CANNABIS REGULATORY AGENCY

Adult-Use Licensing | Licensing Division
P.O. Box 30205, Lansing, MI 48909
Telephone: 517-284-8599
CRA-AdultUseRenewals@Michigan.gov

# ATTESTATION R-A
# CONFIRMATION OF MRTMA AND RULE 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: _____

Adult-Use Establishment License Number: _____

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

am requesting renewal of the above adult-use marihuana establishment license. I acknowledge that I am the person responsible for submitting this renewal application and supporting documents.

I hereby certify that the information provided in this renewal application is current, complete, true, and accurate, and that the licensee has fulfilled its obligation under the MRTMA and associated rules to notify the agency of any change in information provided in its original marihuana license application and subsequent renewal applications or forms previously filed, if applicable.

I attest that this renewal application provides all information and documentation required by the agency to establish that the licensee is eligible, qualified, and suitable to have its marihuana license renewed and is ready and able to continue conducting its marihuana business in compliance with the MRTMA and associated rules throughout the new 1-year time period for which the license is to be renewed.

Further, I affirm, under the penalties of perjury, that the information set forth in this renewal application and all supporting documents is true, complete, and correct, and that no material information has been omitted.

_____ _____
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: _____.