing

 1

\* Address Line 1:  
 2

\* City:      \* State:      \* ZIP Code:  
 3      

--Select--

 4       5

Save and Close

Save and Add Another

Clear

 Discard Changes

6

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

▼ 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

# Social Equity Application Instructions




- Choose *Select from Account*.

### Person Completing Application

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

Select from Account



1. Select the box for *Mailing Address*.
2. 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 individual and the person completing the application, select *Continue Application*.



Continue Application

# Social Equity Application Instructions



Provide the residential address of the individual.


- Click Add An Address.

### Search for Addresses, Parcels, Owners

TYPE  
Addr... × ▼

Look Up

### Address



Add An Address

1. Enter individual's **Street Number**.
2. Enter individual's **Street Name**.
3. Enter **Street Type**.
4. Select **Unit Type**, if applicable.
5. Enter **Unit Number**, if applicable.
6. Enter individual's **City**.
7. MI is required for **State**.
8. Enter individual's **ZIP Code**.
9. After entering the residential address for the individual, select **Save Address**.
10. Then select **Continue Application**

Enter Address Information ×

STREET NO.:

STREET NAME:

STREET TYPE:  
Select ▼

UNIT TYPE:  
Select ▼

UNIT NO.:

CITY:

STATE:

Save Address

# Social Equity Application Instructions



- Use the drop-down box to select the ***Highest Level of Education*** that best applies to the individual.

## Highest Level of Education Completed

**HIGHEST LEVEL OF EDUCATION**

Please select the highest level of education that best applies to you:

--Select--

--Select--

Some High School

High School Diploma/GED

Technical/Occupational Certification

Some College

Associate Degree

Bachelor's Degree

Master's Degree

Doctorate Degree

Professional Degree (e.g. law, medical)

I do not wish to answer

# Social Equity Application Instructions



- Use the drop-down box to select the **Cannabis Industry Employment** that best applies to the individual.

A screenshot of a web form titled "Cannabis Industry Employment Status". Below the title is a section header "CANNABIS INDUSTRY EMPLOYMENT". The text "Please select the employment status within the cannabis industry that best applies to you:" is followed by a dropdown menu. The dropdown menu is open, showing a list of options: "--Select--", "--Select--", "Temporary/Part Time", "Full Time", "Licensed Establishment Owner", "Unemployed/Seeking Employment", "Full-Time Student", "Disabled", "Not in the cannabis industry yet", and "I do not wish to answer". A green arrow points to the dropdown menu.

- **Note:** The individual will need to provide their job title if **Temporary/Part Time** or **Full Time** employment are chosen.

A screenshot of the same web form, but now the dropdown menu is set to "Temporary/Part Time". Below the dropdown menu is a text input field labeled "Job Title: \*". A green arrow points to the "Job Title" field.

# Social Equity Application Instructions



- Use the drop-down box to select the ***Income from the Previous Tax Year*** that best applies to the individual.

## Individual Income from the Previous Tax Year

### INDIVIDUAL INCOME

What is your individual income for the previous tax year? (Do not include income from other members in your household) Please select the level of income that best applies to you:

--Select--

--Select--  
0 - 9,699  
9,700 - 39,474  
39,475 - 84,199  
84,200 - 160,724  
160,725 - 204,099  
204,100 - 510,299  
510,300+  
I do not wish to answer

# Social Equity Application Instructions



- Use the checkboxes to select all the ***Barriers to Entry in the Cannabis Industry*** that best apply to the individual.
- After entering the social equity information for the individual, select ***Continue Application***.

### Barrier to Entry in the Cannabis Industry

**BARRIER TO INDUSTRY**  
What is your largest barrier to entry in the cannabis industry? Please select all that apply

Funding:

Location:

License Type(s) Not Available:

Need Core Business Classes:

Need Industry Training:

No Issues:

Other Barrier:

☐  
☐  
☐  
☐  
☐  
☐  
☐



Save and resume later

Continue Application »

# Social Equity Application Instructions



- Select **Yes** or **No** to the two Marijuana-related conviction questions.

## Marijuana-Related Convictions

### MARIJUANA-RELATED CONVICTIONS

Have you had a marijuana-related felony conviction (with the exception of distribution of a controlled substance to a minor):

Have you had a marijuana-related misdemeanor conviction:

☐ Yes ☐ No

☐ Yes ☐ No





# Social Equity Application Instructions




- Select **Yes** or **No** to the registered primary caregiver question.

