

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 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 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.



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 | Medical I | acility Lice | ensing | Adult- | Use Establishment Licensing | Facilit | y & Establishment Complaints | Registry Cards |
|-------------|--------------|--------------|--------|--------|-----------------------------|---------|------------------------------|----------------|
| Dashboa | rd My | Records | Му Асо | count | Advanced Search | | | |
| | | | | | | | | |
| Welcom | e | | | | | | | |
| You are not | w logged in. | | | | | | | |

• Select Create an Application.

| Home | Medical Facility Licensing | Adult-Use Establishment Licensing | Facility & Establishment Complaints | Registry Cards |
|----------|----------------------------|-----------------------------------|-------------------------------------|----------------|
| Create a | an Application Search Appl | ications | | |



Adult-Use Marijuana Establishment Licensing Application Process

- 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. | nd update information, pay fees, and track the status of your application all from the convenience of your home or office, 2 |
| Please "Allow Pop-ups from This Site" before proceeding. You must accept the General | al 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 » | |



Adult-Use Marijuana Establishment Licensing Application Process

- Select the arrow next to *Adult-Use Step 2: License Application*.
- Select Marijuana Safety Compliance Facility.
- Select Continue Application.

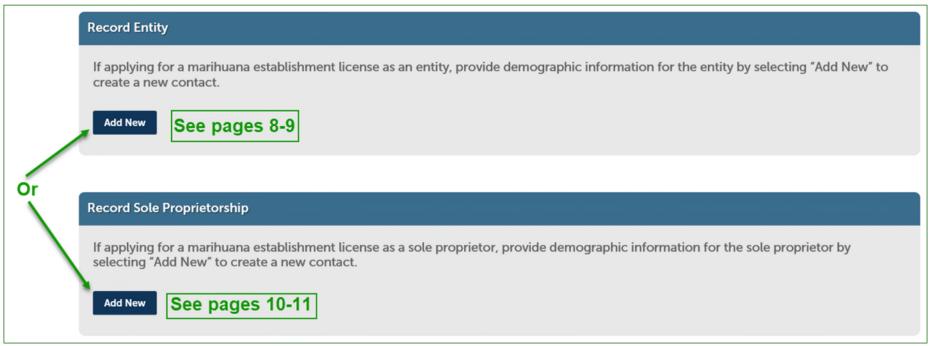




• For a main applicant entity seeking to hold a marijuana establishment state license, provide demographic information for the main applicant entity by selecting *Add New*.

- 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.

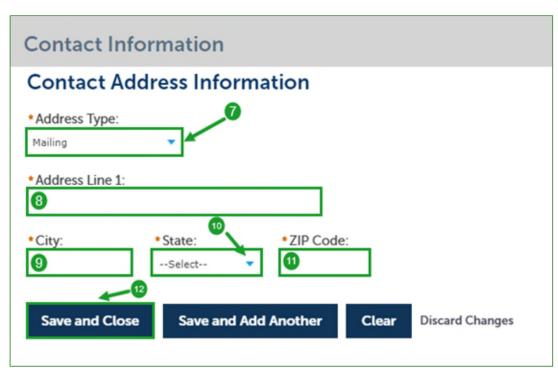
| me: Assumed Name: |
|--|
| Phone: |
| /Organization: |
| entact Address tact address, click the address link. ntact address type(s):Mailing |
| -0 of 0 Iress Type Address |
| ds found. |
| entact Address tact address, click the address link. ntact address type(s):Mailing |



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 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 |



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 Info | rmation | | | |
|--|-----------------------------------|--------|---------------|--|
| First: | Middle: | *Last: | | |
| Date of Birth: | *SSN: | FEIN: | * Phone: 5 | |
| E-mail: | | | | |
| Doing Business As (D | BA) Name: | | | |
| | | | | |
| Individual/Organiza | tion: | | | |
| | tion: | | | |
| Individual | - 8 | | | |
| Individual Contact Addresses | dress , click the address link | с. | | |
| Individual Contact Addresses Add Contact Add To edit a contact address | dress , click the address link | ĩ. | | |
| Individual Contact Addresses Add Contact Ad To edit a contact address Required contact address | dress , click the address link | | | |



