



Cannabis Business Social Equity Review Form

This document is for use by a medical and/or recreational cannabis licensee operating at a location with voluntary MIVEDA and/or CISEVA commitments. Social equity commitments, once made conditions of approval of medical and/or recreational business operations, are legally enforceable for the duration of the cannabis use(s). The City of Grand Rapids shall use this form to evaluate MIVEDA and/or CISEVA compliance as part of an annual City inspection. Operators may supplement this Social Equity Review Form with documentation previously attached to a quarterly self-reporting form submitted to the City during the same licensure period. Social equity performance evaluations help inform determinations on zoning compliance, including municipal attestations as required by the State of Michigan, and renewal of local licenses. No person shall operate a cannabis business in the City of Grand Rapids without a municipal license issued by the City.

Please read this entire document carefully

By signing below, the licensee acknowledges the following:

- MIVEDA and CISEVA selections are conditions of approval of cannabis land use(s) and legally enforceable for the duration of the cannabis use(s)
- An annual City inspection will include an evaluation of social equity compliance, which shall remain consistent with the quarterly self-reporting forms previously submitted to the City within that same licensure period.
- All documentation attached to this form is true and accurate.
- The signature provided below is that of a cannabis licensee principal, CEO, or counsel of record.
- Once submitted to the City, this Social Equity Review Form will help inform determinations on zoning compliance, including municipal attestations as required by the State of Michigan, and renewal of local licenses.

Signature of Licensee

Date

OFFICE USE ONLY

Receipt Date:



Cannabis Business Social Equity Review Form

PART A: Cannabis Business Licensee Information

Instructions: Complete the form below using information from the current State and/or local licensure period for the cannabis business at this location.

1) BUSINESS INFORMATION

Licensee _____
D/B/A _____
Business Address _____
Mailing Address _____
Principal and/or CEO _____
Counsel of Record _____
Date of Start of Operations (Medical) _____ (Recreational) _____

2) LICENSE INFORMATION

License Type	State License Number	Local License Number	Issue Date	Exp. Date

3) MUNICIPAL EVALUATION HISTORY

Quarterly Self-Reporting Form (4 most recent reports)	Submission Date	OFFICE USE ONLY Date of Accela Upload
Q1 – Year:		
Q2 – Year:		
Q3 – Year:		
Q4 – Year:		

Date of scheduled City inspection: _____
Business representative at inspection: _____



Cannabis Business Social Equity Review Form

PART B: Cannabis Business Social Equity Commitments

Instructions: Select any of the following MIVEDA and/or CISEVA conditions that were submitted with a medical cannabis business zoning application.

I. MIVEDA

1) Local Residency		
A. 25% General Target Area as defined by HUD		☐
B. 25% City of Grand Rapids		☐
C. 25% Kent County		☐
D. 25% State of Michigan		☐
2) Local Economy		
A. 15% of employees (City of Grand Rapids residents) working more than 30h/week		☐
B. 24% or more of Micro LBE Participation		☐
C. 30 employees working more than 30h/week		☐
3) Streamlined Applications		
A. No sensitive use separation distance waivers are required		☐

II. CISEVA

Local Ownership		Points	
A. Ownership of the Facility	B. Underlying Real Estate		
– 0.0% – 24.9%	– 0.0% – 24.9%	0	☐
– 25.0% – 33.9%	– 25.0% – 49.9%	1	☐
– 34.0% – 65.9%	– 50.0% – 74.9%	2	☐
– 66.0% – 100.0%	– 75.0% – 100.0%	3	☐
Workforce Diversity			
– 0.0% – 24.9%		0	☐
– 25.0% – 49.9%		1	☐
– 50.0% – 74.9%		2	☐
– 75.0% – 100.0%		3	☐
Supplier Diversity			
– 0.0% – 4.9%		0	☐
– 5.0% – 9.9%		1	☐
– 10.0% – 23.9%		2	☐
– 24.0% – 100.0%		3	☐
New Business Development			
– None		0	☐
– Mentor-Protégée		1	☐
– Mentor + External Incubation Support (Cannabis and Noncannabis)		2	☐
– Mentor + Internal Incubation Support (Cannabis and Noncannabis)		3	☐
– Contribution Over 2% to Seeding Justice Fund		3	☐
Contribution to Seeding Justice (Community Reinvestment) Fund			
– 0.00%		0	☐
– 0.50%		1	☐
– 1.00%		2	☐
– 2.00%		3	☐



Cannabis Business Social Equity Review Form

PART C: Marihuana Industry Voluntary Equitable Develop Agreement (MIVEDA) Compliance

Instructions: Using the options below, indicate the type of documentation that will be supporting each MIVEDA commitment selected in Part B of this form. When applicable, use the fields provided to further describe the documentation included with this form. Under some circumstances, City staff may require more additional sets of social equity documentation.

1) Local Residency (commitments 1-A, 1-B, 1-C, and 1-D)

– Entire ownership structure of the cannabis business, indicating the percentage of ownership that meets the selected commitment(s)	☐
– Proof of residency of all members that comprise the selected commitment(s)	☐
– Other (please describe):	☐

2) Employment (commitments 2-A, 2-C)

– Payroll journals and/or internal business records, deidentified when applicable, indicating the percentages that meet the selected commitment(s)	☐
– Photocopies of employee(s) drivers' license or state identification cards	☐
– Other (please describe):	☐

3) MLBE Participation (commitment 2-B)

– Schedule of Values provided by a General Contractor, or the equivalent, indicating the percentage of participation by City-certified MLBEs in the buildout of the facility, or the period between the date of initial zoning approval and the date of beginning of operations	☐
– Vendor invoices, contracts, and/or proof of payment to City-certified MLBEs	☐
– Other (please describe):	☐



Cannabis Business Social Equity Review Form

PART D: Cannabis Industry Social Equity Voluntary Agreement (CISEVA)

Instructions: Using the options below, indicate the type of documentation that will be supporting each CISEVA commitment selected in Part B of this form. When applicable, use the fields provided to further describe the documentation included with this form. Under some circumstances, City staff may require more additional sets of social equity documentation.

1) Local Ownership (of the facility *OR* of the underlying real estate)

– Entire ownership structure of the cannabis business, indicating the percentage of ownership that meets the selected commitment(s)	☐
– Proof of residency of all members that comprise the selected commitment(s)	☐
– Other (please describe):	☐

2) Workforce Diversity

– Internal business records, deidentified when applicable, indicating the percentage of the workforce that meets the selected commitment(s)	☐
– Proof of employees meeting not less than one (1) of six (6) Equity Applicant criteria	☐
– Other (please describe):	☐

3) Supplier Diversity

– Entire operating budget or balance sheet of the business, or the equivalent, indicating the percentage of costs spent with City-certified MBEs, MLBEs, and WBEs. <i>Costs under this commitment exclude: utilities, taxes (including federal, state, property, and cannabis excise taxes), employee wages (including all W-2 full- and part-time employees), and employee benefits</i>	☐
– Vendor invoices, contracts, and/or proof of payment to City-certified MBEs, MLBEs, and WBEs	☐
– Other (please describe):	☐

4) New Business Development

– Internal business records of mentorship and/or incubator agreements	☐
– Records of program outcomes, if applicable	☐
– Other (please describe):	☐