

Adult-Use Marijuana Establishment Licensing Application Process

**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 Marijuana Regulatory Agency (MRA) identifies a deficiency in an application, the MRA will notify the applicant. The applicant must submit all missing information or proof that the deficiency has been corrected in its entirety to the MRA 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 MRA 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 Specifications**

- 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.



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

Home	Medical Facility Licensing	Adult-Use Estab	lishment Licensing	Facility & Estab	ishment Complaints	Registry Cards
Advand	ced Search					
User	r Name or E-mail:		Password:		Login »	
🔲 Reme	ember me on this computer	e forgotten my password	New Users: Register for	r an Account		



Adult-Use Marijuana Establishment Licensing Application Process

#### • Select Adult-Use Establishment Licensing.

Home	Medi	cal Facility Lic	ensing	Adult	-Use Establishment Licensing	Facili	ty & Establishment Complaints	Registry Cards
Dashboa	rd	My Records	Му Асо	count	Advanced Search			
Welcom	ne							
You are no	w logge	d in.						

• Select Create an Application.

Home	Medical Facility Licensing	Adult-Use Establishment Licensing	Facility & Establishment Complaints	Registry Cards
Create a	an Application	lications		



- 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 an hours a day.	d update information, pay fees, and track the sta	tus 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	Disclaimer below before beginning your applica	tion.
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 Grower.
- Select Continue Application.

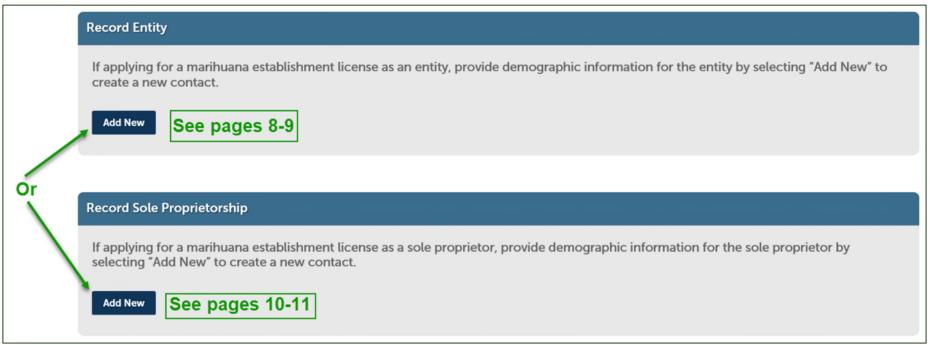




Adult-Use Marijuana Establishment Licensing Application Process

- 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.**

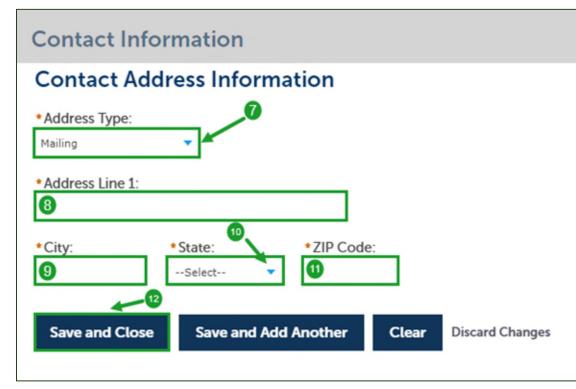
Entity Name:	Contact Infor	mation			
Individual/Organization:   Organization   Contact Addresses     Add Contact Address     To edit a contact address, click the address link.   Required contact address type(s):Mailing   Showing 0-0 of 0   Address Type     Address Type	0	Phone:	2		
Organization Contact Addresses Add Contact Address To edit a contact address, click the address link. Required contact address type(s):Mailing Showing 0-0 of 0 Address Type Address			0		
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Add Contact Address         To edit a contact address, click the address link.         Required contact address type(s):Mailing         Showing 0-0 of 0         Address Type       Address	organization	*			
Address Type Address	-	· .0			
	Contact Addresses Add Contact Add To edit a contact address,	ress click the address link.		 	
No records found.	Contact Addresses Add Contact Add To edit a contact address, Required contact address	ress click the address link.			
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	Contact Addresses Add Contact Add To edit a contact address, Required contact address Showing 0-0 of 0 Address Type	ress click the address link. type(s):Mailing			



Adult-Use Marijuana Establishment Licensing Application Process

### 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	
Add Contact Add	ress
To edit a contact address, Required contact address	
Contact address a	dded successfully.
Showing 1-1 of 1	
Address Type	Address
Mailing	
	)
Continue Cle	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.

