

Main Applicant Sole Proprietor Instructions

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

Main Applicant Sole Proprietor Instructions

Adult-Use Marijuana Establishment Licensing Application Process

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.

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

Attestations [Link to Attestations](#)

- Attestation 1-A – Acknowledgment, Agreement, & Consent
- Attestation 1-B – Verification & Affidavit of Full Disclosure
- Attestation 1-C – Authorization to Release Information
- Attestation 1-D – Acknowledgment of Federal Law & Release of Liability
- Attestation 1-E – Confirmation of Tax Compliance
- Acknowledgment of Attestations (signed and notarized)

Identity Documents

- Copy of government issued ID
- DBA documentation (if applicable) (obtained at county-level)
- Social equity plan

Tax/financial Documents

- W2s and/or 1099s for most recent year (if no W2s or 1099s exist, submit an explanation)
- Copy of notice of tax liability due (if applicable)

Regulation Documents

- Copy of marijuana licenses (if applicable)
- Summary of facts and circumstances concerning license denial, restriction, suspension, revocation, or nonrenewal (if applicable)

Criminal & Civil Litigation History

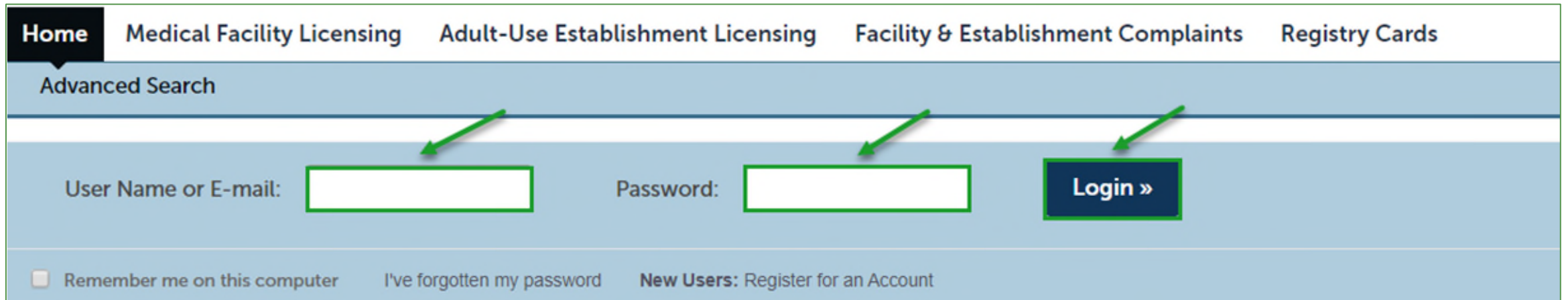
- Copy of litigation documents (if applicable)
- Copy of criminal history documents (if applicable)

***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.**

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

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

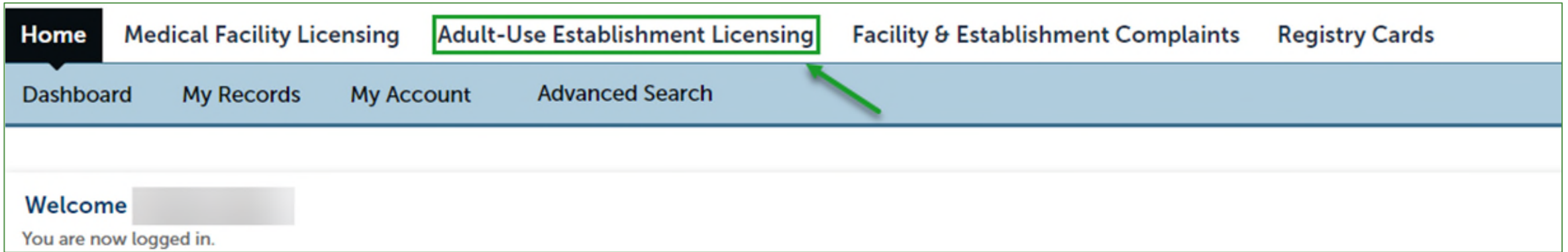
Login »

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

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



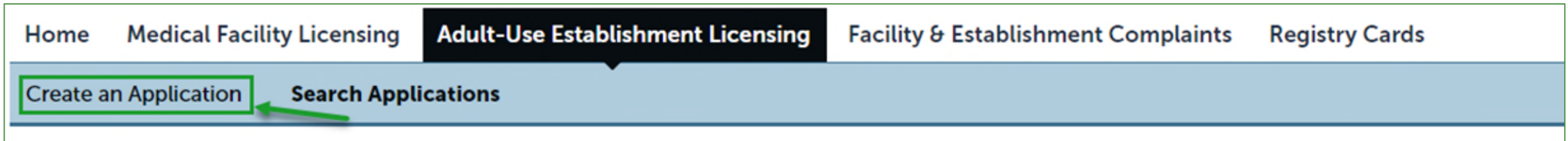
The screenshot shows the top navigation bar of the Cannabis Regulatory Agency website. The 'Adult-Use Establishment Licensing' menu item is highlighted with a green box. A green arrow points to this menu item. Below the navigation bar, there is a 'Welcome' message and a 'You are now logged in.' notification.

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

Dashboard My Records My Account Advanced Search

Welcome [redacted]
You are now logged in.

- Select **Create an Application**.



The screenshot shows the top navigation bar of the Cannabis Regulatory Agency website. The 'Adult-Use Establishment Licensing' menu item is highlighted with a black background. Below it, the 'Create an Application' menu item is highlighted with a green box. A green arrow points to this menu item. The 'Search Applications' menu item is also visible.

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

Create an Application Search Applications

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- 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 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.

