

# **Supplemental Applicant Individual Instructions**

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

**Cannabis Regulatory Agency**

**Phone: (517) 284-8599**

**Website: [www.michigan.gov/CRA](http://www.michigan.gov/CRA)**

**Email: [CRA-Adult-Use-Marijuana@Michigan.gov](mailto:CRA-Adult-Use-Marijuana@Michigan.gov)**



## **Supplemental Applicant Individual 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.

**Cannabis Regulatory Agency**

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# Supplemental Applicant Individual Instructions

## 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:**

### **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

### **Regulation Documents**

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

### **Tax Compliance 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**

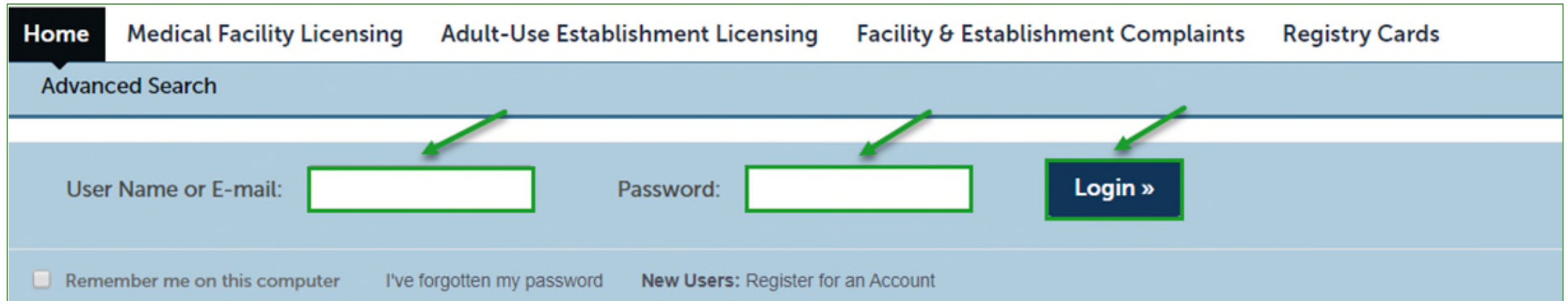
- Copy of criminal history documents (if applicable)
- Copy of litigation documents (if applicable)

**\*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.**

## Supplemental Applicant Individual Instructions

### Adult-Use Marijuana Establishment Licensing Application Process

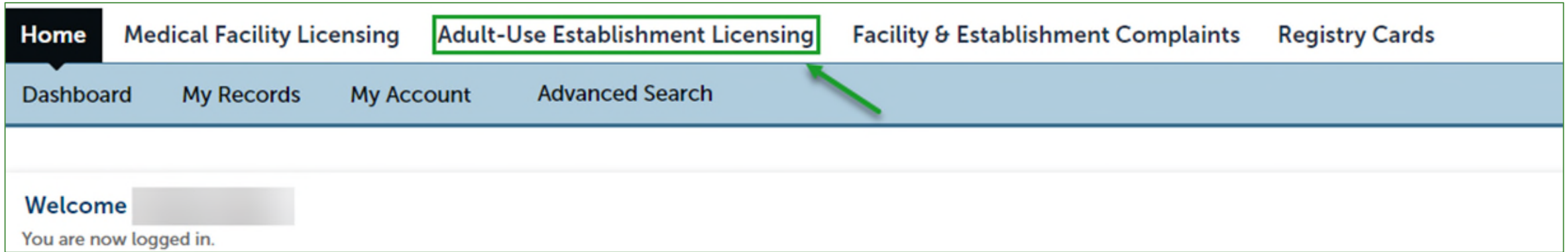
- Enter **User Name or E-mail**.
- Enter **Password**.
- Select **Login**.

A screenshot of a web application's login page. The page has a light blue background. At the top, there is a navigation bar with five items: "Home" (highlighted in a dark blue box), "Medical Facility Licensing", "Adult-Use Establishment Licensing", "Facility & Establishment Complaints", and "Registry Cards". Below the navigation bar is a section labeled "Advanced Search". The main content area contains a login form with three elements: a text input field labeled "User Name or E-mail:", a text input field labeled "Password:", and a dark blue button labeled "Login »". Three green arrows point from the top of the page down to each of these three elements. At the bottom of the form, there is a checkbox labeled "Remember me on this computer", a link "I've forgotten my password", and a link "New Users: Register for an Account".

# Supplemental Applicant Individual Instructions

## Adult-Use Marijuana Establishment Licensing Application Process

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

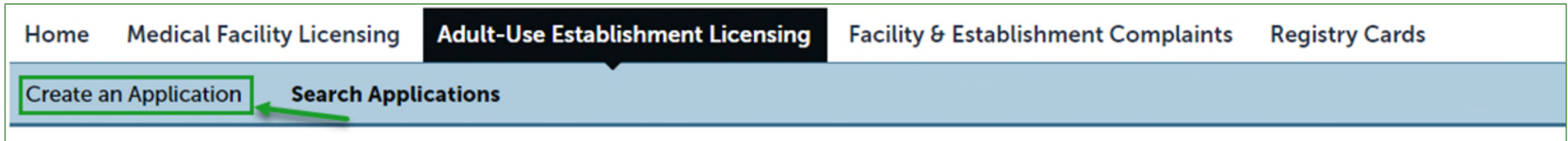
A screenshot of the website's navigation menu. The top row contains five items: "Home" (highlighted with a black background), "Medical Facility Licensing", "Adult-Use Establishment Licensing" (highlighted with a green border and a green arrow pointing to it), "Facility & Establishment Complaints", and "Registry Cards". The second row contains four items: "Dashboard", "My Records", "My Account", and "Advanced Search". Below the menu is a white bar with the text "Welcome [redacted]" and "You are now logged in." below it.