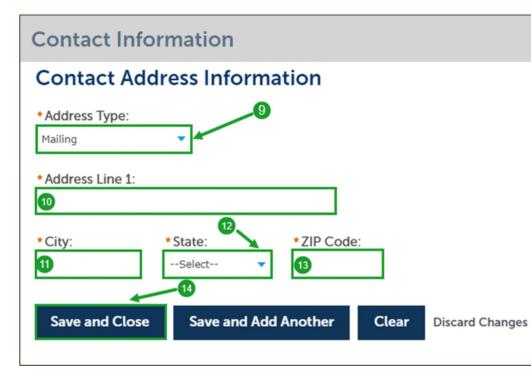
Contact Infor	mation			×
• First:	Middle:	•Last:		
Date of Birth:	*SSN:	FEIN:	* Phone: 5	
*E-mail:				
Doing Business As (D	BA) Name:			Ş
<ul> <li>Individual/Organizat</li> <li>Individual</li> </ul>	tion:			
✓ Contact Addresses	/	8		
Add Contact Add	iress			
To edit a contact address, Required contact address		k.		
Showing 0-0 of 0				
Address Type	Address			
No records found.				
Continue Cl	ear Discard C	hanges		



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 Address Added Successfully message will appear.
- Select Continue.

✓ Contact Addresses	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 add Showing 1-1 of 1	ded successfully.						
Address Type	Address						
Mailing							
Continue Clea	ar Discard Changes						



Adult-Use Marijuana Establishment Licensing Application Process

#### • 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*.

**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*.
- Enter 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 7 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



#### Adult-Use Marijuana Establishment Licensing Application Process

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 Information									
OWNERSHIP INFORMATION Provide the following information regarding ownership of the marihuana establishment to be licensed. Showing 0-0 of 0									
<ul> <li>Enter Pro</li> <li>Enter Ow</li> <li>Enter Pro</li> <li>Enter City</li> <li>Enter State</li> <li>Enter ZIP</li> </ul>	te. Code. e of Ownership or Use Inte	Property Street Address OWNERSHIP INFORMATION Provide the following information regardir Property Tax ID Number: () () () () () () () () () () () () () (	• Owner of • State: Select		e licensed. • Property Street Address: 3 • Zip: 6	×			

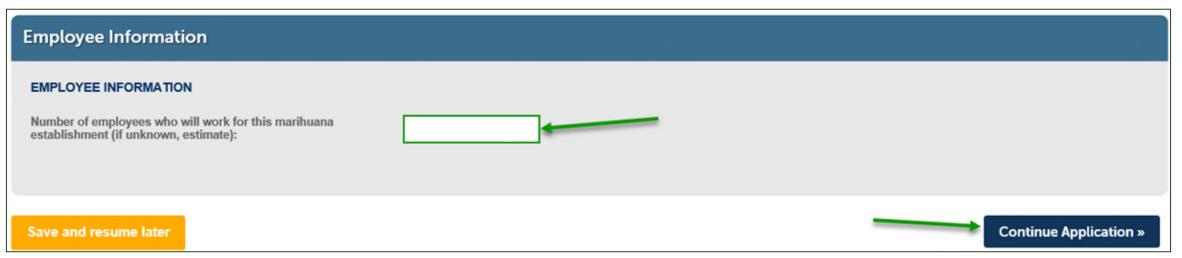


- Enter Name of municipality in which the marijuana establishment will be located.
- Enter *City of Municipality*.
- Select State of Municipality.
- Enter *Zip Code of Municipality*.
- Enter *County of Municipality*.
- Select Continue Application.

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			
		1		
Save and resume later			$\longrightarrow$	Continue Application



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





- 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.

Please attach the following documents:			
Establishment License Application Link to Attestations -Attestation 2-A – Acknowledgment & Consent to Investigation -Attestation 2-B – Interest & Experience Attestation -Attestation 2-C – Confirmation of Section 6 Compliance -Attestation 2-D – Confirmation of Insurance -Acknowledgment of Attestations Business Specifications -Copy of Certificate of Use and Occupancy -Copy of deed or lease agreement -Copy of proof of financial responsibility (e.g., insurance policy, -Copy of floor 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 LAR	constant value bond)	File Upload         The maximum file size allowed is 500 MB.         ade; adp; bat; chm; cmd; com; cpl; exe; hta; htm; html; ins; is         mhtml; msc; msp; mst; php; pif; scr; sct; shb; sys; vb; vbe; vbe;         file types to upload.	
*All applicable items on the checklist are required to be provided *Failure to submit any of the items may result in the denial of your The maximum file size allowed is 500 MB. adeadp.bat.chm.cmd.comcpl.exe.hta.htm.html:ins.isp.jar.jsjse.lib.chn.cmde.mht.mhtml.msc.z This application type requires you to submit the following types of documents. Subject to the o Floor Plan. Deed/Lease Agreement, Attestation 2-B, Attestation 2-B, Attestation 2-C, Attestation Marthuana Business Location Plan	r application. mspmstphppifscrsctabbaysvbobevbsvvd,wscwsfwsh are disalio objected information, you may be required to submit additional docume	era .	
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No records found.			

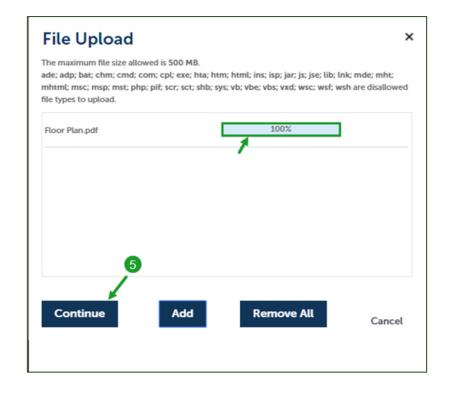


Adult-Use Marijuana Establishment Licensing Application Process

- 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 Floor Plan PDF should be named "Floor Plan".

