CANNABIS REGULATORY AGENCY

License Maintenance Section | Licensing Division
P.O. Box 30205, Lansing, MI 48909
Telephone: 517-284-8599
CRA-Amendments@Michigan.gov

ADDRESS UPDATE REQUEST

This form is to be utilized for making a minor change to a physical address (suite number, street type, directional indicator, etc.)
For address changes involving a new physical address or location, a new marijuana business license application is required.

General Information			
Licensee Legal Name	License Number (e.g., PC-000000, AU-R-000000)(List all licenses the update applies to)		
Email	Phone		
Current Physical Address	City	State	Zip Code
Updated Physical Address	City	State	Zip Code

Additional Documentation Required (all documentation must show the updated address)

- ☐ Certificate of Occupancy (or official documentation from municipality confirming updated physical address)
- ☐ Deed or Lease Agreement
- ☐ Insurance Policy

AFFIDAVIT OF FULL DISCLOSURE

On behalf of _____ (Legal Name of Licensee), I _____ (Name & Title of Individual Authorized to Sign on Behalf of Licensee),
confirm the following:

1. I am the individual responsible for submitting this address update request and have full authority to execute this form.
2. I affirm, under the penalties of perjury, that the information set forth in this form and all related supporting documentation is true, complete, and accurate, and that no material information has been omitted. Further, I affirm all previously completed Attestations remain true, complete, and accurate, and that no material information has changed that has not been previously reported.

_____ Signature of Individual Authorized to Sign on Behalf of Licensee

_____ Date

Subscribed and sworn to by _____ (Authorized Individual Name) before me on _____ (Date).

_____ (Notary Public Signature)

_____ (Notary Public Printed Name)

State of _____, County of _____. Acting in the county of _____ (county), _____ (state).

My commission expires: _____.