



Financial Compliance Section
Cannabis Regulatory Agency
P.O. Box 30205 Lansing, MI 48909
Telephone: (517) 284-8599
CRA-AFS@michigan.gov

CONFIRMATION OF SECTION 701 COMPLIANCE
MEDICAL ANNUAL FINANCIAL STATEMENT (AFS)

(To be completed and submitted by the medical licensee for each municipality in which the licensee is licensed)

Licensee Information	
Licensee Legal Name	Licensee Record Number (e.g., ERG-000000) AFS Fiscal Year

Check all boxes to acknowledge the following:

- I understand that, pursuant to Section 701 of the Medical Marihuana Facilities Licensing Act (MMFLA), a financial statement of a licensee's total operations must be transmitted to the Cannabis Regulatory Agency (CRA) and the municipality.
- I understand the financial statement must be reviewed by a certified public accountant licensed or authorized to practice in this state, in a manner and form prescribed by the CRA.
- I understand the form prescribed by the CRA is the Annual Financial Statement and I certify that a copy of the Annual Financial Statement for this fiscal year has been transmitted to the municipality for the marijuana facility as listed below.
Facility Name: _____
License Number(s): _____
Facility Address: _____
Date Transmitted to the Municipality: _____
- I, the individual responsible for completing this form, have full authority to sign and 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 associated rules. I understand that falsified or fraudulent information could subject the licensee to disciplinary action as provided in the MMFLA and 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: _____.