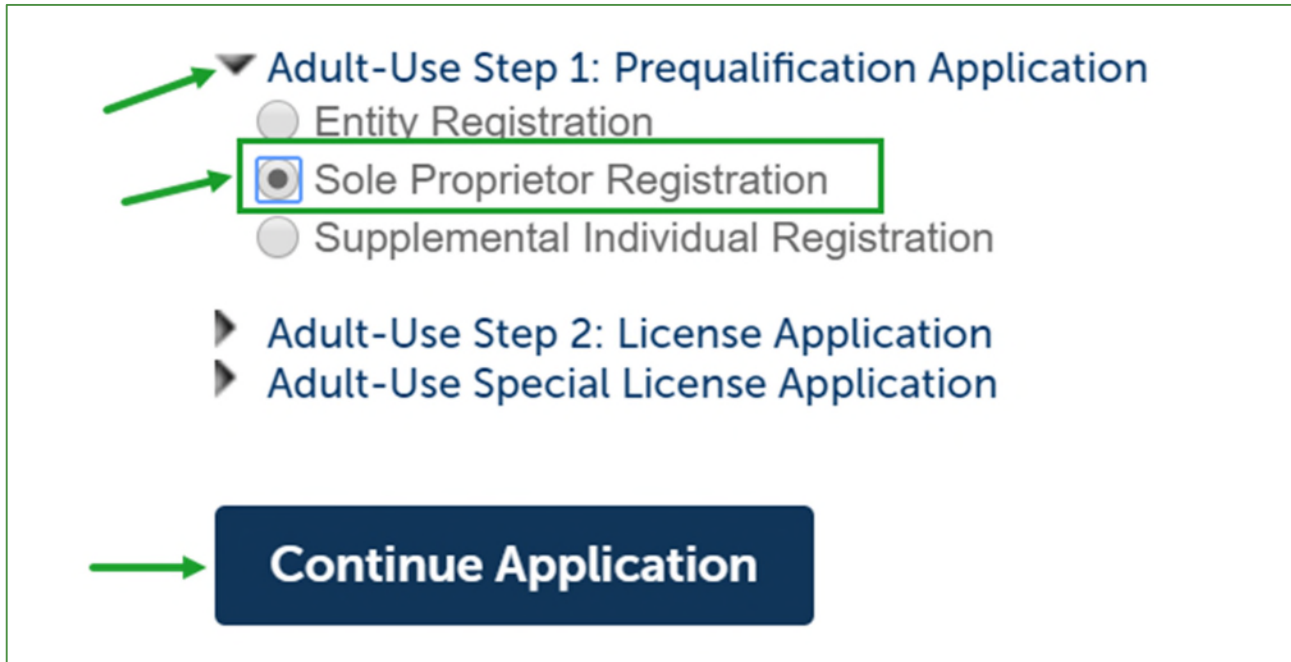
☒ I have read and accepted the above terms.

Continue Application »

Main Applicant Sole Proprietor Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- Select the arrow next to **Adult-Use Step 1: Prequalification Application**.
- Select **Sole Proprietor Registration**.
- Select **Continue Application**.



The screenshot shows a web interface for the application process. It features a list of options with radio buttons and a 'Continue Application' button. Green arrows point to the 'Adult-Use Step 1: Prequalification Application' header, the 'Sole Proprietor Registration' radio button (which is also enclosed in a green box), and the 'Continue Application' button.

▼ Adult-Use Step 1: Prequalification Application

☐ Entity Registration

☒ Sole Proprietor Registration

☐ Supplemental Individual Registration

▶ Adult-Use Step 2: License Application

▶ Adult-Use Special License Application

Continue Application












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Adult-Use Marijuana Establishment Licensing Application Process


- Select the adjacent box next to the license type(s) for which the sole proprietor intends to apply in step two. The selection is not permanent until the step two establishment license application is submitted.
- Select ***Continue Application***.

License Types

LICENSE TYPE
Indicate the license type(s) for which the sole proprietor intends to apply in step two. This selection is not permanent until step two of the application is completed.

Class A Marihuana Grower:	 <input type="checkbox"/>
Class B Marihuana Grower:	 <input type="checkbox"/>
Class C Marihuana Grower:	 <input type="checkbox"/>
Excess Marihuana Grower:	 <input type="checkbox"/>
Designated Consumption Establishment:	 <input type="checkbox"/>
Marihuana Event Organizer:	 <input type="checkbox"/>
Marihuana Microbusiness:	 <input type="checkbox"/>
Marihuana Processor:	 <input type="checkbox"/>
Marihuana Retailer:	 <input type="checkbox"/>
Marihuana Safety Compliance Facility:	 <input type="checkbox"/>
Marihuana Secured Transporter:	 <input type="checkbox"/>

[Save and resume later](#)

 [Continue Application](#)


Main Applicant Sole Proprietor Instructions

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

Record Sole Proprietorship

Provide demographic information for the sole proprietor seeking a state license by selecting "Add New" to create a new contact.

Add New 

Main Applicant Sole Proprietor Instructions

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- 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 **Doing Business As (DBA)**, if applicable.
- The **Individual** will be selected for the sole proprietor.
- Select **Add Contact Address**. Another window will open. **Please see next page to continue.**

Contact Information

* First:

1

Middle:

* Last:

2

* Date of Birth:

3

* SSN:

4

FEIN:

* Phone:

5

* E-mail:

6

Doing Business As (DBA) Name:

7

* Individual/Organization:

Individual

8

▼ Contact Addresses

Add Contact Address

9

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.	

Main Applicant Sole Proprietor Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- ***Mailing Address** type is required.
- 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:

11

* City:

12

* State:

13
--Select--

* ZIP Code:

14

Save and Close

Save and Add Another

Clear

Discard Changes

- **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	16

Continue

Clear

Discard Changes

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- Select **Add New** as many times as necessary to list all associated individuals.
 - List the spouse of the sole proprietor.
 - List all managerial employees – managerial employees are employees who control and direct the affairs of the marijuana establishment and/or make policy concerning the marijuana establishment.

Associated Individuals

List the spouse of the sole proprietor and all managerial employees.

- Managerial employees are employees who control and direct the affairs of the marihuana establishment and/or make policy concerning the marihuana establishment

Add New

1

Showing 0-0 of 0

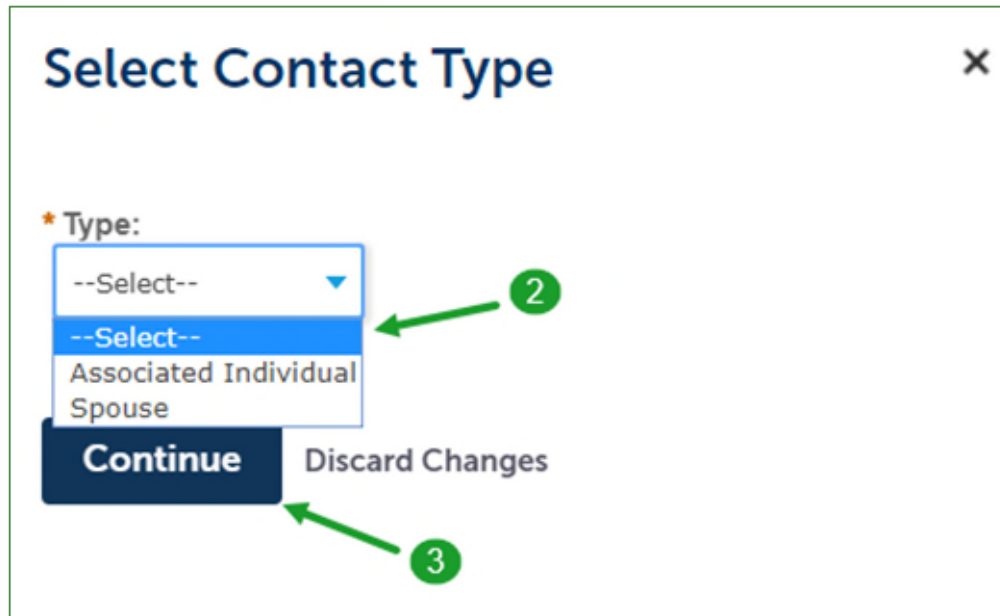
Full Name	Business Name	Contact Type	E-mail	Action
-----------	---------------	--------------	--------	--------