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 Informat | ion | | |
|-----------------------------|--------------------|-------|-----------------|
| Contact Address | Information | | |
| * Address Type: Mailing | 9 | | |
| * City: * State 11Select | | e: | |
| Save and Close Sa | we 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 | | | | | | |
| | | | | | | |
| Continue Clear Discard Changes | | | | | | |



Adult-Use Marijuana Establishment Licensing Application Process

• Select 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 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: 2 | Street Type: |
| Unit Type: Select | |
| City: State: Zip: 6 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 |



• 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 | | | | | | | |
| Property Tax ID Number | Owner of Record | Property Street Address | City State | e Zip Type of Ownersh | nip or Use Interest | | |
| · · · · · · · · · · · · · · · · · · · | Enter Property Tax ID Nu Enter Owner of Record. Enter Ovner of Record. Enter City. Enter State. Enter ZIP Code. Enter Type of Ownership Click Submit. | Provide the fol * Property T * City: * City: * Type of Ot Ex. own, ren | IP INFORMATION lowing information regarding or ax ID Number: (?) (1) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 | wnership of the marihuana establishment • Owner of Record: (?) 2 • State: Select 5 • | to be licensed. • Property Street Address: 3 • Zip: 6 | × | |



Adult-Use Marijuana Establishment Licensing Application Process

- 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.

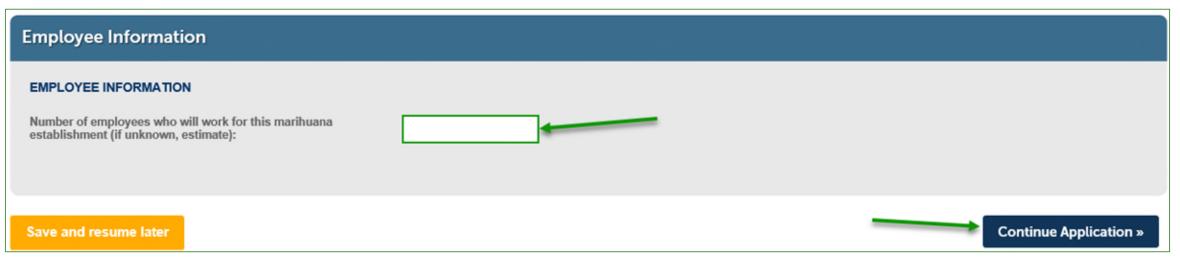
Municipality Information

| 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 | | | Continue Application |
| | | | Continue Application |



Adult-Use Marijuana Establishment Licensing Application Process

- 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 docum | ients: | | | | | | |
| Establishment License Application -Attestation 2-A – Acknowledgm -Attestation 2-B – Interest & Exp -Attestation 2-C – Confirmation -Attestation 2-D – Confirmation -Acknowledgment of Attestation | ent & Consent to Invest erience Attestation of Section 6 Compliance of Insurance | - | e Compliance | | | | |
| Business Specifications -Copy of Certificate of Use and C -Copy of deed or lease agreement -Copy of proof of financial respon- Copy of marihuana business loc -Copy of floor plan -Copy of business plan, including | nt nsibility (e.g., insurance ation plan | policy, constant value | bond) | | | | |
| -Technology plan -Marketing plan -Staffing plan -Inventory and recordkeeping -DBA documentation (if applicab -Certificate of Assumed Name (if | le) (obtained at county- | | : Division) | ade; adp; bat; c | file size allowed is 500 MB. chm; cmd; com; cpl; exe; hta 1sp; mst; php; pif; scr; sct; sh | a; htm; html; ins; isp; jar; js; jse; lib; ib; sys; vb; vbe; vbs; vxd; wsc; wsf; v | |
| *All applicable items on the checkl *Failure to submit any of the items The maximum file size allowed is 500 MB. ade:adp;bat;chm;cmd;com;cpl;exe;hia;him;him;t This application type requires you to submit the fo Floor Plan. Deed/Lease Agreement. Attestation 2: | may result in the denial | of your application. | tshb;sytvb;vb;vbs;vxd;ws;;v ou may be required to submit. | | | | |
| Name Type | A, Attestation 2-6, Attestation 2-6, | Latest Update | Action | | | | |
| No records found. | 200 | Carest Options | ACOUNT | | 2 | | |
| Add 1 | | | | Continu | ie Add | Remove All | Cancel |