## Registered Primary Caregiver

**REGISTERED PRIMARY CAREGIVER**

Were you a registered primary caregiver for at least 2 years between 2008 and 2017:

☐ Yes ☐ No



# Social Equity Application Instructions




- Select **Yes** or **No** to residency in a disproportionately impacted community question.

## Residency in a Disproportionately Impacted Community

**FEE REDUCTION FOR RESIDENCY**  
[List of Communities](#)

Have you resided in one or more disproportionately impacted communities for at least 5 cumulative years out of the past 10 years? Select "List of Communities" above for a complete list:

☐ Yes ☐ No



# Social Equity Application Instructions



- If you answered yes to the residency question, select Add a Row as many times as necessary to disclose the requested information for at least 5 cumulative years out of the past 10 years.
- If you answered no to the residency question, do not add a row and select *continue application*.

### Residency in a Disproportionately Impacted Community

**RESIDENCY OF INDIVIDUAL**

If you answered yes to the above question, provide the disproportionately impacted communities where you have lived for 5 cumulative years out of the past 10 years. Select "Add a Row" to add each disproportionately impacted community in which you have resided

Showing 0-0 of 0

Disproportionately Impacted Community (County)	Date Residency Began	Date Residency Ceased
No records found.		

**Add a Row** **Edit Selected** **Delete Selected**

**RESIDENCY OF INDIVIDUAL**

If you answered yes to the above question, provide the disproportionately impacted communities where you have lived for 5 cumulative years out of the past 10 years. Select "Add a Row" to add each disproportionately impacted community in which you have resided

\*Disproportionately Impacted Community (County):

\*Date Residency Began:

Date Residency Ceased:

**Submit** **Cancel**

1. Select *Disproportionately Impacted Community*.
2. Select *Date Residency Began*.
3. Select *Date Residency Ceased*.
  - If this is your current residence, leave this field blank.
4. Select *Submit*.

- After disclosing the necessary information, select *Continue Application*.

**Continue Application**

# Social Equity Application Instructions



- 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 your application being placed in inactive status or in the denial of your application.
- Each document in the checklist must be uploaded individually or documents of the same category can be combined and uploaded as a single PDF.

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

Attachment

Please attach the following documents:

Residency Documents  
Residency documents are required for EACH year of residency. You will need to prove residency for at least 5 cumulative years out of the past 10 years that you have lived in a disproportionately impacted community. Each document should have your name, residential address, and year. Please find examples of what is accepted, but NOT limited to below:

- Mortgage Statements
- Lease/Rental Agreements
- Property Tax Documents
- Tax Returns
- W-2 Forms
- Paystubs
- Insurance Statements
- College Tuition Statements
- Utility Statements

Marijuana-Related Felony Conviction  
Include a copy of judgment of sentence or other documents.

- Judgment of Sentence
- Order on Application to Set Aside Conviction, if expunged
- Other conviction documents
- Other documents should include the applicant's name, applicant's date of birth, the name of the marijuana-related felony conviction, and the date of the conviction.

Marijuana-Related Misdemeanor Conviction  
Include a copy of judgment of sentence or other documents.

- Judgment of Sentence
- Order on Application to Set Aside Conviction, if expunged
- Other conviction documents
- Other documents should include the applicant's name, applicant's date of birth, the name of the marijuana-related misdemeanor conviction, and the date of the conviction.

Registered Primary Caregiver  
Caregiver Authorization for Release of MMMP Information form with a valid driver's license or State-issued personal identification photo.

\*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 affect eligibility for the social equity program.

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; l; mhtml; msc; msp; mst; php; pif; scr; sct; shb; sys; vb; vbe; vbs; vxd; wsc; wsf; w file types are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
No records found.				

Add

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; l; mhtml; msc; msp; mst; php; pif; scr; sct; shb; sys; vb; vbe; vbs; vxd; wsc; wsf; w file types to upload.

