



CONTACT AUTHORIZATION

CONSOLIDATED ANNUAL FINANCIAL STATEMENT (AFS)

Licensee Information		
Licensee Legal Name	FEIN	AFS Fiscal Year (FY)
AFS Reporting Period	Licensee FCR Record Number (e.g., FCR-XXXXXX)	

Check all boxes to acknowledge the following:

Licensee authorizes the individuals below to be contact persons that the Cannabis Regulatory Agency (Agency) can discuss any and all information regarding the AFS. A licensee contact is required. CPA contact persons are optional. Please note, only up to two CPA contacts are allowed.

Licensee Contact Name: _____	Licensee/CPA Contact Name: _____
Email Address: _____	Email Address: _____
Phone Number: _____	Phone Number: _____

Licensee Contact Name: _____	Licensee/CPA Contact Name: _____
Email Address: _____	Email Address: _____
Phone Number: _____	Phone Number: _____

Licensee understands these people will receive all communication from the Agency regarding the licensee's AFS report until the licensee submits an official request to cease communication with this person.

By signing this form, the licensee is acknowledging all supplemental applicants have been made aware and approve of these designations.

The individuals responsible for completing this form also has full authority to submit documentation on behalf of the licensee.

Signature & Declaration

I attest the information I provided on this contact form is true and accurate and that I will comply with the requirements of the Medical Marihuana Facilities Licensing Act (MMFLA) and the Michigan Regulation and Taxation of Marihuana Act (MRTMA) and their associated rules. I understand that falsified or fraudulent information could subject the licensee to disciplinary action as provided in the MMFLA and the MRTMA and their associated rules, up to and including license revocation.

Signature: _____

Date: _____

Printed Name: _____

Notary

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: _____.

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INSTRUCTION SHEET

The following form must be completed in its entirety. If any area is left blank, the form will be sent back as a deficiency. Please note: An error on the contact authorization form, will necessitate submission of a new form with newly notarized signatures.

Licensee Information

Licensee Legal Name	Enter the licensee’s full official business name. Do NOT enter the licensee’s assumed name or d.b.a.
FEIN	Enter the licensee’s FEIN. This can be found on their official business documents.
AFS Fiscal Year (FY)	Enter the fiscal year the AFS report is due. This is identified in the Notice of AFS Requirement email.
AFS Reporting Period	Enter the reporting period the AFS report is required to cover.
Licensee FCR Record Number	Enter the licensee’s FCR Record Number found in the licensee’s ACA. For further instructions on how to find it: AFS Submission Instructions

Authorized Individuals

A licensee contact is required. CPA contact persons are optional. Only up to two CPA contacts are allowed. All boxes must be checked and understood.

Licensee Contact Name and/or CPA Contact Name	Enter the contact’s full name (first and last).
Email Address	Enter the contact’s email address. If written, this address must be legible.
Phone Number	Enter the contact’s full phone number.

Signature & Declaration, and Notary

The signature, date, and printed name of the authorized entity contact must be completed for this form to be accepted. **Do not sign this form until in the presence of a notary.**

The individual who is authorized to sign documents on behalf of the main applicant entity (licensee) should sign this form in the presence of an active notary, providing their name, signature, and date in the spaces provided. The individual who is authorized to sign on behalf of the licensee signature date and the notary signature date must match.

If the notary signature is invalid and/or the dates do not match, a Notice of Deficiency (NOD) will be sent.

Again, an error on the contact authorization form, will necessitate submission of a new form with newly notarized signatures.