**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**.

A screenshot of the website's navigation menu, similar to the previous one. The top row contains five items: "Home", "Medical Facility Licensing", "Adult-Use Establishment Licensing" (highlighted with a black background and a black arrow pointing to it), "Facility & Establishment Complaints", and "Registry Cards". The second row contains two items: "Create an Application" (highlighted with a green border and a green arrow pointing to it) and "Search Applications".

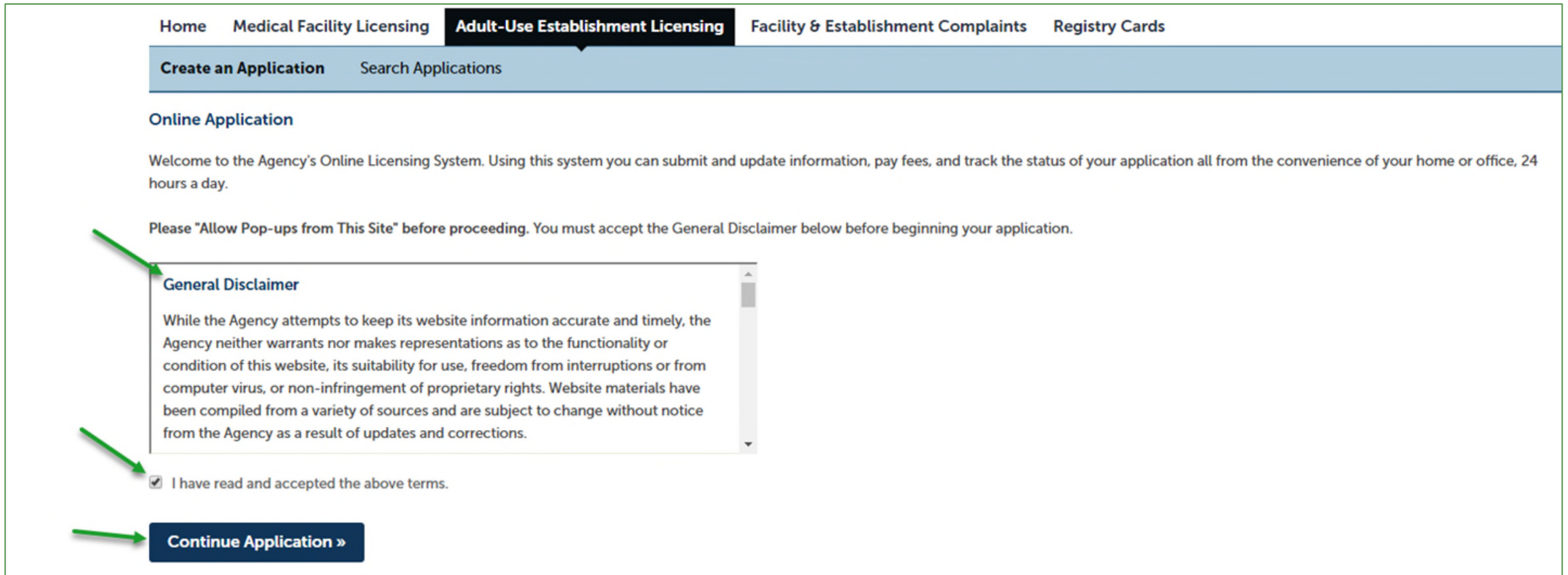
Home Medical Facility Licensing **Adult-Use Establishment Licensing** Facility & Establishment Complaints Registry Cards

**Create an Application** Search Applications

# Supplemental Applicant Individual Instructions

## Adult-Use Marijuana Establishment Licensing Application Process

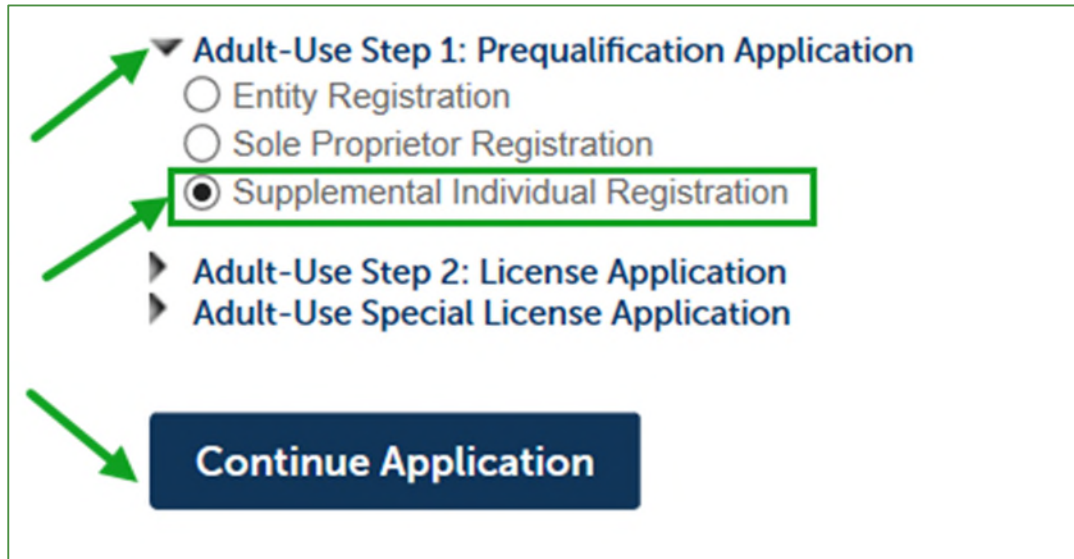
- Read the **General Disclaimer**.
- Check the box stating **I have read and accepted the above terms**.
- Select **Continue Application**.

