CANNABIS REGULATORY AGENCY

Medical Facilities Licensing | Licensing Division
P.O. Box 30205, Lansing, MI 48909
Telephone: 517- 284-8599
CRA-Applications@Michigan.gov

# DISCLOSURE 3 – INTERESTS OF PUBLIC OFFICIALS

Entity Name _____ Phone No. _____

Please list the names and titles of all public officials or officers of any unit of government as well as the spouses, parents, and children of those public officials or officers, who directly, or indirectly:

1. Own any financial interest in the entity
2. Have any beneficial interest in the entity
3. Are the creditors of the entity
4. Hold any debt instrument issued by the entity
5. Hold or have any interest in any contractual or service relationship with the entity

_____

Name of Public Official/Office of Governmental Unit Title

Is the interest that of the public official or officer of a governmental unit? ☐ Yes ☐ No

If **yes**, state the percentage/capacity of interest _____

If **no**, provide the following information about the interest of the family member of the public official or officer:

| Name of Family Member | Relationship | Date of Birth | Address | Percentage/ Capacity of Interest |
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