< >

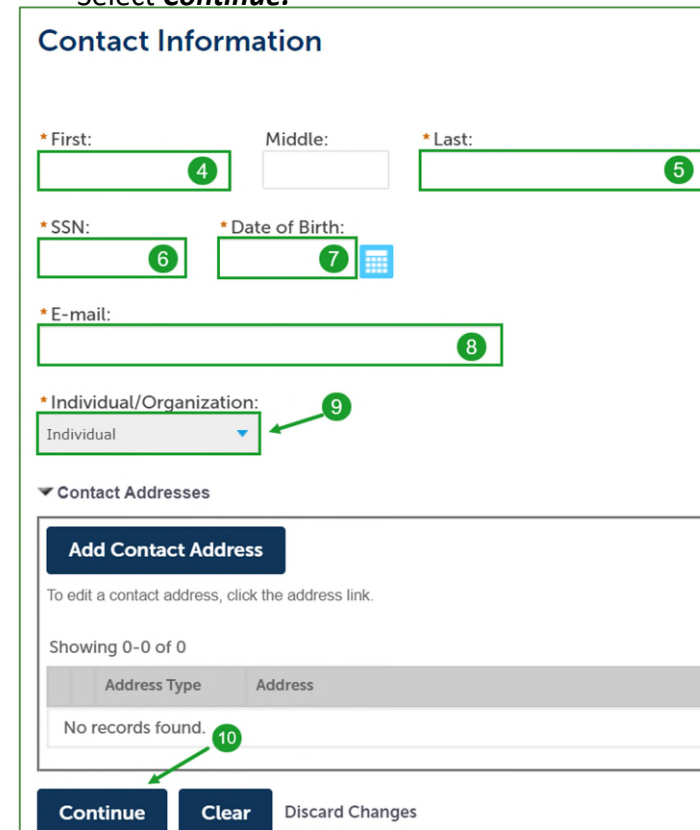
Main Applicant Sole Proprietor Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- Select the drop-down arrow to choose the **Contact Type**.
 - Choose the “Spouse” contact type for the spouse of the sole proprietor.
 - Choose the “Associated Individual” contact type for managerial employees.
- Select **Continue**.



- Enter the associated individual’s **First Name**.
- Enter the associated individual’s **Last Name**.
- Enter the associated individual’s **Social Security Number**.
- Enter the associated individual’s **Date of Birth**.
- Enter the associated individual’s **E-mail**.
- ***Individual** will be selected for the sole proprietor.
- Adding a contact address is optional.
- Select **Continue**.



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- Choose **Select from Account**.

Person Completing Application

Please provide the contact 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**.

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	

Continue

Discard Changes

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- **Is the sole proprietor applying under the social equity program?** Select **Yes** or **No**.
 - If applying under the social equity program, all participants must first be determined eligible with the social equity program prior to filling out the main applicant sole proprietor application.
 - Do not complete the main applicant sole proprietor application until all social equity participants have been determined eligible with the social equity program

Social Equity

SOCIAL EQUITY

*Is the sole proprietor applying under the social equity program:

☐ Yes ☒ No

- If the sole proprietor is applying under the social equity program, select **Add a Row** as needed to disclose all eligible social equity participant names and social equity participant numbers.
- Select **Continue Application**.

Social Equity Participant Information

SOCIAL EQUITY PARTICIPANTS

If you answered yes to the above question, you must provide the social equity participant name and social equity participant number below. Select "Add a Row" to add the social equity participant information.

Showing 0-0 of 0

First	Middle	Last	Social Equity Participant Number
No records found.			

Add a Row Edit Selected Delete Selected

Save and resume later

Continue Application

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- Select **Add a Row** if the sole proprietor has operated under a prior name(s) within the past 3 years. To add multiple prior names, select **Add a Row** multiple times.
- If the sole proprietor has not operated under a prior name within the past 3 years, do not add a row.

Sole Proprietor Prior Names


PRIOR NAMES
Provide any prior names used by the sole proprietor during the past 3 years. Add additional rows if necessary.

Showing 0-0 of 0

Prior Name	Date Use Began	Date Use Ceased
------------	----------------	-----------------

< >

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





- Enter the sole proprietor's **Prior Name**.
- Enter **Date Use Began**.
- Enter **Date Use Ceased**.
- Select **Submit**.


PRIOR NAMES ✕

Provide any prior names used by the sole proprietor during the past 3 years. Add additional rows if necessary.

• **Prior Name:** 1

• **Date Use Began:** 2 

• **Date Use Ceased:** 3 

Submit  **Cancel**

Main Applicant Sole Proprietor Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- Select **Add a Row** if the sole proprietor has any prior addresses within the past 3 years.
- If the sole proprietor has not operated under a prior address, do not add a row.

Sole Proprietor Prior Addresses

PRIOR ADDRESSES

Provide any prior addresses used by the sole proprietor during the past 3 years. Add additional rows if necessary.

Showing 0-0 of 0

Prior Street Address	City	State	Zip	Date Use Began	Date Use Ceased
<div> <div> Add a Row Edit Selected Delete Selected </div> </div>					

- Enter **Prior Street Address**.
- Enter **City**.
- Select **State**.
- Enter **Zip Code**.
- Enter **Date Use Began**.
- Enter **Date Use Ceased**.
- Select **Submit**.
- Select **Continue Application**.

PRIOR ADDRESSES

Provide any prior addresses used by the sole proprietor during the past 3 years. Add additional rows if necessary.