A screenshot of a web application interface. At the top, there is a navigation bar with links: Home, Medical Facility Licensing, Adult-Use Establishment Licensing (highlighted in black), Facility & Establishment Complaints, and Registry Cards. Below this is a blue bar with "Create an Application" and "Search Applications". The main content area is titled "Online Application" and contains a welcome message. A text instruction says "Please 'Allow Pop-ups from This Site' before proceeding. You must accept the General Disclaimer below before beginning your application." Below this is a scrollable box titled "General Disclaimer" containing text about website accuracy. Underneath the disclaimer is a checked checkbox with the text "I have read and accepted the above terms." At the bottom is a dark blue button labeled "Continue Application »". Three green arrows point to the "General Disclaimer" box, the checkbox, and the "Continue Application" button.

## Supplemental Applicant Individual Instructions

### Adult-Use Marijuana Establishment Licensing Application Process

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

A screenshot of a web application interface showing a list of steps. The first step, "Adult-Use Step 1: Prequalification Application", is expanded to show three options: "Entity Registration", "Sole Proprietor Registration", and "Supplemental Individual Registration". The "Supplemental Individual Registration" option is selected, indicated by a filled radio button and a green rectangular highlight. Below the list, there is a dark blue button with the text "Continue Application". Green arrows point to the dropdown arrow of the first step, the selected radio button, 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**

## Supplemental Applicant Individual Instructions

### Adult-Use Marijuana Establishment Licensing Application Process

- Select **Add New** to enter the supplemental individual's demographic information.

#### Record Individual

Provide demographic information for the supplemental individual by selecting "Add New" to create a new contact.

**Add New** ←



# Supplemental Applicant Individual Instructions

## Adult-Use Marijuana Establishment Licensing Application Process

- Enter supplemental individual's **First Name**.
- Enter supplemental individual's **Last Name**.
- Enter supplemental individual's **Social Security Number**.
- Enter supplemental individual's **Date of Birth**.
- Enter supplemental individual's **Primary Phone Number**.
- Enter supplemental individual's **E-mail Address**.
- Select **Add Contact Address**. Another window will open. **Please see next page to continue.**

### Contact Information

\* First:  1 Middle:  Last:  2

\* SSN:  3 \* Date of Birth:  4  \* Phone:  5

\* E-mail:  6

\* Individual/Organization:  
Individual

▼ Contact Addresses

**Add Contact Address** ← 7

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.	

**Continue** **Clear** Discard Changes

# Supplemental Applicant Individual Instructions

## Adult-Use Marijuana Establishment Licensing Application Process

- **\*Mailing Address** is required.
- 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 Information

#### Contact Address Information

\* Address Type:  
 8

\* Address Line 1:  
 9

\* City:  10      \* State:  11      \* ZIP Code:  12

13

**Save and Close**   **Save and Add Another**   **Clear** Discard Changes

#### 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 <span>14</span>	

**Continue**   **Clear**   Discard Changes

# Supplemental Applicant Individual Instructions

## Adult-Use Marijuana Establishment Licensing Application Process

- 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

1 2

## Supplemental Applicant Individual Instructions

### Adult-Use Marijuana Establishment Licensing Application Process

- Enter the name of the **Main Applicant** that this supplemental application is in support of. The main applicant is the entity or sole proprietor seeking to hold the state license.
- Enter the **ACA Record Number of the Main Applicant**. The main applicant's ACA record number is emailed to the main applicant upon application submission.
- Select **Continue Application**.

### Supplemental Applicant

**SUPPLEMENTAL APPLICATION**

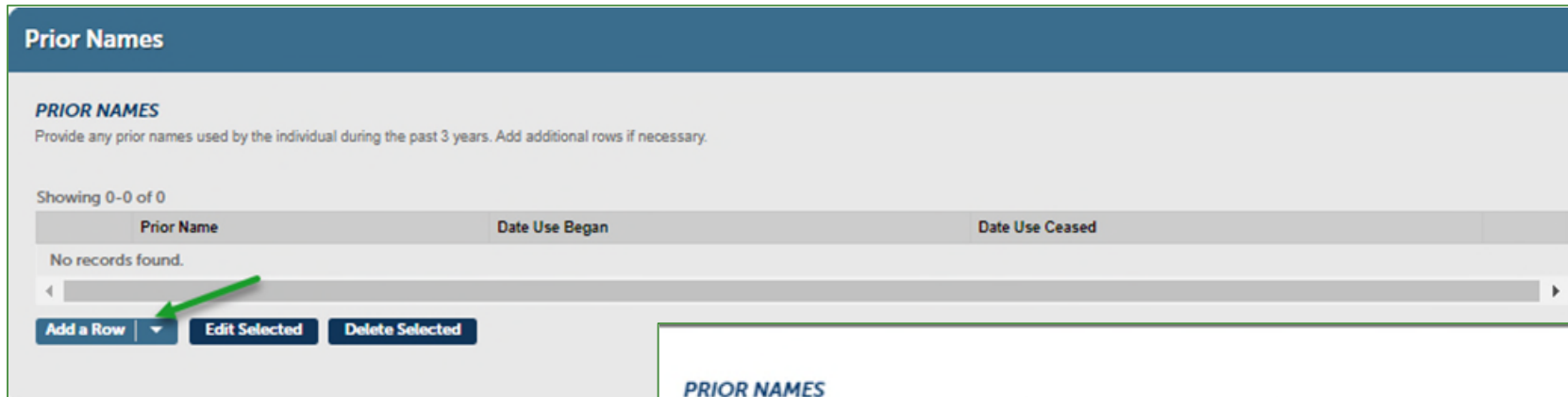
Name of main applicant that this supplemental applicant prequalification is in support of:  ←

