

**ATTESTATION R-B**  
**CONFIRMATION OF SECTION 6 COMPLIANCE**

**(To be completed and submitted by the applicant)**

Do not sign until notary is present

Adult-Use Establishment Name: \_\_\_\_\_  
Adult-Use Establishment Address: \_\_\_\_\_  
Adult-Use Establishment Type: \_\_\_\_\_

Municipality of Adult-Use Establishment: \_\_\_\_\_  
Name of Municipal Clerk/Designee: \_\_\_\_\_  
Phone Number of Municipal Clerk/Designee: \_\_\_\_\_  
Email Address of Municipal Clerk/Designee: \_\_\_\_\_  
Mailing Address of Municipal Clerk/Designee: \_\_\_\_\_

On behalf of \_\_\_\_\_, I \_\_\_\_\_,  
Legal Name of Renewal Applicant Name & Title of Individual Authorized to Sign on Behalf of Renewal Applicant

attest to and confirm the following:

1. The municipality has not adopted an ordinance prohibiting marijuana establishments.
2. The establishment named above is in compliance with any ordinance the municipality has adopted relating to marijuana establishments within its jurisdiction, including zoning regulations.
3. I will report to the Cannabis Regulatory Agency (CRA) any changes that occur with municipal ordinances or zoning regulations that relate to the marijuana establishment, any municipal establishment approvals, or any violations of a municipal or zoning regulation.

\_\_\_\_\_  
Signature of Individual Authorized to Sign on Behalf of Renewal 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: \_\_\_\_\_.