Continue

Add

Remove All

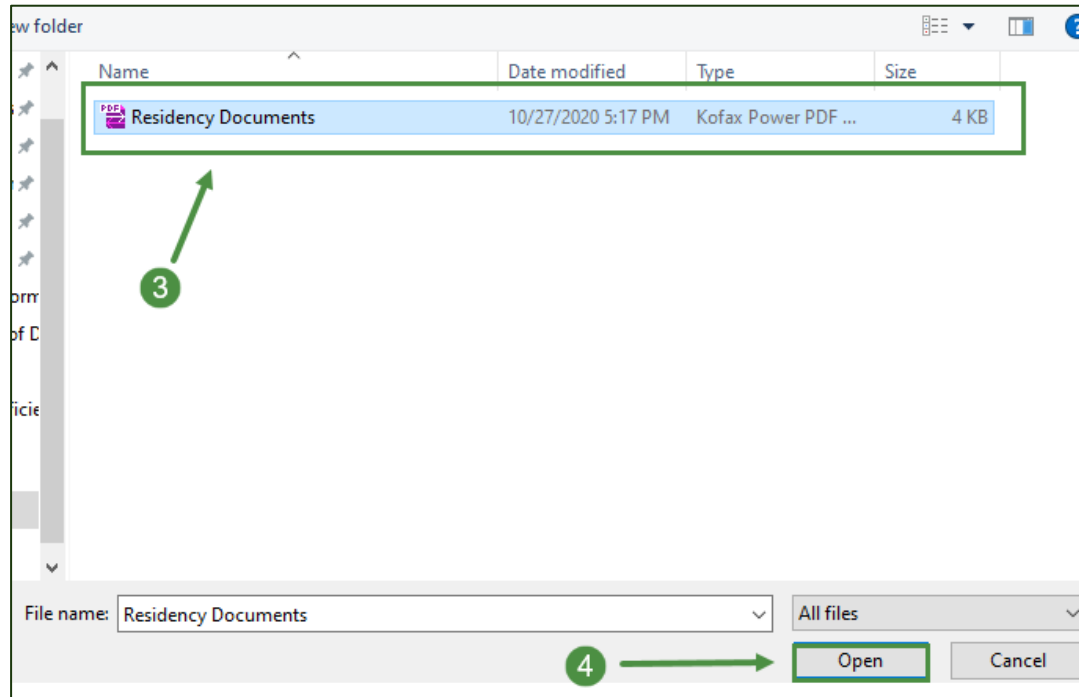
# Social Equity Application Instructions



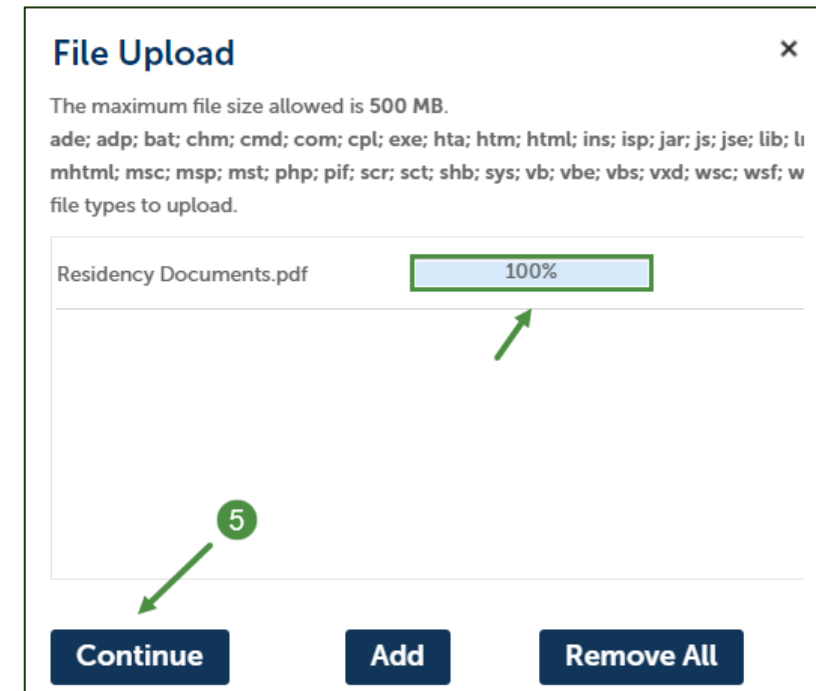
3. **Select** file(s).

4. **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, Residency Documents PDF should be named "Residency Documents."