ACA record number of main applicant:  ←

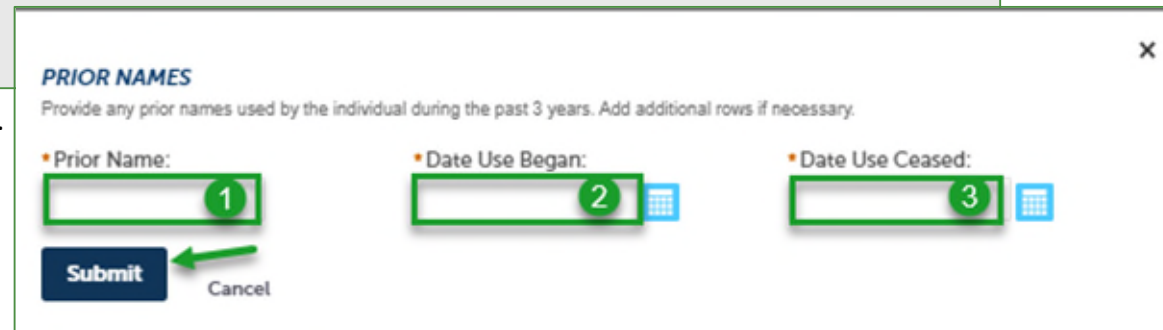
→

## Supplemental Applicant Individual Instructions Adult-Use Marijuana Establishment Licensing Application Process

- Select **Add a Row** if the supplemental individual 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 supplemental individual has not operated under a prior name, do not add a row.



- Enter the supplemental individual's **Prior Name**.
- Enter **Date Use Began**.
- Enter **Date Use Ceased**.
- Select **Submit**.



# Supplemental Applicant Individual Instructions

## Adult-Use Marijuana Establishment Licensing Application Process

- Select **Add a Row** if the supplemental individual has used any prior addresses within the past 3 years. To add multiple prior addresses, select **Add a Row** multiple times.
- If the supplemental individual has not used a prior address within the past 3 years, do not add a row.

### Prior Addresses

**PRIOR ADDRESSES**  
Provide any prior addresses used by the individual 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
No records found.					

←
Add a Row ▼
Edit Selected
Delete Selected
→

- 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 individual during the past 3 years. Add additional rows if necessary.

• Prior Street Address:

• City:

• State:

• Zip:

• Date Use Began:

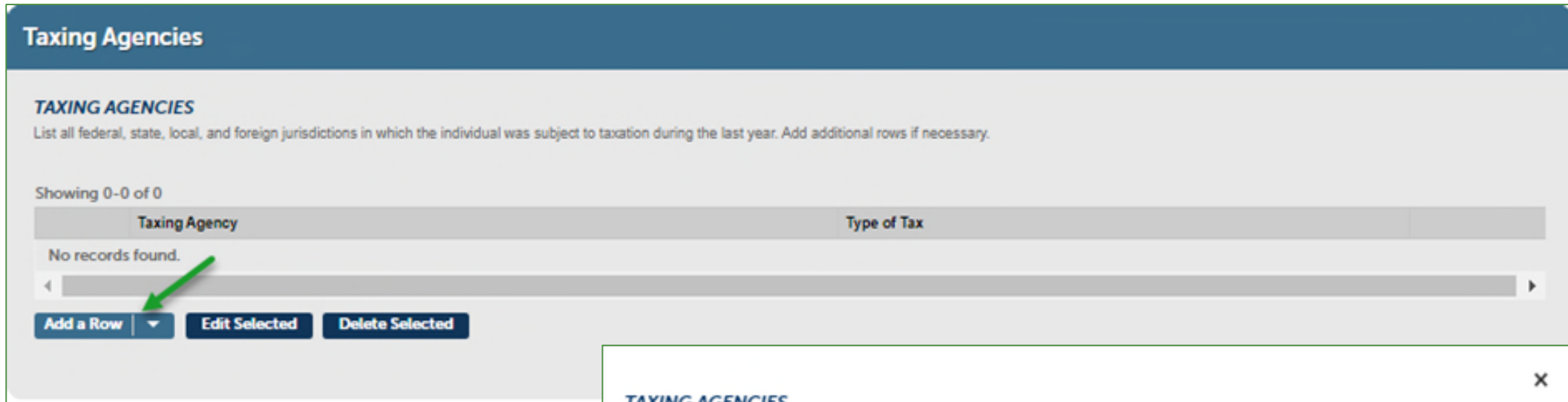
• Date Use Ceased:

