

DO NOT SUBMIT THIS MARIJUANA ESTABLISHMENT LICENSE APPLICATION UNLESS YOUR MARIJUANA ESTABLISHMENT WILL BE READY TO PASS ALL PRE-LICENSURE INSPECTIONS WITHIN 60 DAYS OF SUBMISSION.

Failure to pass all pre-licensure inspections within 60 days may result in the denial of the license application.

This application must be completed in its entirety upon submission. If the Cannabis Regulatory Agency (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 5 calendar days of the date the applicant received the notice of deficiency. The failure of an applicant to completely correct a deficiency within 5 days of notification by the CRA may result in the denial of the application.

Cannabis Regulatory Agency Phone:(517) 284-8599 Website: www.michigan.gov/CRA Email: CRA-Adult-Use-Marijuana@Michigan.gov



Adult-Use Marijuana Establishment Licensing Application Process

Before initiating the application process, be advised the following documents are due at the time of application submission:

Establishment License Application Link to Attestations

- Attestation 2-A Acknowledgment & Consent to Investigations, Statute & Rule Compliance
- Attestation 2-B Interest & Experience Attestation
- Attestation 2-C Confirmation of Section 6 Compliance
- Attestation 2-D Confirmation of Insurance
- Acknowledgment of Attestations

Business Specification

- 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
- 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)

*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.



Adult-Use Marijuana Establishment Licensing Application Process

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





Adult-Use Marijuana Establishment Licensing Application Process

• Select Adult-Use Establishment Licensing.

Home	Medi	ical Facility Lic	ensing	Adult	-Use Establishment Licensing	Facility	& Establishment Complaints	Registry Cards
Dashboa	rd	My Records	My Ac	count	Advanced Search			
Welcom	ne							
You are no	w logge	ed in.						

• Select Create an Application.

Home	Medical Facility Licensing	Adult-Use Establishment Licensing	Facility & Establishment Complaints	Registry Cards		
Create an Application Search Applications						



- Read the *General Disclaimer*.
- Check the box stating *I have read and accepted the above terms*.
- Select 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 hours a day.	d update information, pay fees, and track the status of your application all from the convenience of your home or office, 24
Please "Allow Pop-ups from This Site" before proceeding. You must accept the General I	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 »	



- Select the arrow next to Adult-Use Step 2: License Application.
- Select Class A Marijuana Microbusiness.
- Select Continue Application.

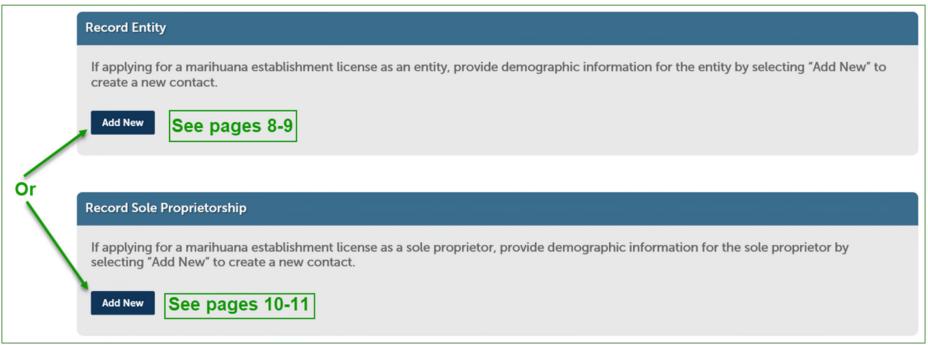


Continue Application



- For a main applicant entity seeking to hold a marijuana establishment state license, provide demographic information for the main applicant entity by selecting *Add New*.
 - See pages 8-9 for a main applicant entity.
- For a main applicant individual (sole proprietor) seeking to hold a marijuana establishment state license, provide demographic information for the main applicant individual (sole proprietor) by selecting *Add New*.
 - See pages 10-11 for a main applicant individual (sole proprietor).

Note: you must *Add New* for either Record Entity OR Record Sole Proprietorship.





Adult-Use Marijuana Establishment Licensing Application Process

For a main applicant entity:

Main applicant individuals (sole proprietors) skip to page 10.

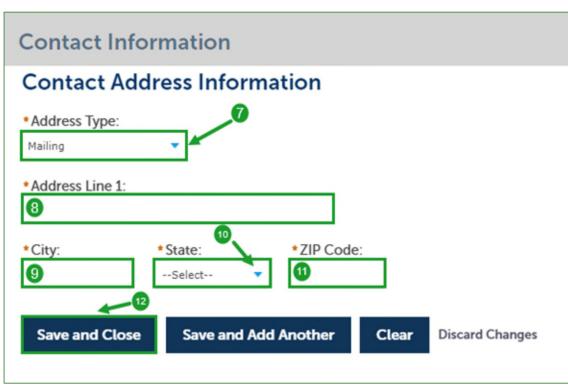
- Enter *Main Applicant Entity* name.
- Enter *Assumed Name* if operating publicly with a name other than the main applicant entity name. Separate multiple assumed names with commas.
- Enter Federal Employer Identification Number (FEIN).
- Enter *Phone Number*.
- Enter *E-mail Address*.
- Select *Add Contact Address.* Another window will open. Please see next page to continue.