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



# Social Equity Application Instructions



6. Select document **Type**.
  7. 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 Residency Documents, you must select the “Residency Documents” type.
  8. Select **Save**.
- ***You must repeat the process depicted for the Residency Documents for all applicable documents on the checklist.***

A screenshot of a web application form for uploading documents. The form has a light gray background. At the top, there is a label "\*Type:" followed by a dropdown menu currently showing "--Select--". A green circle with the number "6" is next to the dropdown, with a green arrow pointing to it. Below this is a "File:" section showing "Residency Documents.pdf" and a progress bar at "100%". Underneath is a "Description:" label followed by a large text area. A green circle with the number "8" is next to the text area, with a green arrow pointing to it. At the bottom left of the form is a "spell check" link. At the bottom are three dark blue buttons: "Save", "Add", and "Remove All". To the right of the form, a dropdown menu is open, showing a list of document types: "--Select--", "Caregiver Authorization for Release of MMMP Information", "Marijuana-Related Felony Conviction", "Marijuana-Related Misdemeanor Conviction", "Other", and "Residency Documents". A green circle with the number "7" is next to the "Residency Documents" option, with a green arrow pointing to it. The "Residency Documents" option is highlighted with a light gray background.

# Social Equity Application Instructions



- 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:

Residency Documents  
Residency documents are required for EACH year of residency. You will need to prove residency for at least 5 cumulative years out of the past 10 years that you have lived in a disproportionately impacted community. Each document should have your name, residential address, and year. Please find examples of what is accepted, but NOT limited to below:

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Marijuana-Related Misdemeanor Conviction  
Include a copy of judgment of sentence or other documents.

- Judgment of Sentence
- Order on Application to Set Aside Conviction, if expunged
- Other conviction documents
- Other documents should include the applicant's name, applicant's date of birth, the name of the marijuana-related misdemeanor conviction, and the date of the conviction.

Registered Primary Caregiver  
Caregiver Authorization for Release of MMMP Information form with a valid driver's license or State-issued personal identification card with photo.

\*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 affect eligibility for the social equity program.

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; wad; wsc; wsf; wsh are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
Residency Documents.pdf	Residency Documents	3.55 KB	11/05/2020	Actions ▾
Caregiver Authorization for Release of MMMP Information.pdf	Caregiver Authorization for Release of MMMP Information	3.61 KB	11/05/2020	Actions ▾
Marijuana-Related Felony Conviction.pdf	Marijuana-Related Felony Conviction	3.61 KB	11/05/2020	Actions ▾
Marijuana-Related Misdemeanor Conviction.pdf	Marijuana-Related Misdemeanor Conviction	3.61 KB	11/05/2020	Actions ▾

Add

Save and resume later

Continue Application »

# Social Equity Application Instructions



- After reviewing social equity 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: 10/27/2020

Save and resume later

Continue Application



# Social Equity Application Instructions



- The social equity 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](#)

**Social Equity Application**

1 Demographic Information


2 Application Information

3 Attachments

4 Review


5 Record Issuance

**Step 5 : Record Issuance**



Your social equity application has been successfully submitted.  
Please print a copy of this page for your records.

Thank you for using our online services.  
**Your Record Number is AU-SEA-000101.**



# Social Equity Application Instructions



- The person completing the application and the social equity applicant will receive the below email containing:
  - The record number.
  - The record name.

Dear Social Equity Applicant,

You have submitted an application for social equity to determine your eligibility for adult-use fee reductions. The application information is below.

**Record Name:** Social Equity Applicant

**Record Number:** AU-SEA-000101

The Cannabis Regulatory Agency has received your social equity application and will begin review. A letter will be sent via email once an eligibility determination has been made or if more information is required.

If there are any questions regarding this application, please contact the Cannabis Regulatory Agency via telephone at (517) 284-8599 or via email at [CRA-SocialEquity@michigan.gov](mailto:CRA-SocialEquity@michigan.gov).

Thank you,

Cannabis Regulatory Agency

Social Equity Program

(517) 284-8599

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

[www.michigan.gov/CRA](http://www.michigan.gov/CRA)

# **Social Equity Application Instructions**



**Cannabis Regulatory Agency**

**Phone:(517) 284-8599**

**Website: [www.michigan.gov/CRA](http://www.michigan.gov/CRA)**

**Email: [CRA-SocialEquity@Michigan.gov](mailto:CRA-SocialEquity@Michigan.gov)**