Submit
Cancel

→
Continue Application

## Supplemental Applicant Individual Instructions Adult-Use Marijuana Establishment Licensing Application Process

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



**Taxing Agencies**

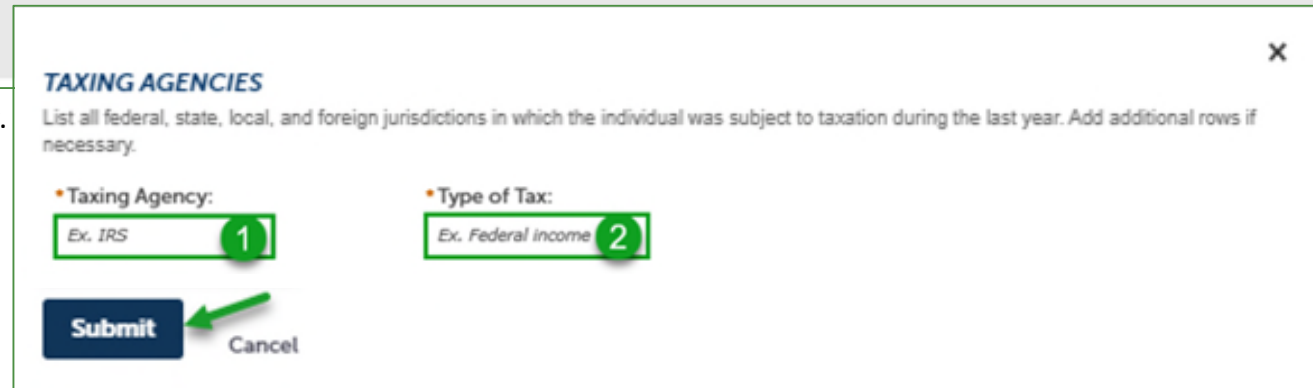
**TAXING AGENCIES**  
List all federal, state, local, and foreign jurisdictions in which the individual was subject to taxation during the last year. Add additional rows if necessary.

Showing 0-0 of 0

Taxing Agency	Type of Tax
No records found.	

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

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



**TAXING AGENCIES**  
List all federal, state, local, and foreign jurisdictions in which the individual was subject to taxation during the last year. Add additional rows if necessary.

\*Taxing Agency:  1

\*Type of Tax:  2

**Submit** Cancel

# Supplemental Applicant Individual Instructions

## Adult-Use Marijuana Establishment Licensing Application Process

- Answer the tax compliance question as it pertains to the supplemental individual by selecting **Yes** or **No**.

**Tax Compliance**

**TAX COMPLIANCE**

Has the individual 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**.





# Supplemental Applicant Individual Instructions

## Adult-Use Marijuana Establishment Licensing Application Process

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

### Government Regulation

#### GOVERNMENT REGULATION

Is the individual subject to government regulation in any jurisdiction:

Yes  No

Does the individual hold any commercial licenses (Not including the license they are currently applying for):

Yes  No

Has the individual 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



# Supplemental Applicant Individual Instructions

## Adult-Use Marijuana Establishment Licensing Application Process

- Select **Add a Row** as many times as necessary to disclose the supplemental individual’s direct or indirect ownership interest(s) in other marijuana business entities.
- If the supplemental individual 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 individual 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
No records found.			

- Enter the **Marijuana Business Name** in which the supplemental individual has business interest.
- Enter the **License Number** of the marijuana business in which the supplemental individual has business interest.
- Select the **State of Issuance**.
- Enter the **Country of Issuance**.
- Select **Submit**.

**MARIJUANA BUSINESS INTERESTS**  
Provide the requested information for any interest that the individual 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.

**1**
 **2**
 **3**

**4**

# Supplemental Applicant Individual 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 supplemental individual.
- If the supplemental individual 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 individual. 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.		

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

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

1

2

3

## Supplemental Applicant Individual 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 supplemental individual has had an application or license denied, restricted, suspended, revoked, or not renewed.
- If the above does not apply to the supplemental individual, 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 individual has had an application or license denied, restricted, suspended, revoked, or not renewed. Add additional rows if necessary.

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
No records found.					

- Enter **License or Certificate Type**.
- Enter the **Issuing Agency**.
- Enter the **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 individual has had an application or license denied, restricted, suspended, revoked, or not renewed. Add additional rows if necessary.

**1**
 **2**
 **3**

**4**
 **5**
 **6**

# Supplemental Applicant Individual Instructions

## Adult-Use Marijuana Establishment Licensing Application Process

- Select **Add a Row** as many times as necessary to disclose all pending commercial licenses or certificates for the supplemental individual.
- If the supplemental individual does not have any pending commercial licenses or certificates, do not add a row.

### Pending Commercial or License 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 the **Issuing Agency**.
- Enter the **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:  1

\* Issuing Agency:  2

\* Application Number or Other Identifying Number:  3

Submit
Cancel

# Supplemental Applicant Individual Instructions

## Adult-Use Marijuana Establishment Licensing Application Process

- 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 individual?

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

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



# Supplemental Applicant Individual Instructions

## Adult-Use Marijuana Establishment Licensing Application Process

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

**Litigation History**

**LITIGATION HISTORY**

Has the individual 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 supplemental individual (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 supplemental individual, 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 individual (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
< [Name of Court]				

**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 individual (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:**

\* **Location of Court:**

\* **Case Caption:**

\* **Docket/Case No.:**

\* **Cause of Action:**

**Submit** **Cancel**

## Supplemental Applicant Individual Instructions Adult-Use Marijuana Establishment Licensing Application Process

- For any cases that are currently 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:

A rectangular text input field with a thin green border, currently empty.

spell check



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





## Supplemental Applicant Individual Instructions

### Adult-Use Marijuana Establishment Licensing Application Process

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

#### Criminal Litigation History

##### CRIMINAL LITIGATION HISTORY

Has the individual been convicted of any crime under the laws of any jurisdiction:

Yes  No



# Supplemental Applicant Individual Instructions

## Adult-Use Marijuana Establishment Licensing Application Process

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

**Convictions**

**CONVICTIONS**  
Provide the requested information for all convictions concerning the individual. 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							

- 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 individual. Add additional rows if necessary.