Contact Inform	nation	
*Entity Name: 1 *FEIN: *P 3	hone:	Assumed Name: 2 * E-mail:
 Individual/Organization Organization Contact Addresses Add Contact Addresses	6	
To edit a contact address, cli Required contact address typ Showing 0-0 of 0	pe(s):Mailing	
Address Type No records found.	Address	
Continue Clea	r Discard Changes	



For a main applicant entity:

- Mailing Address type is required. Please note: the physical license will be sent to this address.
- Enter *Street Address*.
- Enter *City*.
- Select to add State.
- Enter **ZIP Code**.
- Select Save and Close.



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

✓ Contact Addresses	Contact Addresses								
Add Contact Address To edit a contact address, click the address link. Required contact address type(s):Mailing									
						 Contact address ad 	Ided successfully.		
Showing 1-1 of 1									
Address Type	Address								
Mailing									
Continue Clea	Continue Clear Discard Changes								



Adult-Use Marijuana Establishment Licensing Application Process

For a main applicant individual (sole proprietor):

Main applicant entities skip to page 12.

- Enter Sole Proprietor's *First Name*.
- Enter Sole Proprietor's Last Name.
- Enter Sole Proprietor's *Date of Birth (DOB)*.
- Enter Sole Proprietor's Social Security Number (SSN).
- Enter Sole Proprietor's *Phone Number*.
- Enter Sole Proprietor's *E-mail Address*.
- Enter Sole Proprietor's Doing Business As (DBA), if applicable.
- Select *Add Contact Address.* Another window will open. **Please see next** page to continue.

First:	Middle:	* Last:			
Date of Birth:	* SSN: 4	FEIN:	* Phone:]	
E-mail:					
Doing Business As (D	BA) Name:				
-					
Individual/Organiza	tion:				
	tion:				
Individual	- 8				
Individual Contact Addresses	Ress Click the address lin	ık.			
Individual Contact Addresses Add Contact Add To edit a contact address,	Ress Click the address lin	ık.			
Individual Contact Addresses Add Contact Add To edit a contact address, Required contact address	Ress Click the address lin	ık.			



Adult-Use Marijuana Establishment Licensing Application Process

For a main applicant individual (sole proprietor):

- Mailing Address type is required. Please note: the physical license will be sent to this address.
- Enter Street Address.
- Enter *City*.
- Select to add State.
- Enter **ZIP Code**.
- Select *Save and Close*.

Contact Information
Contact Address Information
Address Type: Mailing Address Line 1:
City: * State: * ZIP Code:
Image: Save and Close Save and Add Another Clear Discard Changes

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

✓ Contact Addresses								
Add Contact Addre	Add Contact Address							
	To edit a contact address, click the address link. Required contact address type(s):Mailing							
Contact address address	ded successfully.							
Showing 1-1 of 1								
Address Type	Address							
Mailing								
(5								
Continue Clea	r Discard Changes							



• Choose Select from Account.

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

- Select the box for *Mailing Address.*
- Select Continue.



• After entering the demographic information for the main applicant and the person completing the application, select *Continue Application*.





Adult-Use Marijuana Establishment Licensing Application Process

Provide the physical address of the marijuana establishment seeking a state license.

- Enter establishment *Street Number*.
- Enter establishment *Street Name*.
- Select Street Type.
- Select Unit Type, if applicable.
- Enter Unit Number, if applicable.
- Enter establishment *City*.
- MI is required for *State*.
- Enter establishment **ZIP Code**.

Establishment Address						
Provide the physical address of the marihuana establishment seeking a state license.						
Street No.: Street Name: Street Type: 1 2 Select						
Unit Type: Unit No.:						
City: State: Zip: MI Or 8						
Clear						

- Enter Establishment *Location Zoning Category*.
- Select Continue Application.

Business Location Zoning Category
LOCATION ZONING CATEGORY Provide the establishment location zoning category: Ex. agriculture, commercial



• Select *Add a Row* to provide information regarding the ownership of the marijuana establishment to be licensed. Please note, this table pertains to the ownership of the physical marijuana establishment as opposed to the ownership of the main applicant.

