



**Renewal Paper Application  
Instruction Booklet  
Social Equity Program**

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## SOCIAL EQUITY RENEWAL PAPER APPLICATION INSTRUCTIONS

The social equity renewal application can be found online in a fillable PDF format at the following link:

[Social Equity Renewal Application](#)

If you have any questions regarding eligibility or application instructions, the social equity program can be contacted via telephone, email, or mail at:

**Marijuana Regulatory Agency**

**Social Equity Program**

**P.O. Box 30205**

**Lansing, MI 48909**

**(517) 284-8599**

[MRA-SocialEquity@Michigan.gov](mailto:MRA-SocialEquity@Michigan.gov)

### Social Equity Renewal Application Overview

Eligibility in the social equity program is evaluated on an annual basis. Renewal reminders will be sent out prior to expiration.

See the following situations to determine when your renewal application is due:

- **If you have not submitted an adult-use Step 1 application:**
  - The social equity renewal application will be required at the end of the 1-year mark of eligibility in order to maintain eligibility in the social equity program.
- **If you have submitted your Step 1 adult-use application and it is under review:**
  - The social equity renewal application will be required when the renewal of the adult-use establishment license is required.
- **If you are an adult-use establishment license holder:**
  - The social equity renewal application will be required at the same time as the renewal of the adult-use establishment license.

Once eligibility has been determined, the applicable fee reductions will be applied to the license record(s) for the following years renewal term.

## Required Fields

The social equity renewal application is a fillable PDF that can be printed or completed on a computer or electronic device.

- All fields on the application are required to be completed unless the information does not apply to you.
- A field without a red border indicates that the field may not be applicable to every applicant.
  - Note: these red borders do not appear on the application when printing.

Mailing Address:   
*Street Address City State Zip Code*

Residential Address:   
*Street Address (if different from Mailing Address) City State Zip Code*

*E.g., Mailing Address vs. Residential Address – Any individual applying must supply a mailing address, but if you are an individual that resides at a different address, or uses a P.O. Box, a residential address will need to be provided to help establish residency when applicable.*

## PARTICIPANT INFORMATION

In the Participant's Information section, provide the following information for the applicant.

**Participant Information**  
*Please provide the following information regarding the individual renewing their eligibility in the social equity program.*

Full Name:   
*First M.I. Last Suffix*

Mailing Address:   
*Street Address City State Zip Code*

Residential Address:   
*Street Address (if different from Mailing Address) City State Zip Code*

Phone:  Email:

Date of Birth:

- **Full Name** as it appears on legal documents.
- **Mailing Address** of the individual.
- **Residential Address** of the individual. *Only required if different from the mailing address.*
- **Phone** number of the individual.
- **Email** of the individual. This will be the main source of contact.
- **Date of Birth** of the individual.

**Highest Level of Education Completed**

- High School Diploma/GED
- Technical/Occupational Certification
- Some College
- Associate Degree
- Bachelor's Degree
- Master's Degree
- Doctorate Degree
- Professional Degree (i.e. law, medical)
- I do not wish to answer

**Marijuana Industry Employment Status**

- Temporary/Part Time
  - Job Title: \_\_\_\_\_
- Full Time
  - Job Title: \_\_\_\_\_
- Licensed Establishment Owner
  - Record #: \_\_\_\_\_
- Unemployed/Seeking Employment
- Not in the marijuana industry yet
- I do not wish to answer

**What is your individual adjusted gross income (AGI) for the previous tax year?**

*(Do not include income from other members in household)*

- 0 – 9,699
- 84,200 – 160,724
- 510,300+
- 9,700 – 39,474
- 160,725 – 204,099
- I do not wish to answer
- 39,475 – 84,199
- 204,100 – 510,299

- **Highest Level of Education Completed** of the individual. This does not include current enrollment.
- **Marijuana Industry Employment Status** of the individual. This is regarding general employment and not within the marijuana industry. *Check all that apply.*
  - **Temporary/Part Time** employment status in a marijuana-related job.
    - **Job Title** in this temporary/part time position.
  - **Full Time** employment status in a marijuana-related job.
    - **Job Title** in this full-time position.
  - **Licensed Establishment Owner** if you are a marijuana facility/establishment license holder.
    - **Record #** of the facility/establishment if licensed under the Marijuana Regulatory Agency.
  - **Unemployed/Seeking Employment** if you are currently either not employed or not employed but actively seeking employment in the marijuana industry.
  - **Not in the Marijuana Industry yet** if you are currently employed in a non-marijuana related industry and are not actively looking for employment in the marijuana industry.
- **What is your individual adjusted gross income (AGI) from the previous year?** The answer should only include the individual's income and not a household income.

At the top of the second page is where the individual will select the program criteria that they believe they meet.

- This is relevant for existing and additional fee reductions to be considered at time of renewal.