**1**
 **2**
 **3**

**4**
 **5**
 **6**

**7**
 **8**

## Supplemental Applicant Individual 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 individual'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 Individual'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):

A rectangular text input box with a thin green border, currently empty. A green arrow points to the right side of the box.

spell check

- Select ***Continue Application***.



**Continue Application**

# Supplemental Applicant Individual 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.*

### Attachment

Please attach the following documents:

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

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 submission.**  
**\*Failure to submit any of the required 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;lib;lnk;mde;mht;mhtml;msc;mst;php;pif;scr;sct;shb;sys;...  
 This application type requires you to submit the following types of documents. Subject to the collected information, you may be required to submit: Attestation 1-A, Attestation 1-B, Attestation 1-C, Attestation 1-D, Attestation 1-E, Acknowledgment of Attestations, Government...

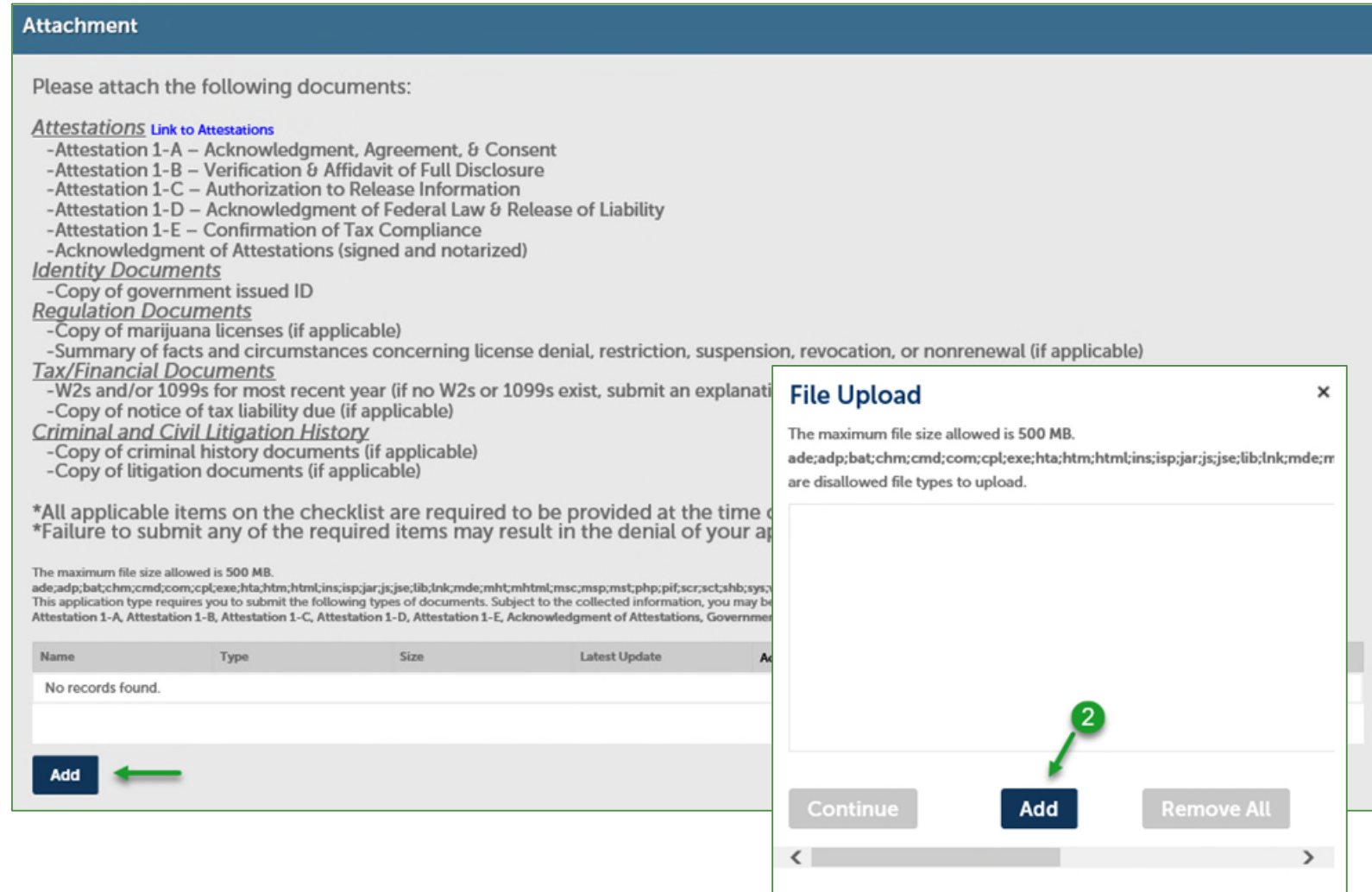
Name	Type	Size	Latest Update
No records found.			

