

Bureau of Medical Marihuana Regulation

MEDICAL MARIHUANA FACILITY LICENSE ONLINE APPLICATION

DEMO SUMMARY



CUSTOMER DRIVEN. BUSINESS MINDED.

Creating a User Profile

Click "Register Now" to create online profile for application completion



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

Many online services offered by the Agency require login for security reasons. If you are an existing user, please enter your user name and password in the box on the right.

New Users

If you are a new user you may register for a free Citizen Access account. It only takes a few simple steps and you'll have the added benefits of seeing a complete history of applications, access to invoices and receipts, checking on the status of pending activities, and more.



Creating a User Profile

Home	Licenses & Prequalification	Enforcement				
Advand	ced Search					
Account Registration						
You will be	asked to provide the following info	mation to open an account:				
Choos	se a user name and password					

- Personal and Contact Information
- License Numbers if you are registering as a licensed professional (optional)

Please review and accept the terms below to proceed.

General Disclaimer

While the Agency attempts to keep its Web information accurate and timely, the Agency neither warrants nor makes representations as to the functionality or condition of this Web site, its suitability for use, freedom from interruptions or from computer virus, or non-infringement of proprietary rights. Web 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 Registration »

- You will also need to create a security question and answer
- Make sure to save your information for future login use

User Profile & Business Contact Information

- Anyone can create an online account
- You will be able to select whether the account is for an individual or an organization
- Information Required:
 - Business/Individual Name
 - Valid Email Address
 - Valid Mailing Address

Login Information		
nter your User Name and Password. You mus	st also enter a unique email a	ddress
User Name:	(?)	
E-mail Address		
E-mail Address.		Click Here to Add Address
Password:	()	ad Contact Information For
Dessword Strandh		the Business
Requirements		
Enter Security Question:	?	
Answer:	(?)	

Login & Create Application

- Once logged in, click on the "Apply for License or Prequalification" Tab
- Read General Disclaimer, check the box, continue

				Home Licenses & Prequalification		Enforcement	
				Apply fo	or License or Prequalification	Search & Renew License or Prequalification	on
Home	Licenses & Prequalification	Enforceme	nt				
Apply fo	or License or Prequalification	Search & Re	enew License o	r Prequalifica	tion		

Online License & Prequalification Application

Welcome to Agency's Online Prequalification and Licensing system. Using this system you can submit and update information, pay fees, schedule inspections, track the status of your application, and print your final record all from the convenience of your home or office, 24 hours a day.

Please "Allow Pop-ups from This Site" before proceeding. You must accept the General Disclaimer below before beginning your application.

All questions on this form must be answered completely and truthfully. Any incomplete information may result in an application being delayed or denied. Consult the Registration Instruction Book or contact the Bureau of Medical Marihuana Regulation with questions concerning completion of this application.

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I have read and accepted the above to a second s

Continue Application »

Online Application Process

- Application Process has 2 steps
- Can submit both steps at same time
- Start with prequalification application, then complete step two (business/location specific information required for this step)



Can complete application in 1 sitting or save and resume later

Person Completing Online Form

- Contact information for the person completing this online application
- Attorneys, CPAs, or other representatives
- If none of the above apply, the principal person of contact for the applicant

Home Licenses & Prequalification	Enforcement					
Apply for License or Prequalification	Search & Renew License or Prequ	alification				
Entity Prequalification - Application						
1 Contact Information	2 Business Information	3 Documentation	4 Review	5 Pay Fees	6	

Step 1: Contact Information > Applicant/Interested Party

Complete the following information as instructed. If you cannot complete the application in one setting, click SAVE AND RESUME LATER at the bottom of any page.

*indicates a required field.

Person Completing Online Form

Enter demographic information about the person who is completing this online application. This information should be for a singular person NOT the business name. If applying as an individual/sole proprietor, and the person completing this online application is the same person who is applying for a license, you will enter this information again under the next heading



Registered Entity or Individual

- Demographic information about applicant (person or business seeking a license)
 - Name, FEIN/SSN, DOB, DBA Name, Address, Phone,

Registered Entity				
Enter demographic information about the entity applying for a license. This will need to include the business name and a current valid mailing address				
Select from Account Add New				
Registered Individual				
Enter demographic information about the individual applying for a license. This will need to include a current valid mailing address.				
Select from Account Add New				

Interested Parties & Affiliates Information

All Interested Parties/Affiliates as highlighted in the Medical Marihuana Facilities Licensing Act (MMFLA), 2016 P.A. 281, are subjected to full disclosure** and must complete the prequalification application online or complete the paper form

Interested Parties And Affiliates

Enter demographic information for each person or entity that has an interest in this application. This includes, but is not limited to:

- Any business that is directly or indirectly involved in growing, processing, testing, transporting, or sale of marihuana.
- Partnerships—All Partners and Their Spouses.
- LLCs—All Members and Their Spouses Corporations—All Corporate Officers (or equivalent) and Their Spouses All Stockholders and Their Spouses.