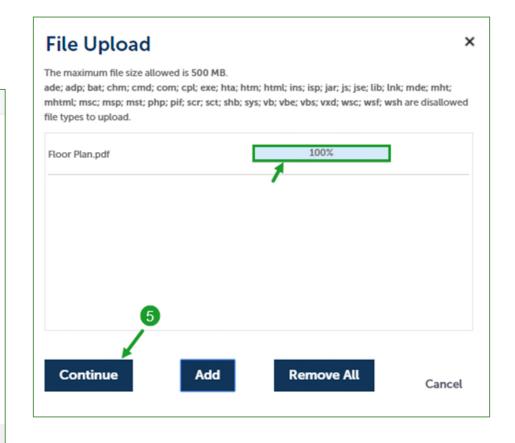


Adult-Use Marijuana Establishment Licensing Application Process

- 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 folder | | | | == - | · · · · · · · · · · · · · · · · · · · |
|------------|------------|--------------------|---------------------------------|------|---------------------------------------|
| * ^ N | ame | Date modified | Туре | Size | |
| | Floor Plan | 3/31/2020 11:43 AM | Kofax Power PDF | 4 KB | |
| ior# | 1 | | | | |
| n P 🖈 | 3 | | | | |
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| ns to : | | | | | |
| itate c | | | | | |
| ~ | | | | | |
| File name: | Floor Plan | | ✓ All Files | | ~ |
| | | | | en (| 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.

| e process depicted for the Floor Plan for all applicable documents on the checklist. | Select Acknowledgment of Attestations Attestation 2-A Attestation 2-B |
|--|---|
| * Type: Select 6 File: Floor Plan.pdf 100% | Attestation 2-D 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 |
| Description: | NCS - Financial Institution Release and Authorization for Information Other Proof of Financial Responsibility Public Contact Form |
| 8 spell check | |
| Save Add Remove All | CRA 5373 - 19 |

• You must rep



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.*

| - Attestation 2-A - Attestation 2-B - Attestation 2-C - Attestation 2-D - Acknowledgmer Nusiness Specificat - Copy of Certific - Copy of proof o - Copy of proof o - Copy of marihua | Interest & Experien Confirmation of Se Confirmation of Institution of Attestations ions ate of Use and Occup lease agreement | Consent to Inve ce Attestation ction 6 Complian surance | stigations, Statute & Rul | e Compliance | | |
|--|--|---|--|------------------------------------|---|--|
| -Copy of Certifica -Copy of deed or -Copy of proof o -Copy of marihua | ate of Use and Occup lease agreement | ancy | | | | |
| -Technology pl -Marketing plan -Staffing plan -Inventory and -DBA documenta -Certificate of As All applicable item Failure to submit a he maximum file size allo doubtpatchmcomilcom he paging for the submit of the maximum file size allo doubtpatchmcomilcom he paging for the submit of the or the submit case Age | ina business location in s plan, including but an recordkeeping plan tion (if applicable) (o sumed Name (if appli is on the checklist ar iny of the items may wel is 500 Mat. regressMather, ther, including is you to submit the following esment, Attendation 2-A, Mar | ity (e.g., insurand plan not limited to: btained at count icable) (obtained e required to be p result in the deni | -level) from LARA Corporation provided at the time of a al of your application. | s Division) pplication submissi | | |
| Karihuana Business Locatio | n Plan Type | Size | Latest Update | Action | / | |
| Attestation 2-A.pdf | Attestation 2-A | 3.55 KB | 04/02/2020 | Actions | 1 | |
| Attestation 2-8.pdf | Attestation 2-8 | 3.35 KB | 64/62/2620 | Actions • | - | |
| Attestation 2-0.pdf | Attestation 2-0 | 3.55 KB | 04/02/2020 | Actions - | | |
| Attestation 2-0.pdf | Attestation 2-C | 3.55 KB | 04/02/2020 | Actions • | | |
| Acknowledgment of | Acknowledgment of Attestations | 3.35 KB | 04/02/2020 | Actions - | | |
| Attestations.pdf | | | | | | |



- 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 information has been omitted. By checking the box below, I understand and agree that I am electronically signing and filing this application. | lete, and correct and that no material |
|---|--|
| | ~ |
| ✓ 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.

| Marihuana Safety Compliance Facility | |
|--------------------------------------|-------------------|
| 1 2 3 4 5 Review | 6 Record Issuance |



- 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-SCA-000186 |
| 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