Add
←

### File Upload

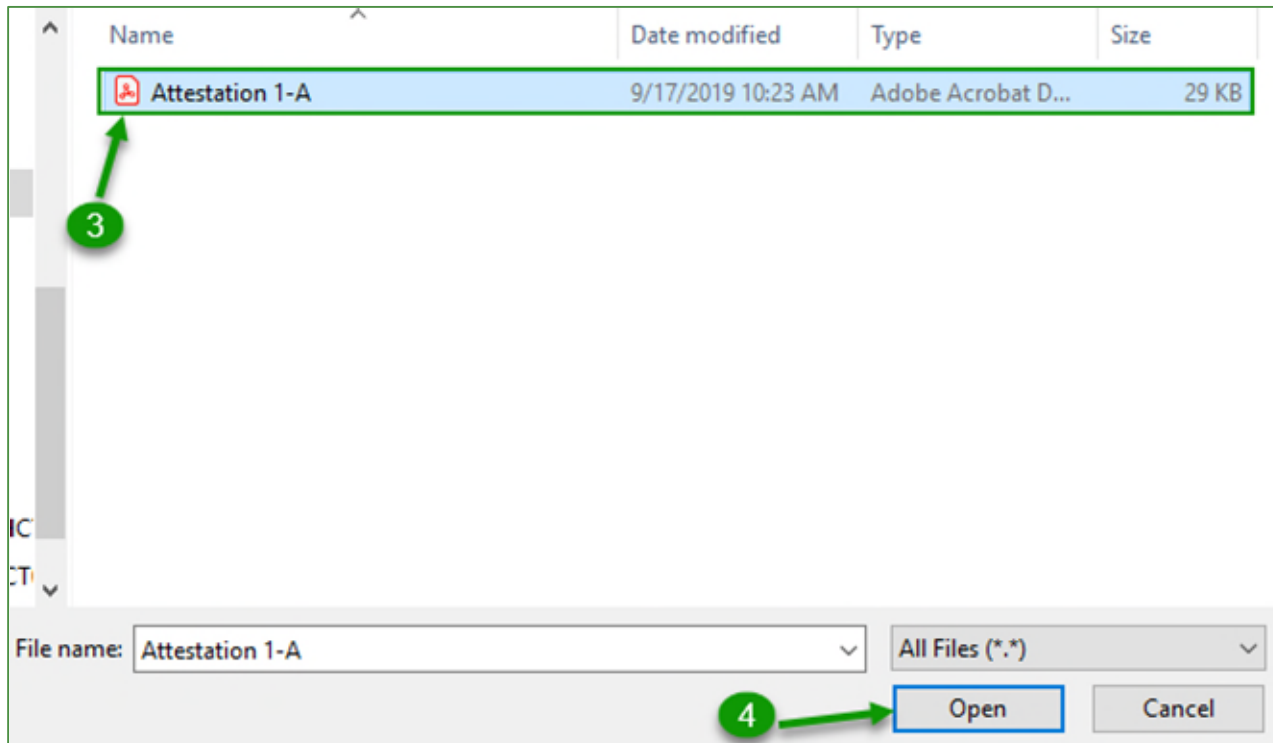
The maximum file size allowed is 500 MB.  
 ade;adp;bat;chm;cmd;com;cpl;exe;hta;htm;html;ins;isp;jar;js;lib;lnk;mde;mht;mhtml;msc;mst;php;pif;scr;sct;shb;sys;...  
 are disallowed file types to upload.

Continue
Add
Remove All

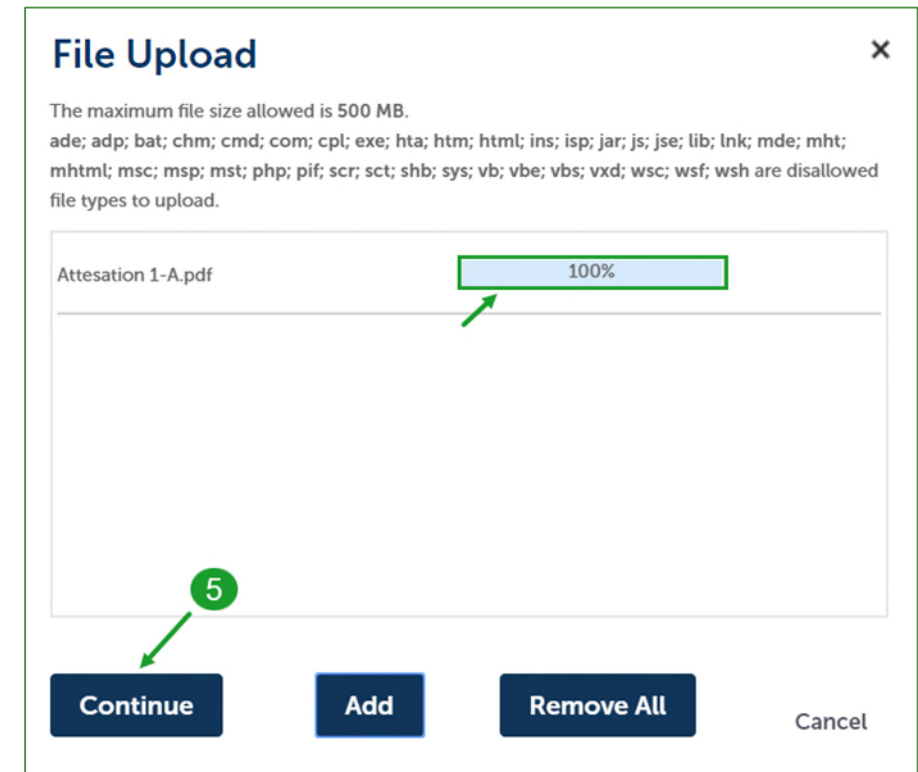


## Supplemental Applicant Individual Instructions Adult-Use Marijuana Establishment Licensing Application Process

- **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".