- Any applicant that receives or has the right to receive a percentage of gross or net profit during any or all of the fiscal or calendar year Any person that receives or has the right to receive a percentage of gross or net profit during any or all of the fiscal or calendar year.

- All individuals with membership or shareholder rights under the articles of incorporation or bylaws and their spouses.
- All entities with membership or shareholder rights under the articles of incorporation or bylaws and their spouses.
- Any domestic or foreign investors.

Interested parties ARE NOT a Person/Entity receiving reasonable rent payments on a fixed basis under a bona fide lease or rental obligation, unless the lessor or property manager exercises control over or participates in the management of the applicant's. NOR a Person who receives a bonus as an employee if the employee is on a fixed wage or salary and the bonus is not more than 25% of the employee's pre-bonus annual compensation or if the bonus is based on a written incentive/bonus program that is not out of the ordinary for the services rendered.

Select from Account

Add New

**Full disclosure means undergoing the full background investigation and financial background investigation

Disclosure Questions and Information

Answer the questions as they apply to the applicant (person/business seeking license)



Step 2: Business Information > Disclosure Information

In this section, select yes or no depending on your situation accordingly. Answer each question truthfully and honesty. Misrepresentation or omission may cause your application to be delayed or denied.

* indicates a required field.

Disclosures AFFILIATE OF ENTITY * Are you an affiliate or an interested party to a business that is 🔘 Yes 💿 No applying, or has filed, for a medical marihuana facility license?: Disclosures Type of Business: * Corporation 1. Has any applicant; officer director or managerial employee of the \bigcirc Yes No applicant; or any person who holds any direct or indirect ownership interest in the applicant been indicted for, charged with, arrested for, convicted of, pled guilty or nolo contender to, or forfeited bail concerning any criminal offense under the laws of any jurisdiction, either felony or controlled-substance-related misdemeanor, not including traffic violations, regardless of whether the offense has been reversed on appeal or otherwise?: *

Supporting Documentation

- Reference the Document Checklist (http://www.michigan.gov/documents/lara/MMFL_Document_Checklist__603945_7.pdf)
- Attach required and applicable documents to document portal

Step 3: Documentation > Supporting Documentation

It is recommended that you save the application if you need to return to this section later.

In this section you will need to upload supporting documentation. Any information not submitted along with this application, may cause your application processing to be delayed or your application denied. Documents required with this application may be found at this link: MMFL Document Checklist.

*indicates a required field.

Attachment

Documents can be batch uploaded then each individually labeled, or uploaded one at a time and then labeled. For each document uploaded you will need to indicate what the document is, provide a description, and click SAVE to attach it to your application.

Once all supporting documentation is attached, click CONTINUE APPLICATION.

The maximum file size allowed is 100 MB. html;htm;mht;mhtml are disallowed file types to upload.						
Name	Туре	Size	Latest Update	Action		
No records found.						
Select from Account	Add					

Review

- On Review page, review all information entered into application for completeness and accuracy
- Read certifying statement, check box, continue.

	Step 4: Review	
	Save and resume later	Continue Application »
	Review the information below for accuracy. Read the certifying statement below, and check the box before continuing.	
	Record Type	
	Entity Prequalification - Application	
I certify t statemer delayed o	hat the above information is complete and accurate. I have read and understand the instructions that accompany this applic Its made in this application are true, complete, correct, and no material information has been omitted. I understand that my or denied if information is missing or untruthful.	ation, and that the Application may be
By check	ing the box below, I understand and agree that I am electronically signing this application	
		~
By checkin	g this box, I agree to the above certification.	Date:

Save and resume later

Continue Application »

Payment

- Via web portal
- In person
- By Mail
- You can submit the application without payment on the web portal to allow in person or mailed payment

Entity Prequalification - Application



Step 5: Pay Fees

Listed below are the license application fees based upon the information you've entered.

At this time you may choose to submit the required application fee. You may also submit your application without the fee by clicking CHECK OUT below.

Submission



Step 3: Receipt/Record issuance

Receipt



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

The number listed below is your application number. Save this number for your reference. Also, provide the number to all interested persons to be included with their disclosure information.

No Address

ERGA-17-000154

Facility License Application

- Prequalification is completed
- Business location and municipality information is determined
- Complete Facility License Application for each license type sought
 - Need a license application for each license desired, but the applicant only needs one prequalification application for itself.



Continue Application »

Post Submission Communication

- My Records Tab
- View application Number
- Updated status column and additional information

Home Licenses & Prequalification Enforcement							
Dasl	nboard My Rec	ords My Account	Advanced Search				
~ L	icenses & Pre	qualification					
Showi	ng 1-20 of 40 Downlo	oad results Add to collection Ad	d to cart				
	Record Number	Record Type	DBA Name	Address	Expiration Date	Status	
	ERGA-17-000154	Entity Prequalification - Application				Recieved	