1

2

3

--Select--

4

5

6

Submit

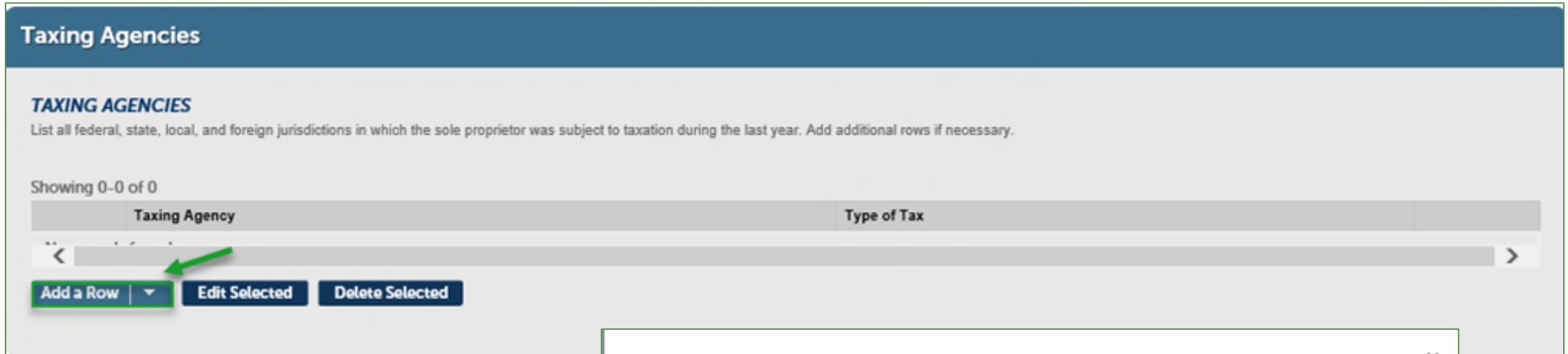
Cancel

Continue Application

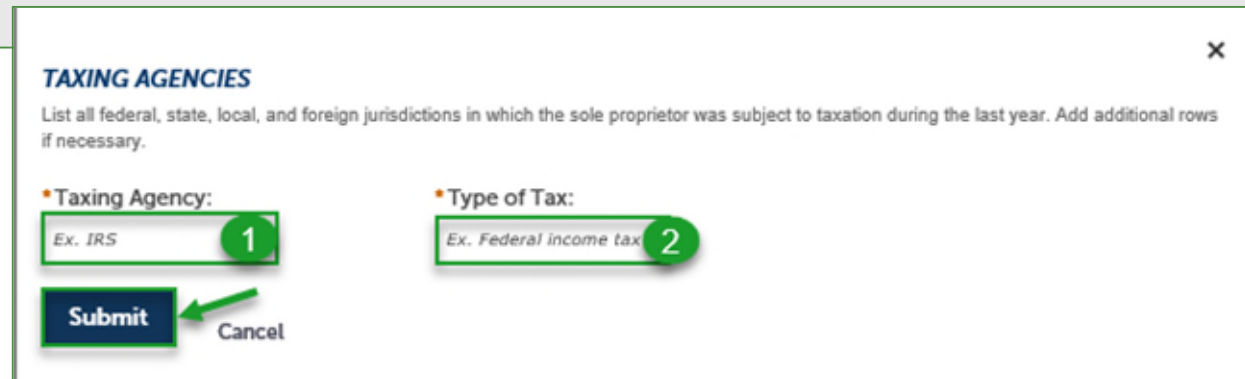
Main Applicant Sole Proprietor Instructions

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- Select **Add a Row** as many times as necessary to list all federal, state, local, and foreign jurisdictions in which the main applicant sole proprietor was subject to taxation during the last 12 months.



- Enter **Taxing Agency**.
- Enter **Type of Tax**.
- Select **Submit**.



Main Applicant Sole Proprietor Instructions

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- Answer the tax compliance question as it pertains to the main applicant sole proprietor by selecting **Yes** or **No**.

Tax Compliance

TAX COMPLIANCE

Has the sole proprietor ever been served with, or had filed against them, a complaint or other notice regarding the delinquent payment of any tax required under federal, state, local, or foreign jurisdictions: ☐ Yes ☐ No ←

- If you answered yes to the above question, select **Add a Row** as many times as necessary to disclose the requested information for each delinquent tax payment.
- If you answered no to the above question, do not add a row.

Tax Compliance

TAX COMPLIANCE

If you answered yes to the above question, provide the requested information for each delinquent tax payment. Add additional rows if necessary.

Showing 0-0 of 0

Taxing Agency	Type of Tax	Tax Year	Amount
No records found.			

Add a Row
Edit Selected
Delete Selected

- Enter **Taxing Agency**.
- Enter **Type of Tax**.
- Enter **Tax Year**.
- Enter **Delinquent Amount**.
- Select **Submit**.

TAX COMPLIANCE

If you answered yes to the above question, provide the requested information for each delinquent tax payment. Add additional rows if necessary.

*Taxing Agency:

 1

*Type of Tax:

 2

*Tax Year:

 3

*Amount:

 4

Submit
Cancel

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

→ Continue Application


Main Applicant Sole Proprietor Instructions

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- Select **Yes** or **No** to the three Government Regulation questions.


Government Regulation

GOVERNMENT REGULATION

Is the sole proprietor subject to government regulation in any jurisdiction:  ☐ Yes ☐ No

Does the sole proprietor hold any commercial licenses (not including the license they are currently applying for): ☐ Yes ☐ No

Has the sole proprietor ever applied for or been granted any commercial license or certificate issued by a licensing authority in any jurisdiction that has been denied, restricted, suspended, revoked, or not renewed: ☐ Yes ☐ No



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- Select **Add a Row** to disclose the sole proprietor's direct or indirect ownership interest(s) in other marijuana business entities.
- If the sole proprietor does not have any other marijuana business interest(s), do not add a row.

Marijuana Business Interests

MARIJUANA BUSINESS INTERESTS

Provide the requested information for any interest that the sole proprietor has in any other corporation, partnership, or other business entity that is directly or indirectly involved in the growing, processing, testing, transporting, or sale of marijuana. Add additional rows if necessary.

Showing 0-0 of 0

Marijuana Business Name	License Number	State of Issuance	Country of Issuance
<div style="display: flex; justify-content: space-between; align-items: center;"> < > </div>			

Add a Row ▼

Edit Selected

Delete Selected

- Enter the **Marijuana Business Name** in which the sole proprietor has business interest.
- Enter the **License Number**.
- Select to add **State of Issuance**.
- Enter the **Country of Issuance**.
- Select **Submit**.

MARIJUANA BUSINESS INTERESTS

Provide the requested information for any interest that the sole proprietor has in any other corporation, partnership, or other business entity that is directly or indirectly involved in the growing, processing, testing, transporting, or sale of marijuana. Add additional rows if necessary.

*** Marijuana Business Name:**

License Number:

State of Issuance:

--Select--
▼

Country of Issuance:

Submit

Cancel

Main Applicant Sole Proprietor Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- Select **Add a Row** as many times as necessary to disclose all commercial licenses or certificates held by the sole proprietor.
- If the sole proprietor does not hold any other commercial licenses or certificates, do not add a row.