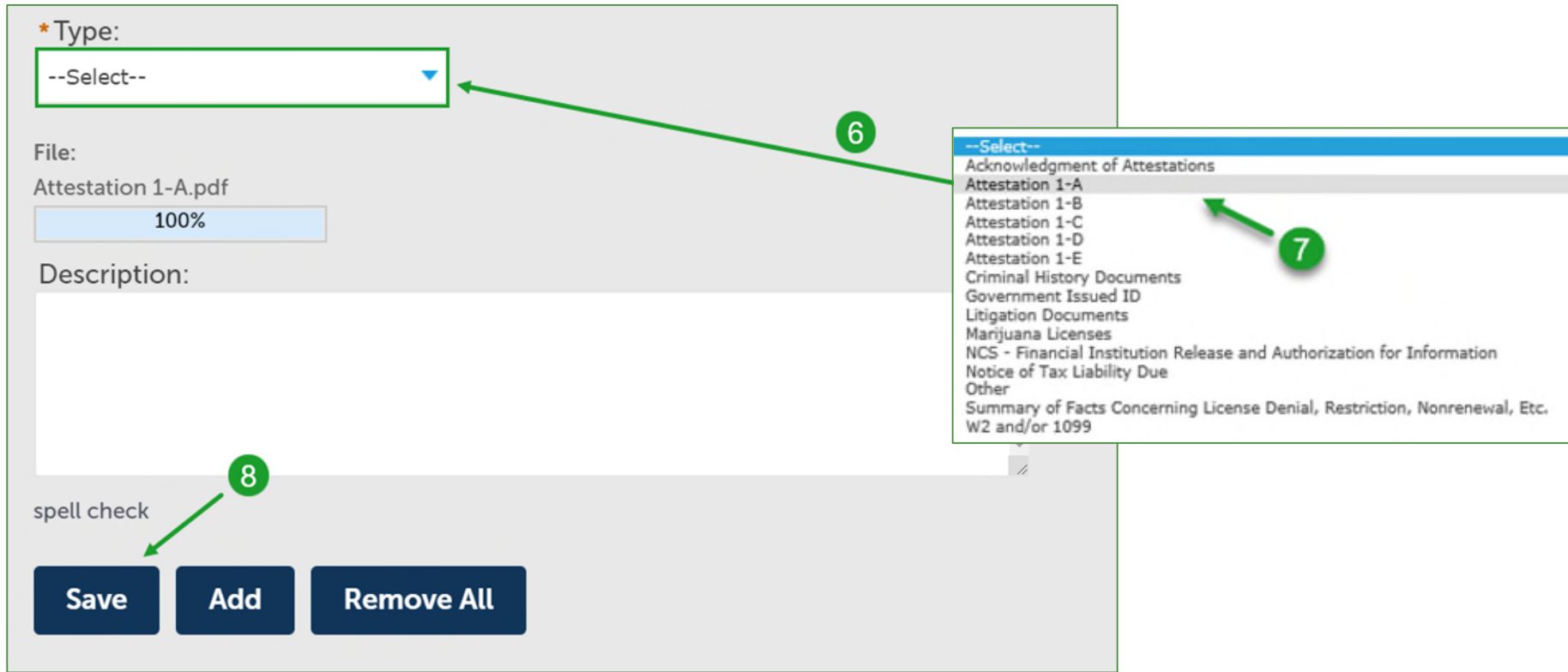
- Confirm the file(s) are 100% uploaded and select **Continue**.



# Supplemental Applicant Individual 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 form with the following fields and elements:

- \*Type:** A dropdown menu with "--Select--" selected. A green arrow labeled "6" points to this dropdown.
- File:** "Attestation 1-A.pdf" with a progress bar at "100%".
- Description:** A large text area.
- spell check:** A checkbox.
- Buttons:** "Save", "Add", and "Remove All". A green arrow labeled "8" points to the "Save" button.
- Dropdown Menu:** A list of document types is shown, with "Attestation 1-A" highlighted. A green arrow labeled "7" points to this option.

# Supplemental Applicant Individual 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**.

**Attachment**

Please attach the following documents:

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

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 submission.  
\*Failure to submit any of the required 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;htm;html;ins;isp;jar;js;jse;lib;lnk;mde;mht;mhtml;msc;msp;mst;php;pdf;scr;scrt;shb;sys;vbx;vbe;vbs;vxd;wsc;wsf;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, Government Issued ID, W2 and/or 1099

Name	Type	Size	Latest Update	Action
Attestation 1-A.docx	Attestation 1-A	14.07 KB	02/10/2021	Actions ▾
Attestation 1-B.docx	Attestation 1-B	14.12 KB	02/10/2021	Actions ▾
Attestation 1-C.docx	Attestation 1-C	14.13 KB	02/10/2021	Actions ▾
Attestation 1-D.docx	Attestation 1-D	14.13 KB	02/10/2021	Actions ▾
Attestation 1-E.docx	Attestation 1-E	14.14 KB	02/10/2021	Actions ▾

[< Prev](#)
1
2
[Next >](#)

Add

Save and resume later

Continue Application

## Supplemental Applicant Individual Instructions Adult-Use Marijuana Establishment Licensing Application Process

- After reviewing the supplemental individual 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



# Supplemental Applicant Individual Instructions

## Adult-Use Marijuana Establishment Licensing Application Process

- The supplemental individual 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](#)

### Supplemental Individual Registration

1 Contacts    2 Application Information    3 Attachments    4 Review    5 Record Issuance

#### Step 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-IRA-000351.**

## Supplemental Applicant Individual Instructions

### Adult-Use Marijuana Establishment Licensing Application Process

- The person completing the application and the supplemental individual will receive the below email containing:
  - The prequalification application number of the supplemental individual.
  - The application name.
  - Instructions regarding how to track the status of submitted applications in real time.

Dear Individual 1,

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

Prequalification Application Number: AU-IRA-000351

Application Name: Individual 1

You can view the 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](mailto:CRA-AdultUseLicensing@michigan.gov)

[www.michigan.gov/cra](http://www.michigan.gov/cra)



## **Supplemental Applicant Individual Instructions**

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

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