



## Social Equity Plan Amendment Form

Please provide the following information regarding the licensee:

<b>Main Applicant Legal Entity Name</b>	<b>ERA or SPA Number</b> (Ex. AU-ERA-XXXXXX or AU-SPA-XXXXXX)
<b>Reason for Amendment</b>	
<b>Summary of Changes to Social Equity Plan</b> (Please attach copy of updated plan to form)	

### Person Completing Form

<b>Name</b> (First, Middle, Last)	<b>Affiliation with Entity</b>
<b>Email Address</b>	<b>Phone</b>

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date

Please send completed form and updated social equity plan to:

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

MARIJUANA REGULATORY AGENCY

2407 N GRAND RIVER AVE, LANSING, MI 48909 | (517)284-8599 | MICHIGAN.GOV/MRA  
MRA 5358 (New Feb-2021)