Commercial Licenses or Certificates

LICENSES OR CERTIFICATES
 Provide the requested information for all commercial licenses or certificates held by the sole proprietor. Add additional rows if necessary.

Showing 0-0 of 0

License or Certificate Type	Issuing Agency	License Number or Other Identifying Number
No records found		

Add a Row

Edit Selected

Delete Selected

LICENSES OR CERTIFICATES
 Provide the requested information for all commercial licenses or certificates held by the sole proprietor. Add additional rows if necessary.

* License or Certificate Type:

* Issuing Agency:

* License Number or Other Identifying Number:

Submit

Cancel

- Enter **License or Certificate Type**.
- Enter **Issuing Agency**.
- Enter **License Number or Other Identifying Number**.
- Select **Submit**.

Main Applicant Sole Proprietor Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- Select **Add a Row** as many times as necessary to disclose all commercial licenses or certificates with which the sole proprietor has had an application or license denied, restricted, suspended, revoked, or not renewed.
- If the sole proprietor does not have any other commercial licenses or certificates, do not add a row.

Commercial Licenses or Certificates Denied, Restricted, Suspended, Revoked, or Not Renewed

LICENSES OR CERTIFICATES CONT.

Provide the following information for all commercial licenses or certificates with which the sole proprietor has had an application or license denied, restricted, suspended, revoked, or not renewed.

Showing 0-0 of 0

License or Certificate Type	Issuing Agency	License Number or Other Identifying Number	Action Taken	Date Action Taken	Reason for Action
< >					

Add a Row
Edit Selected
Delete Selected

- Enter **License or Certificate Type**.
- Enter **Issuing Agency**.
- Enter **License Number or Other Identifying Number**.
- Enter **Action Taken**.
- Enter **Date Action Taken**.
- Enter **Reason for Action**.
- Select **Submit**.

LICENSES OR CERTIFICATES CONT.

Provide the following information for all commercial licenses or certificates with which the sole proprietor has had an application or license denied, restricted, suspended, revoked, or not renewed.

• License or Certificate Type:

• Issuing Agency:

• License Number or Other Identifying Number:

• Action Taken:

• Date Action Taken:

• Reason for Action:

Submit
Cancel

Main Applicant Sole Proprietor Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- Select **Add a Row** as many times as necessary to disclose any application for a commercial license or certificate in this state or any other jurisdiction that is currently pending and for which a determination has not been made. Do not include this current application for a marijuana license or any commercial license or certificate previously disclosed on this application.
- If the sole proprietor does not have any pending commercial licenses or certificates, do not add a row.

Pending Commercial License or Certificates

PENDING LICENSES OR CERTS

Disclose any application for a commercial license or certificate in this state or any other jurisdiction that is currently pending and for which a determination has not been made. Do not include this current application for a marijuana license or any commercial license or certificate previously disclosed on this application.

Showing 0-0 of 0

Commercial License or Certificate Type Applied For	Issuing Agency	Application Number or Other Identifying Number
No records found		

Add a Row
Edit Selected
Delete Selected

- Enter **Commercial License or Certificate Type Applied For**.
- Enter **Issuing Agency**.
- Enter **Application Number or Other Identifying Number**.
- Select **Submit**

PENDING LICENSES OR CERTS

Disclose any application for a commercial license or certificate in this state or any other jurisdiction that is currently pending and for which a determination has not been made. Do not include this current application for a marijuana license or any commercial license or certificate previously disclosed on this application.

*** Commercial License or Certificate Type Applied For:**

Ex. Liquor license 1

*** Issuing Agency:**

Ex. Michigan Liquor Control Commission 2

Application Number or Other Identifying Number:

Ex. L-000006789 3

Submit
Cancel

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- Select **Yes** or **No** to the three government employment questions.
- If you answered **Yes** to any of the government employment questions, please provide an **explanation**.

Government Employment

GOVERNMENT EMPLOYMENT
Do any of the following apply to the sole proprietor?

Employee, advisor, or consultant of the Marijuana Regulatory Agency:

○ Yes ○ No

Holds an elective office of a governmental unit of this state, another state, or the federal government:

○ Yes ○ No

Member of or employed by a regulatory body of a governmental unit in this state, another state, or the federal government, or employed by a governmental unit of this state:

○ Yes ○ No

If you answered yes to any of the above questions, provide an explanation. If you are an elected officer of or employee of a federally recognized Indian tribe or an elected precinct delegate, please include this information in the explanation:

Ex. I am employed by the
Michigan Department of
Licensing & Regulatory
Affairs

spell check

- Select **Continue Application**.

 **Continue Application**

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- Select **Yes** or **No** to the litigation history question.

Litigation History

LITIGATION HISTORY

Has the sole proprietor been a party to any litigation during the past five years (e.g., fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker's compensation, discrimination, and tax laws and regulations):

☐ Yes ☐ No

- If yes, select **Add a Row** as many times as necessary to provide the requested information for all litigation related to the sole proprietor (e.g. fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker's compensation, discrimination, and tax laws and regulations), pending or concluded, for the past five years.
- If the above does not apply to the sole proprietor, do not add a row.

Litigation History

LITIGATION HISTORY

If you answered yes to the above question, provide the requested information for all litigation related to the sole proprietor (e.g., fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker's compensation, discrimination, and tax laws and regulations), pending or concluded, for the past 5 years. Add additional rows if necessary.

Showing 0-0 of 0

Name of Court	Location of Court	Case Caption	Docket/Case No.	Cause of Action
< No records found				

Add a Row
Edit Selected
Delete Selected

- Enter **Name of Court.**
- Enter **Location of Court.**
- Enter **Case Caption.**
- Enter **Docket/ Case No.**
- Enter **Cause of Action.**
- Select **Submit.**

LITIGATION HISTORY

If you answered yes to the above question, provide the requested information for all litigation related to the sole proprietor (e.g., fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker's compensation, discrimination, and tax laws and regulations), pending or concluded, for the past 5 years. Add additional rows if necessary.

* Name of Court:

Ex. 18th District Court 1

* Location of Court:

Ex. Westland, MI 2

* Case Caption:

Ex. ABC Properties, Inc. v John Smith 3

* Docket/Case No.:

Ex. 2018-123456-DM 4

* Cause of Action:

Ex. Fraud, Negligence, Quiet title 5

Submit
Cancel

Main Applicant Sole Proprietor Instructions

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- For any cases that are currently initiated or pending, provide a brief ***Explanation*** regarding the allegations of the case.

Pending Litigation

PENDING LITIGATION

For any cases that are currently initiated or pending, provide a brief explanation regarding the allegations of the case:

spell check



- Select ***Continue Application***.