**Please select all that apply:**

- Have you had a marijuana-related felony conviction?  
*With the exception of distribution of a controlled substance to a minor*  YES  NO
- Have you had a marijuana-related misdemeanor conviction?  YES  NO
- Were you a registered primary caregiver for at least 2 years between 2008 and 2017?  YES  NO
- Have you resided in one or more disproportionately impacted communities for at least 5 cumulative years out of the past 10 years?  YES  NO
- If yes, please list the disproportionately impacted communities where you have lived for 5 cumulative years out of the past 10 years:  
\_\_\_\_\_  
\_\_\_\_\_
- Are you currently, or do you plan to operate within a disproportionately impacted community?  YES  NO
- If no, where are you or will you plan to operate? \_\_\_\_\_

Please select all that apply:

- **Have you had a marijuana-related felony conviction?**  
Check yes only if you were convicted of a marijuana-related felony. *A conviction of distribution of a controlled substance to a minor will not be considered for eligibility.*
- **Have you had a marijuana-related misdemeanor conviction?**  
Check yes only if you were convicted of a marijuana-related misdemeanor.
- **Were you a registered primary caregiver for at least 2 years between 2008-2017?**  
Check yes only if you were registered with the Michigan Medical Marijuana Program (MMMP) as a primary caregiver for at least two cumulative years between 2008-2017. Being registered as a patient is not a qualifying factor.
- **Have you resided in one or more disproportionately impacted communities for at least 5 cumulative years out of the past 10 year?**  
Check yes only if you can prove residency in at least one of the disproportionately impacted communities that can be found at the following link: [Disproportionately Impacted Community List](#)
- **If yes, please list the disproportionately impacted communities where you have lived for 5 cumulative years out of the past 10 years.**  
This is where you will list each disproportionately impacted community that you have resided in for at least 5 cumulative years out of the past 10 years. There is no limit to the amount of disproportionately impacted communities that can be used to prove residency as long as it falls within the last 10 years.
- **Are you currently, or do you plan to operate in a disproportionately impacted community?**  
This does not have to be in the same disproportionately impacted community that you reside. You have the option to select any community from our list.
- **If no, where are you or will you plan to operate?**  
If you do not choose to operate in a disproportionately impacted community, the fee reductions available to you as a social equity participant will only be extended 2 years beyond the initial licensure date. After the 2 years have been exhausted, you will no longer receive a fee reduction on your adult-use license renewal fees.

## SUPPORTING DOCUMENTATION

Please select the action to be taken on this application for the **current renewal term only** and not existing approvals.

**Supporting Documentation**

*Supporting documentation for marijuana-related convictions and caregiver verification are not required yearly for renewal if you are already receiving these fee reductions. Supporting documentation is only required for residency and additional reductions that you may be eligible for. Please check the action that is to be taken on your application for this renewal term.*

**New Residency Fee Reduction:**      *Residency documents are required for EACH year of residency to establish eligibility. Please submit proof of residency for at least 5 cumulative years out of the past 10 years that you have lived in a disproportionately impacted community. Each document should have your name, residential address, and year. Please find examples of what is accepted, but NOT limited to below.*

**Renewing Residency Fee Reduction:**      *Please submit proof of residency for the most recent year. The document should have your name, residential address, and year. Please find examples of what is accepted, but NOT limited to below.*

Mortgage Statements

Tax Returns

Insurance Statements

Lease/Rental Agreements

W-2 Forms

College Tuition Statements

Property Tax Documents

Paystubs

Utility Statements

**I am no longer a qualifying resident of a disproportionately impacted community for 5 cumulative years out of the past 10 years.**

**Proof of Marijuana-Related Conviction:**      Copy of judgment of sentence.

**Proof of 2 years of caregiver experience:**      Social Equity Program Authorization for Release of MMMP Information with a valid driver's license or State-issued personal identification card with photo.

Social equity participants are required to submit supporting documentation with their renewal application under the following circumstances:

- Proof of residency verification for most current year if you are already receiving a fee reduction for residency.
- Additional fee reductions for which you are applying and not currently receiving.

Social equity participants are **not** required to submit supporting documentation with their renewal application if they are already receiving the following fee reductions:

- Marijuana-related convictions
- Caregiver verification

## Submitting Your Social Equity Renewal Application

Prior to submitting your renewal application, verify that you have completed all of the required fields on the application and have obtained all of the required supporting documentation.

- Failure to submit a complete application and supporting documents will result in a Notice of Deficiency.
- Failure to correct any deficiencies within **7 calendar days** after receiving a Notice of Deficiency Letter will result in your application going into an inactive status.
- You may still submit documentation if your application is in an inactive status, but prolonged failure to communicate with the social equity team will result in either a reduced fee reduction, or the denial of your application.

Your application can be submitted in person at: **2407 North Grand River Avenue, Lansing, MI 48906**, or submitted via mail to:

**Marijuana Regulatory Agency  
Social Equity Program  
P.O. Box 30205  
Lansing, MI 48909**

If any questions arise while completing the application, please do not hesitate to contact MRA by telephone or email at:

**(517) 284-8599**  
**[MRA-SocialEquity@Michigan.gov](mailto:MRA-SocialEquity@Michigan.gov)**