New folde	r				i== ▼	□ ?
* ^	Name	^	Date modified	Туре	Size	
5 ×	📸 Floor Plan		3/31/2020 11:43 AM	Kofax Power PDF .	4 KB	
ior 🖈	1					
r# nP≠	3					
rov 🖈	•					
emica						
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• Confirm the file(s) are 100% uploaded and select Continue.

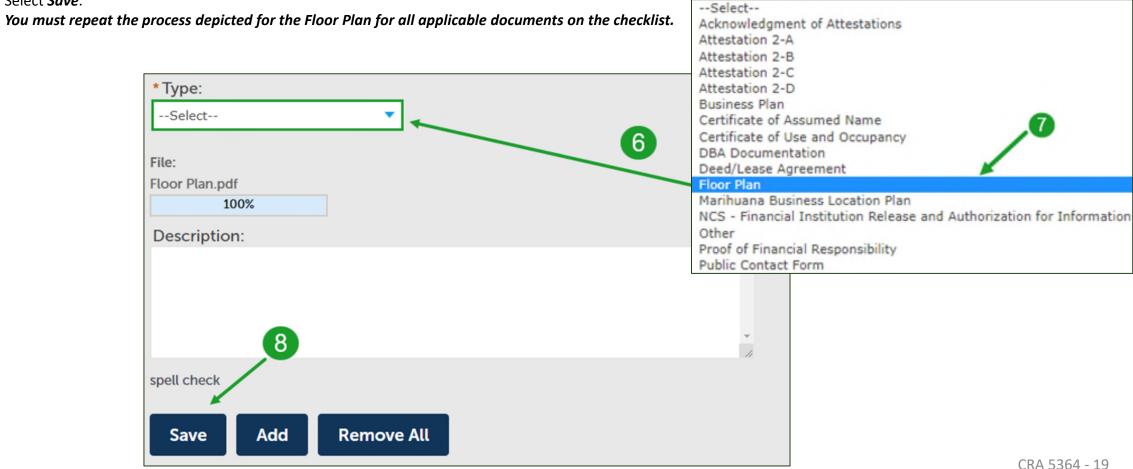




Adult-Use Marijuana Establishment Licensing Application Process

- 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 the Floor Plan, you must select the "Floor Plan" type.
- Select Save.

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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.*

Attachment									
Please attach the f	Please attach the following documents:								
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									
-Copy of deed o -Copy of proof o -Copy of marihu -Copy of floor pl -Copy of floor pl -Copy of busines -Technology p -Marketing pla -Staffing plan -Inventory and -DBA document -Certificate of As *All applicable iter *Failure to submit The maximum file size allo adeadp.bac.chm.cmd.com This appleation type repai	cate of Use and Occi r lease agreement of financial responsil ana business locatio ana business locatio ana business locatio as plan, including bu lan ation (if applicable) ssumed Name (if applicable) ssumed Name (if applicable) ssumed Name (if applicable) ms on the checklist a any of the items ma wed is 500 MB. response hashing hand, lingin res you to submit the follow remement, Americanian 2-A. Me	bility (e.g., insurand on plan it not limited to: n (obtained at count plicable) (obtained are required to be y result in the den egar/jsjec/ibink.mdcmbh	e policy, constant value y-level) from LARA Corporation provided at the time of a ial of your application.	is Division) application submission.	stwsh are disallower file fy	pes to upload. o approval. owledgment of Attest	nations, Business Plan,		
Name	Туре	Size	Latest Update	Action	-				
Attestation 2-A.pdf	Attestation 2-A	3.55 KB	03/31/2020	Actions			_		
Attestation 2-D pdf	Attestation 2-D	3.55 KB	03/31/2020	Actions					
Attestation 2-C.pdf	Attestation 2-C	3.55 KB	03/31/2020	Actions					
Attestation 2-8.pdf	Attestation 2-8	3.55 KB	03/31/2020	Actions					
Add									
Save and resume late	Save and resume later Continue Application								



- 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 and t information has been omitted. By checking the box below, I understand and agree that I am electronically signing and filing this application.	hat no material	^
			~
V	By checking this box, I agree to the above certification.	Date: 09/18/2019	
	Save and resume later	Continue Application	



Adult-Use Marijuana Establishment Licensing Application Process

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

Home Medical Facility Licensing Adult-Use Establish		blishment Licensing	Facility & Establishment Complaints	Registry Cards				
Create an A	Create an Application Search Applications							
Class A Marihuana Grower								
1	2	3	4	5 Review		6 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-GA-A-000030.								



Adult-Use Marijuana Establishment Licensing Application Process

- 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-GA-A-00030 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 <u>CRA-AdultUseLicensing@michigan.gov</u> <u>www.michigan.gov/cra</u>



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