Adult-Use Licensing | Licensing Division
Cannabis Regulatory Agency
P.O. Box 30205 Lansing, MI 48909
Telephone: (517) 284-8599
CRA-AdultUseLicensing@Michigan.gov

CONSENT TO PUBLISH LICENSEE PUBLIC CONTACT INFORMATION

The Cannabis Regulatory Agency (CRA) is requesting authorization to post licensee contact information on the public CRA website in an effort to make it easier for the public to communicate with licensees.

Please indicate below whether the applicant/proposed licensee consents to public contact information for the licensee being posted on our website upon licensure.

☐ I, on behalf of the applicant/proposed licensee, consent to the CRA publishing the following public contact information for the applicant/proposed licensee on the CRA website upon licensure (select all that apply and provide the requested information):

- ☐ Public Contact Person's Name:_____
- ☐ Telephone Number:_____
- ☐ Email Address:_____
- ☐ Website Address;_____

☐ I, on behalf of the applicant/proposed licensee, do not consent to the CRA publishing public contact information for the applicant/proposed licensee on the CRA website upon licensure.

_____ _____

Applicant Entity/Proposed Licensee Name or Sole Proprietor Name | Date

_____

Signature of Individual Authorized to Sign on Behalf of Entity

_____

Individual Authorized to Sign on Behalf of Entity: Printed Name and Title