 **Continue Application**

Main Applicant Sole Proprietor Instructions

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- Has the sole proprietor been convicted of any crime under the laws of any jurisdiction? Select **Yes** or **No**.

Criminal Litigation History

CRIMINAL LITIGATION HISTORY

Has the sole proprietor been convicted of any crime under the laws of any jurisdiction: ☐ Yes ☐ No



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- Select **Add a Row** as many times as necessary to provide information for all convictions concerning the sole proprietor.
- If the sole proprietor does not have any convictions, do not add a row.

Convictions

CONVICTIONS

Provide the requested information for all convictions concerning the sole proprietor. Add additional rows if necessary.

Showing 0-0 of 0

Name of Offense	Felony, Misdemeanor, or Local Ordinance	Jurisdiction (State, Municipality, Federal, or Foreign)	Date	Arresting Agency	Name of Court	Location of Court	Case or Docket Number
No records found.							

Add a Row

Edit Selected

Delete Selected

- Enter **Name of Offense**.
- Enter **Felony, Misdemeanor, or Local Ordinance**.
- Enter **Jurisdiction**.
- Enter **Date of the Conviction**.
- Enter **Arresting Agency**.
- Enter **Name of Court**.
- Enter **Location of Court**.
- Enter **Case or Docket Number**.
- Select **Submit**.

CONVICTIONS

Provide the requested information for all convictions concerning the sole proprietor. Add additional rows if necessary.

Name of Offense:

Ex. OVI

1

Felony, Misdemeanor, or Local Ordinance:

2

Jurisdiction (State, Municipality, Federal, or Foreign):

Ex. State of Michigan or United States Federal Government

3

Date:

4

Arresting Agency:

Ex. East Lansing Police Dept.

5

Name of Court:

Ex. 54-B District Court

6

Location of Court:

Ex. East Lansing, MI

7

Case or Docket Number:

Ex. 2018-123456-0

8

Submit

Cancel

Main Applicant Sole Proprietor Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- Use the free form text box to disclose any charges or government investigations, whether initiated, pending, or concluded, related to the sole proprietor's business operations unless they have been previously disclosed on this application (e.g., fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker's compensation, discrimination, and tax laws and regulations).

Charges and Investigations

CHARGES AND INVESTIGATIONS

Disclose any charges and government investigations, whether initiated, pending, or concluded, related to the Sole Proprietor's business operations unless they have been previously disclosed on this application (e.g., fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker's compensation, discrimination, and tax laws and regulations):

spell check



- Select ***Continue Application***.

**Continue Application**

Main Applicant Sole Proprietor Instructions

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 the application.**
- Each document in the checklist must be uploaded individually; documents cannot be combined and uploaded as a single PDF.
 - For example, each attestation must be uploaded individually. Instead of uploading a single document containing all attestations, you must upload “Attestation 1-A”, “Attestation 1-B”, “Attestation 1-C”, etc.

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

Attachments

Please attach the following documents:

Sole Proprietor Prequalification Application [Link to Attestations](#)

- Attestation 1-A – Acknowledgment, Agreement, & Consent
- Attestation 1-B – Verification & Affidavit of Full Disclosure
- Attestation 1-C – Authorization to Release Information
- Attestation 1-D – Acknowledgment of Federal Law & Release of Liability
- Attestation 1-E – Confirmation of Tax Compliance
- Acknowledgment of Attestations (signed and notarized)

Identity Documents

- Copy of government issued ID
- DBA documentation (if applicable) (obtained at county-level)
- Social equity plan

Regulation Documents

- Copy of marijuana licenses (if applicable)
- Summary of facts and circumstances concerning license denial, restriction, suspension, revocation, or nonrenewal (if applicable)

Tax/Financial Documents

- W2s and/or 1099s for most recent year (if no W2s or 1099s exist, submit an explanation)
- Copy of notice of tax liability due (if applicable)

Criminal and Civil Litigation History

- Copy of criminal history documents (if applicable)
- Copy of litigation documents (if applicable)

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

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;mst;php;scr;scs;shb;...
This application type requires you to submit the following types of documents. Subject to the collected information, you may upload the following types of documents: Attestation 1-A, Attestation 1-B, Attestation 1-C, Attestation 1-D, Attestation 1-E, Acknowledgment of Attestations (signed and notarized)

Name	Type	Size	Latest Update
No records found.			

Add

1

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;lnk;mde;mht;mhtml;msc;mst;php;scr;scs;shb;...
are disallowed file types to upload.