Establishment Ownership Info	rmation							
OWNERSHIP INFORMATION Provide the following information regarding ownersh Showing 0-0 of 0	ip of the marihuana establishment to) be licensed.						
Property Tax ID Number	Owner of Record	Property Street Address	City	State	Zip	Type of Ownership	or Use Interest	
No records found.								
								•
Add a Row v Edit Selected Del	ete Selected		NFORMATION ng information regar	ding ownersh	ip of the marih	uana establishment to be	licensed.	×
• • • • •	Enter Property Tax ID Nu Enter Owner of Record . Enter Property Street Ad Enter City . Enter State . Enter ZIP Code . Enter Type of Ownership Click Submit .	Inder. Idress. • City: • Type of Own Ex. own, rent, la	D Number: (?) (1) (4) (4) (4) (4) (5) (4) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	erest:	Owner of State: Select	Record: ⑦	Property Street Address: (3) Zip: (6)	
							CRA 547	76 - 14

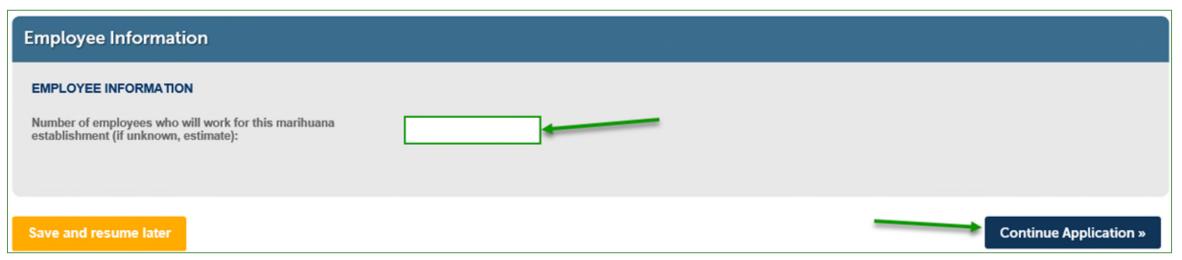


- Enter Name of municipality in which the marijuana establishment will be located.
- Enter *City of Municipality*.
- Select State of Municipality.
- Enter *Zip Code of Municipality*.
- Enter *County of Municipality*.
- Select Continue Application.

Municipality Information				
MUNICIPALITY INFORMATION				
Name of municipality in which the marihuana establishment will be located:				
City of Municipality:				
State of Municipality:	Select	•		
Zip Code of Municipality:				
County of Municipality:	Select	•		
Save and resume later			\rightarrow	Continue Application



- Enter the number of employees who will work for this marijuana establishment (if unknown, estimate).
- Select *Continue Application*.





Adult-Use Marijuana Establishment Licensing Application Process

- 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 the denial of your application.
- Each document in the checklist must be uploaded individually; documents cannot be combined and uploaded as a single PDF.

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

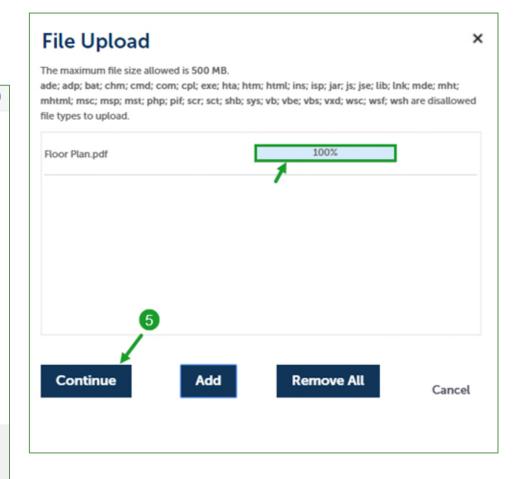
Attachment								
Please attach the following do	cuments:							
Establishment License Applica -Attestation 2-A – Acknowle -Attestation 2-B – Interest & -Attestation 2-C – Confirma -Attestation 2-D – Confirma -Acknowledgment of Attest	dgment & Consent to Inve Experience Attestation tion of Section 6 Complian tion of Insurance		ile Compliance					
Business Specifications -Copy of Certificate of Use a -Copy of deed or lease agre -Copy of proof of financial r -Copy of marihuana busines -Copy of floor plan -Copy of floor plan -Copy of business plan, inclu -Technology plan -Marketing plan -Staffing plan -Inventory and recordkee -DBA documentation (if app -Certificate of Assumed Nam	ement esponsibility (e.g., insurand s location plan uding but not limited to: bing plan licable) (obtained at count	y-level)			File Upload The maximum file size allow ade; adp; bat; chm; cmd; cc mhtmi; ms; msp; mst; php; file types to upload.	m; cpl; exe; hta; htm;		
*All applicable items on the cl *Failure to submit any of the in The maximum file size allowed is 500 MB. ade;adp;batchm;cmd;comcpl;wer;hahn This application type requires you to submit Roor Plan, Deed/Lesse Agreement, Attesta Marihuana Business Location Plan	ems may result in the den chemLincisp.jar.js.jsc.ilb.inkmde.mht the following types of documents. Su ion 2-A, Attestation 2-B, Attestation 2	al of your application. minimizmsc:mspcmst.php.pif.scr. bject to the collected information. -C, Attestation 2-D, Certificate of	sct.shb;sys.vb;vbe;vbs,vxd,wsc;ws you may be required to submit ad	ditional documents				
Name Type No records found.	Size	Latest Update	Action			2		
Add					Continue	Add	Remove All	Cance



- Select and 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, the Floor Plan PDF should be named "Floor Plan".

