

AMENDMENT APPLICATION

This form is for applicants that have been prequalified or licensed under the Michigan Regulation and Taxation of Marihuana Act (MRTMA) or the Medical Marihuana Facilities Licensing Act (MMFLA) to submit a request for one of the following situations:

- Change of Ownership (Adding/Removing/Change of Equity)
- Change of Entity Name
- Conversion
- Asset Purchase

Applicants/Licensees shall report to the agency any proposed material changes to the marihuana business **before** making a material change that may require prior authorization by the agency. Please be mindful of any social equity eligibility requirements prior to a change of ownership.

Supporting Documents Checklists
<p>If proposing to add members:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Amendment Application <input type="checkbox"/> Proposed Governing Documents <input type="checkbox"/> Organizational Structure <input type="checkbox"/> Authorizing Resolution <p><i>*Please note new supplemental applicants who have not already submitted a supplemental application with the CRA will be required to do so.</i></p>
<p>If proposing to remove members:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Amendment Application <input type="checkbox"/> Proposed Governing Documents <input type="checkbox"/> Organizational Structure <input type="checkbox"/> Authorizing Resolution or Withdrawal Letter
<p>If proposing change to equity only:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Amendment Application <input type="checkbox"/> Proposed Governing Documents <input type="checkbox"/> Organizational Structure <input type="checkbox"/> Authorizing Resolution
<p>If proposing a change of entity name:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Amendment Application <input type="checkbox"/> Proposed Governing Documents <input type="checkbox"/> Organizational Structure <input type="checkbox"/> Certificate of Amendment from LARA Corporations <input type="checkbox"/> Articles of Organization <input type="checkbox"/> Authorizing Resolution <input type="checkbox"/> Certificate of Occupancy (required only if licensed) <input type="checkbox"/> Insurance Policy (required only if licensed) <input type="checkbox"/> Deed or Lease Agreement (required only if licensed)
<p>If proposing a conversion from one entity type to another:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Amendment Application <input type="checkbox"/> Proposed Governing Documents <input type="checkbox"/> Organizational Structure <input type="checkbox"/> Certificate of Amendment from LARA Corporations <input type="checkbox"/> Articles of Organization <input type="checkbox"/> Authorizing Resolution <input type="checkbox"/> Certificate of Occupancy (required only if licensed) <input type="checkbox"/> Insurance Policy (required only if licensed) <input type="checkbox"/> Deed or Lease Agreement (required only if licensed)
<p>If proposing an asset purchase:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Amendment Application - Amendment Attestation completed by both parties <input type="checkbox"/> Proposed Governing Documents – Purchaser <input type="checkbox"/> Organizational Structure – Purchaser <input type="checkbox"/> Purchase Agreement <p><i>*Please note a Step 2 license application will be required to be submitted by the purchaser once instructed to do so by the CRA. Please do not file a Step 2 application until you have received the request from the CRA.</i></p>

Amendments must be filed on the Accela Citizen Access Portal. For more information about amendments, please view the [amendments webpage](#) on the CRA website. Please send all amendment-related communications to CRA-Amendments@Michigan.gov.

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General Information			
Main Applicant/Licensee Legal Name	Main Applicant/Licensee Prequalification Record Number (e.g., ERG-000000, AU-ER-000000)		
Email	Phone		
Mailing Address (including Suite, Unit, Building #'s)	City	State	Zip Code

Amendment Type
<input type="checkbox"/> Change of Ownership (Adding/Removing/Change of Equity) <input type="checkbox"/> Change of Entity Name <input type="checkbox"/> Conversion <input type="checkbox"/> Asset Purchase

Provide a Detailed Description of the Proposed Amendment (i.e., removing John Doe as 50% owner of Entity A, LLC)

Person Completing Form	
Name (First, Middle, Last):	Affiliation with Entity:
Email Address:	Phone:

AMENDMENT VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE ATTESTATION
Add additional pages of this form as necessary to account for multiple contact persons.

On behalf of _____, I _____,
Legal Name of Amendment Applicant Name & Title of Individual Authorized to Sign on Behalf of Applicant
 confirm the following:

1. I am the individual responsible for submitting this amendment application and have full authority to execute this amendment application.
2. I authorize the Cannabis Regulatory Agency (Agency) to add _____ to be a contact person for this amendment. I understand that this person will have access to this amendment record. Further, I understand that this person will retain access and is authorized to communicate with and receive communication from the Agency regarding only this amendment until the licensee submits an official request to remove this person's access and cease communication with this person. The contact information for this person is provided below.
3. The contact information to be used in communications regarding the amendment application named above is as follows:

Contact E-mail Address: _____

Contact Phone Number: _____

Contact Person's ACA Login User ID (if applicable): _____

(IMPORTANT: ACA Login User ID is required if the contact person needs to have access to online records. Please contact the Agency if you need assistance creating an ACA account.)
4. I authorize the person listed as the Person Completing Application within the demographic section of this application to be a contact person for the Agency for this amendment. I understand that this person will have access to records and material submitted to the Agency for the purposes of this amendment application. Further, I understand that this person will retain access and receive communication from the Agency regarding the applicant until the applicant submits an official request to remove this person's access and cease communication with this person.
5. I understand this requested amendment is a proposed change and cannot be executed prior to receiving approval from the Agency. To be compliant with the reporting requirements within the Michigan Regulation and Taxation of Marihuana Act (MRTMA), the Medical Marihuana Facilities Licensing Act (MMFLA), and the administrative rules: Applicants shall report to the agency any proposed material changes to the marihuana business before making a material change that may require prior authorization by the agency.
6. I affirm no conditions exist that would prevent this amendment from taking place once granted approval from the Agency.
7. Further, I affirm, under the penalties of perjury, that the information set forth in this amendment application and all related supporting documentation is true, complete, and accurate, and that no material information has been omitted. Further, I affirm all previously completed Attestations remain true, complete, and accurate, and that no material information has changed that has not been previously reported.