Continue

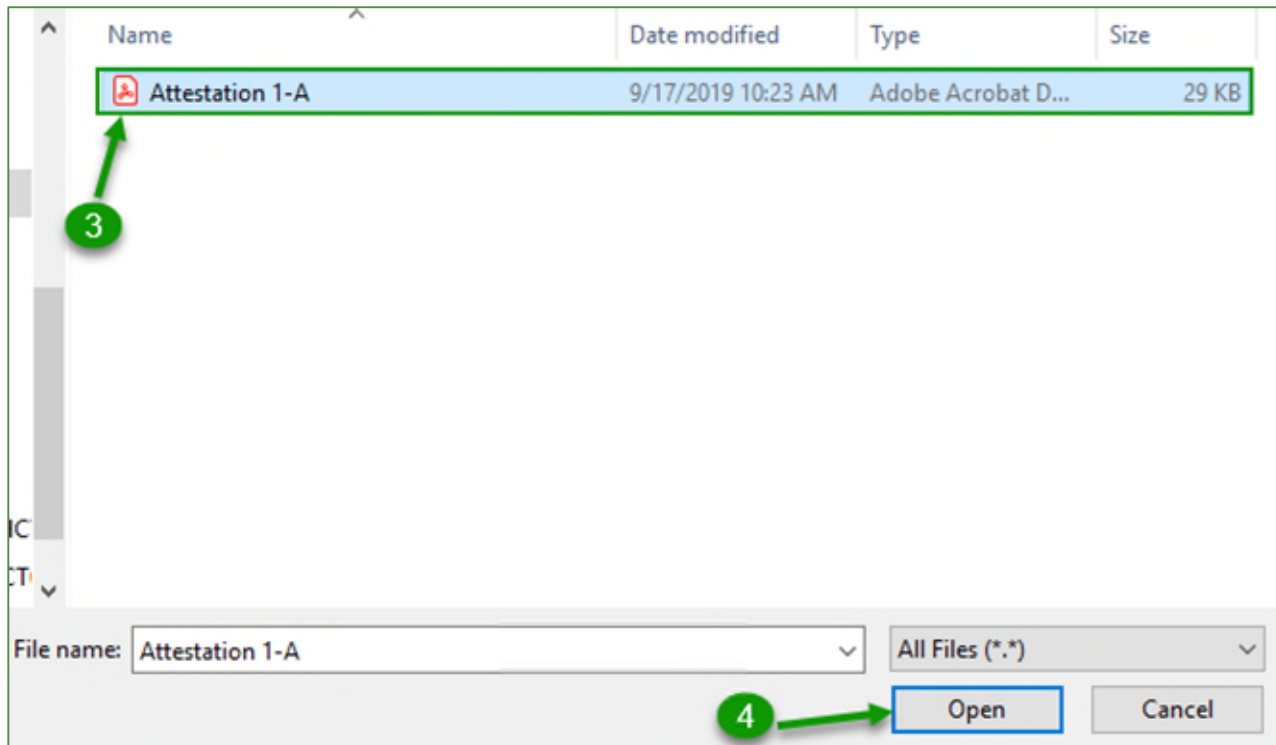
Add

Remove All

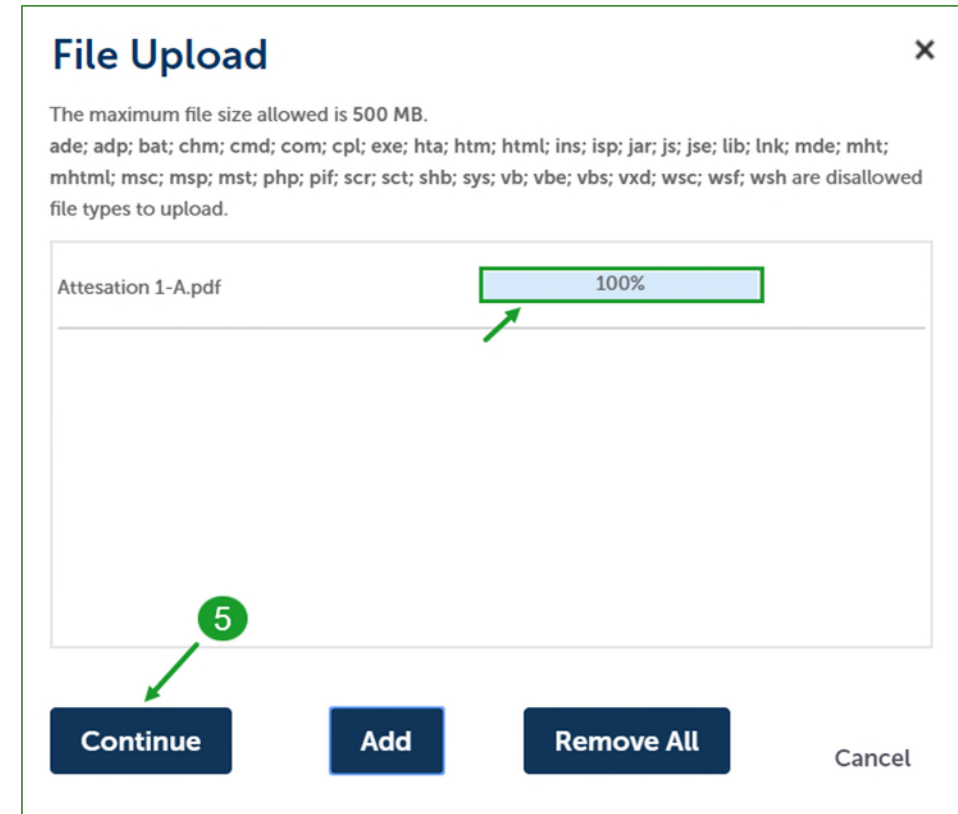
Main Applicant Sole Proprietor Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- **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 Attestation 1-A PDF should be named "Attestation 1-A".



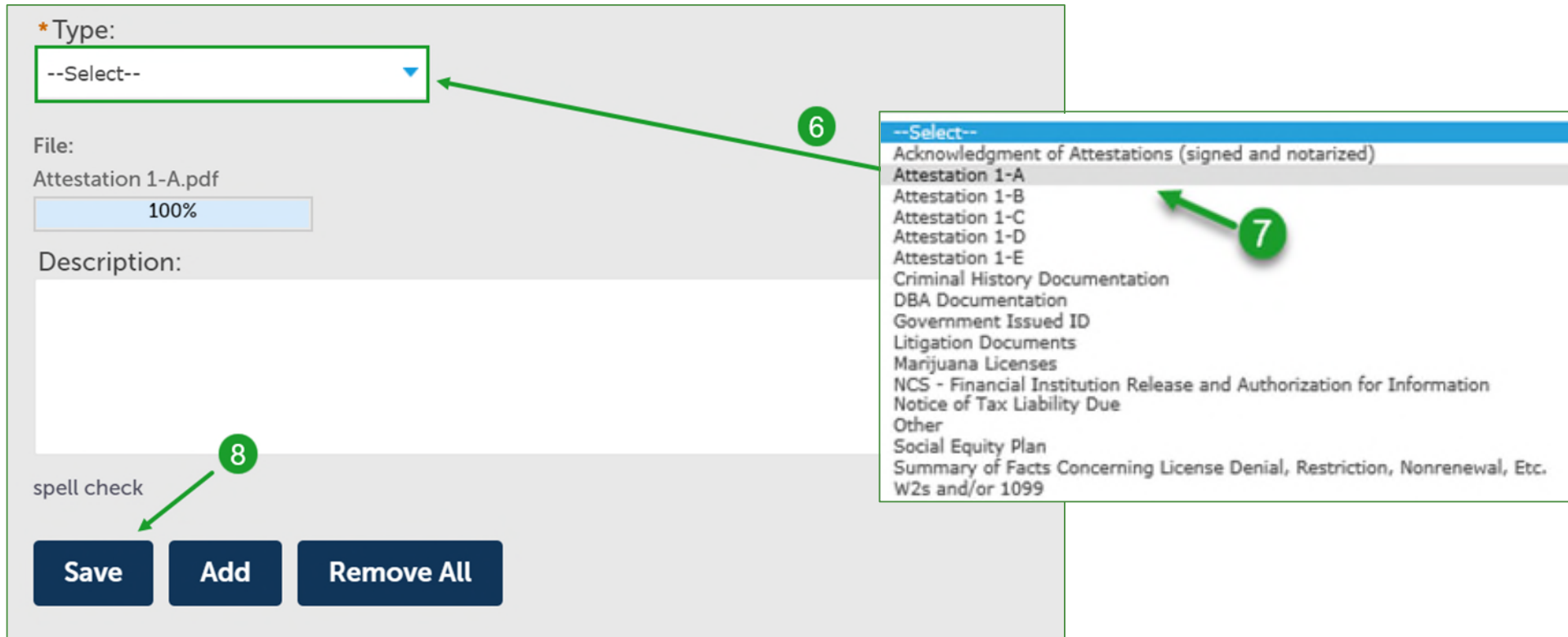
- Confirm the file(s) are 100% uploaded and select **Continue**.