New folder						III -	
* ^	Name	^	Date modified	Туре	S	ize	
5 18	📸 Floor Plan		3/31/2020 11:43 AM	Kofax Power Pl	DF	4 KE	3
tior 🖈	1						-
r nP≠	3						
rov st	•						
emica							
nna Cc							
ap Prc							
ns to :							
itate c							
~							
File nam	ne: Floor Plan			~ AI	l Files		~
				4 → 	Open		Cancel

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





- Select document Type.
 - 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 the Floor Plan, you must select the "Floor Plan" type.
- Select Save.
- You must repeat the process depicted for the Floor Plan for all applicable documents on the checklist.

* Type: Select File: Floor Plan.pdf 100%	Attestation 2-A Attestation 2-B Attestation 2-C Attestation 2-D Business Plan Certificate of Assumed Name Certificate of Use and Occupancy DBA Documentation Deed/Lease Agreement Floor Plan Marihuana Business Location Plan NCS - Financial Institution Release and Authorization for Information Other
Description:	Proof of Financial Responsibility Public Contact Form
spell check Save Add Remove All	

Acknowledgment of Attestations



Adult-Use Marijuana Establishment Licensing Application Process

• After all applicable documents have been uploaded and their corresponding document types have been selected and saved, select *Continue Application.*

ice Attestation iction 6 Compliar surance pancy lity (e.g., insuranc s plan not limited to: obtained at count licable) (obtained re required to be p result in the deni	e policy, constant value b y-level) from LARA Corporations I provided at the time of app ial of your application.	ond) Division) plication submission.
6 Consent to Inve ce Attestation inction 6 Complian surance pancy lity (e.g., insurance a plan not limited to: obtained at county licable) (obtained re required to be p result in the deni	re policy, constant value b y-level0 from LARA Corporations I provided at the time of ap iat of your application.	ond) Division) plication submission.
lity (e.g., insurance a plan not limited to: obtained at county licable) (obtained re required to be p result in the deni	y-level) from LARA Corporations I provided at the time of app ial of your application.	Division) plication submission.
	I-C, Attestation 2-D, Certificate of Use	shicrys, vbc/bsc/bsc/wst, visit, wsc;wst; u may be required to submit add a and Occupancy, Proof of Finan
Size	Latest Update	Action
3.55 KB	04/01/2020	Actions -
1.55 KB	04/01/2020	Actions
3.55 KB	04/01/2020	Actions -
3.55 KB	04/01/2020	Actions
3.55 KB	04/01/2020	Actions -
	<prev 1="" 2<="" td=""><td>3 Next ></td></prev>	3 Next >
		3.55 KB 04/01/2020



- After reviewing the marijuana establishment state license 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 a information has been omitted. By checking the box below, I understand and agree that I am electronically signing and filing this application.	and that no material
	~
✓ By checking this box, I agree to the above certification.	Date: 11/08/2021
Save and resume later	Continue Application



• The marijuana establishment state license application has now been submitted. Retain a copy of the record number.

Home Medical Facility Lic	ensing Adult-Use Establishment I	icensing Facility & Establishme	ent Complaints Registry Cards	
Create an Application	Search Applications			
Class A Marihuana Microbusin	less			
1 Demographic Information	2 Establishment Information	3 Attachments	4 Review	5 Record Issuance
	been successfully submitted. ord and retain a copy for your records.			
Thank you for using our online service: Your Record Number is AU-MBA				



- The person completing the application and the main applicant will receive the below email containing:
 - The license application number.
 - The application name.

Dear Entity 1, LLC,
You have successfully submitted your application for licensure. Below is the application record number and name. Make sure to retain this number for your records.
License Application Number: AU-MBA-A-000026
Application Name: Entity 1, LLC
You can also view the application for licensure status under the MY RECORDS tab on the citizen portal.
Thank you,
Cannabis Regulatory Agency
Adult-Use Licensing (517) 284-8599
CRA-AdultUseLicensing@michigan.gov
www.michigan.gov/cra



Adult-Use Marijuana Establishment Licensing Application Process

Cannabis Regulatory Agency Phone:(517) 284-8599 Website: www.michigan.gov/CRA Email: CRA-Adult-Use-Marijuana@Michigan.gov