Signature of Individual Authorized to Sign on Behalf of Main Applicant _____
Date

Subscribed and sworn to by _____ before me on _____.
(Authorized Individual Name) (Date)

(Notary Public Signature) _____
(Notary Public Printed Name)

State of _____, County of _____, Acting in the county of _____, _____.
(county) (state)

My commission expires: _____.

MAIN ENTITY ORGANIZATIONAL STRUCTURE REQUIREMENTS & EXAMPLE

Every main entity applicant must submit an organizational structure document that includes the following:

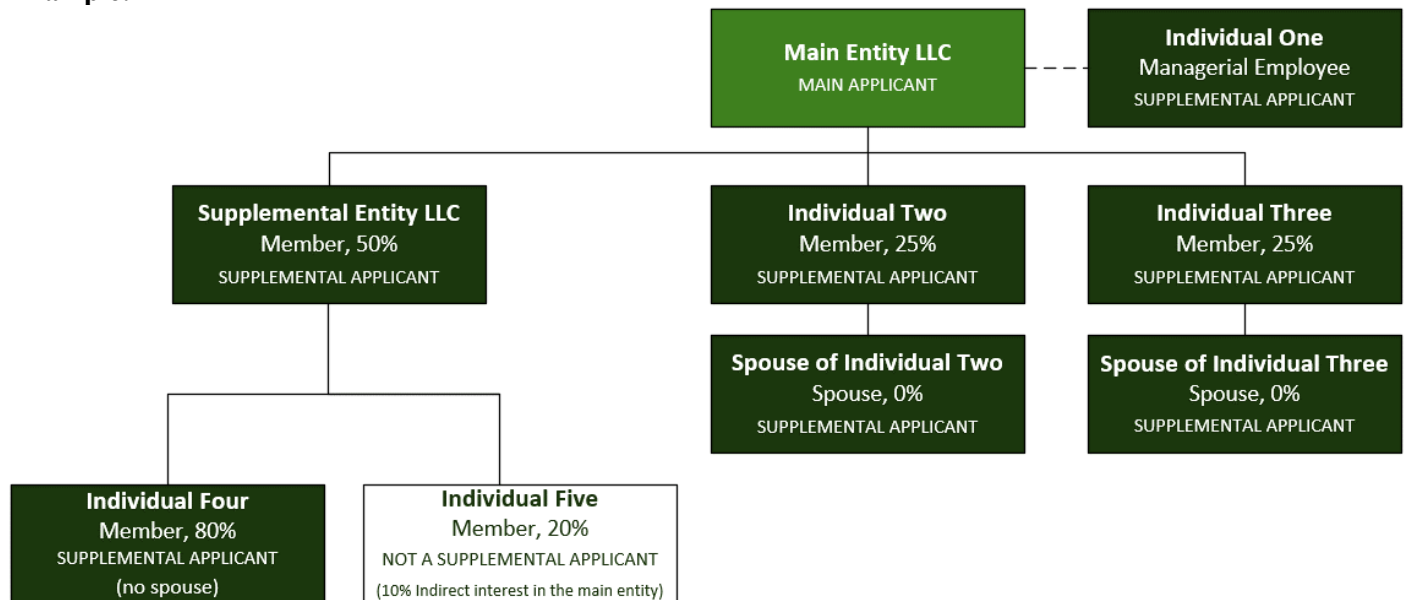
Limited Liability Company	All members, the spouses of all members holding a direct or indirect ownership interest of greater than 10% in the main applicant; all managers, and the spouses of all managers.
Publicly Held Corporation Privately Held Corporation	All corporate officers or persons with equivalent titles and their spouses; all directors and their spouses; all shareholders, and the spouses of all shareholders holding a direct or indirect ownership interest of greater than 10% in the main applicant.
Trust	All trustees; all individuals or bodies able to control or direct the affairs of the trust; all beneficiaries, and the spouses of all beneficiaries who receive or have the right to receive more than 10% of the gross or net profit of the trust during any full or partial calendar or fiscal year.
Partnership Limited Liability Partnership	All partners and the spouses of all partners.
Limited Partnership Limited Liability Limited Partnership	All general and limited partners and the spouses of all general and limited partners.
Nonprofit Corporation	All individuals and entities with membership or shareholder rights and the spouses of all individuals with shareholder rights.

Also Include:

- **All managerial employees**, if applicable
 - An employee is considered a managerial employee if they have the ability to control and direct the affairs of the marijuana business and/or have the ability to make policy concerning the marijuana business.
- **Ownership percentages**
- **Officer titles**, if applicable (e.g., President, Vice President, Treasurer, Secretary; Chief Executive Officer, Chief Financial Officer, etc.)

Those with less than 2.5% ownership interest in the main applicant and their spouses are not required to be disclosed.

Example:



Ensure all entities and individuals listed on the organizational structure are disclosed on DISCLOSURE OF OWNERSHIP on the next two pages.