Main Applicant Sole Proprietor Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- 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 Attestation 1-A, you must select the “Attestation 1-A” type.
- Select **Save**.
- **You must repeat the process depicted for Attestation 1-A for all applicable documents on the checklist.**



The screenshot shows a web form for uploading documents. It includes a dropdown menu for selecting a document type, a file upload area showing 'Attestation 1-A.pdf' at 100% completion, a description field, and a 'spell check' button. At the bottom are 'Save', 'Add', and 'Remove All' buttons. A dropdown menu is open, showing a list of document types. Numbered callouts indicate the following steps:

- 6**: Points to the document type dropdown menu.
- 7**: Points to the 'Attestation 1-A' option in the dropdown list.
- 8**: Points to the 'Save' button.

***Type:**

--Select--

File:

Attestation 1-A.pdf

100%

Description:

spell check

Save **Add** **Remove All**

--Select--

- Acknowledgment of Attestations (signed and notarized)
- Attestation 1-A
- Attestation 1-B
- Attestation 1-C
- Attestation 1-D
- Attestation 1-E
- Criminal History Documentation
- DBA Documentation
- Government Issued ID
- Litigation Documents
- Marijuana Licenses
- NCS - Financial Institution Release and Authorization for Information
- Notice of Tax Liability Due
- Other
- Social Equity Plan
- Summary of Facts Concerning License Denial, Restriction, Nonrenewal, Etc.
- W2s and/or 1099

Main Applicant Sole Proprietor Instructions

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**.

Attachments

Please attach the following documents:

Sole Proprietor Prequalification Application [Link to Attestations](#)

- Attestation 1-A – Acknowledgment, Agreement, & Consent
- Attestation 1-B – Verification & Affidavit of Full Disclosure
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- Attestation 1-D – Acknowledgment of Federal Law & Release of Liability
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- Social equity plan

Regulation Documents

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- Summary of facts and circumstances concerning license denial, restriction, suspension, revocation, or nonrenewal (if applicable)

Tax/Financial Documents

- W2s and/or 1099s for most recent year (if no W2s or 1099s exist, submit an explanation)
- Copy of notice of tax liability due (if applicable)

Criminal and Civil Litigation History

- Copy of criminal history documents (if applicable)
- Copy of litigation documents (if applicable)

*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.

The maximum file size allowed is 500 MB.
 ade;adp;bat;chm;cmd;com;cp;exe;hta;html;htm;ins;isp;jar;jsc;lib;lnk;mde;mht;mhtml;msc;mvp;mst;php;pdf;scr;scx;shb;sys;vbe;vbs;vxd;wsc;wsh are disallowed file types to upload.
 This application type requires you to submit the following types of documents. Subject to the collected information, you may be required to submit additional documents prior to approval.
 Attestation 1-A, Attestation 1-B, Attestation 1-C, Attestation 1-D, Attestation 1-E, Acknowledgment of Attestations (signed and notarized), Government Issued ID, W2s and/or 1099, Social Equity Plan

Name	Type	Size	Latest Update	Action
Attestation 1-A.docx	Attestation 1-A	14.07 KB	02/05/2021	Actions ▾
Attestation 1-B.docx	Attestation 1-B	14.12 KB	02/05/2021	Actions ▾
Attestation 1-C.docx	Attestation 1-C	14.13 KB	02/05/2021	Actions ▾
Attestation 1-D.docx	Attestation 1-D	14.13 KB	02/05/2021	Actions ▾
Attestation 1-E.docx	Attestation 1-E	14.14 KB	02/05/2021	Actions ▾

< Prev
 1
 2
 Next >

Add

Save and resume later
 Continue Application

Main Applicant Sole Proprietor Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- **Check** the box certifying that you understand:
 - The Cannabis Regulatory Agency will begin reviewing this application for prequalification when a nonrefundable application payment is submitted.
 - An email notification will be sent to the person completing the application containing instructions that detail how and when a main applicant sole proprietor should submit payment.
- Select **Continue Application**.

PAYMENT ACKNOWLEDGMENT

PAYMENT ACKNOWLEDGMENT
I understand that the Marijuana Regulatory Agency will begin reviewing this application for prequalification when a nonrefundable application payment is submitted. Further, I understand that an email notification will be sent to the person completing the application containing instructions that detail how and when a main applicant should submit payment. Please note that payment is not required for the submission of supplemental applications.

By selecting this checkbox, I certify that I have read and understand the above instructions that accompany this application: ☐

[Save and resume later](#) [Continue Application](#)

Main Applicant Sole Proprietor Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- After reviewing the main applicant sole proprietor 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.

PAYMENT ACKNOWLEDGMENT

PAYMENT ACKNOWLEDGMENT Edit

By selecting this checkbox, I certify that I have read and understand Yes
the above instructions that accompany this 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: 02/10/2021

Save and resume later Continue Application

Main Applicant Sole Proprietor Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- The main applicant sole proprietor 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](#)

Sole Proprietor Registration


1 Demographic Information

2 Application Information


3 Attachments

4 Review

5 Record Issuance

 Your application has been successfully submitted.
Please print your record and retain a copy for your records.

Thank you for using our online services.
Your Record Number is AU-SPA-000212.



Main Applicant Sole Proprietor Instructions

Adult-Use Marijuana Establishment Licensing Application Process

- The person completing the application and the main applicant sole proprietor will receive the below email containing:
 - The prequalification application number of the main applicant sole proprietor.
 - The application name.
 - Instructions regarding how and when to submit payment.
 - Instructions regarding how to track the status of submitted applications in real time.

Dear Individual One,

You have submitted a main application for prequalification. The application number is below. Make sure to retain this number for your records.

Prequalification Application Number: AU-SPA-000212

Application Name: Individual One

IMPORTANT INFORMATION REGARDING PAYMENT AND APPLICATION REVIEW

- **DO NOT submit payment until ALL supplemental prequalification applications have been submitted.** If payment is received before all supplemental applications are submitted, a notice of deficiency will be sent stating that you have 5 days to submit all supplemental applications or your application may be denied. [General Overview – Application Process](#)
- The Cannabis Regulatory Agency will begin to process your application once a \$6,000 prequalification application payment is received. [Payment Instructions](#)

You can view the main application status under the MY RECORDS tab on the citizen portal. [Application Statuses](#)

Thank you,

Cannabis Regulatory Agency

Adult-Use Licensing

(517) 284-8599

CRA-AdultUseLicensing@michigan.gov

www.michigan.gov/cra



Main Applicant Sole Proprietor Instructions

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