CANNABIS REGULATORY AGENCY

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

DISCLOSURE 4 – DEBT, INSOLVENCY, OR BANKRUPTCY ACTIONS

Supplemental Individual Name _____ Phone No. _____

(1) Has the supplemental individual filed, or had filed against it, a proceeding for bankruptcy or been involved in any formal process to adjust, defer, suspend or otherwise work out payment of a debt in the past seven years?

☐ Yes ☐ No If yes, provide information in the following sections.
If **no**, this disclosure form is complete.

(2) Provide the following information related to the supplemental individual 's past or current debt, bankruptcy, or other insolvency proceeding.

Date of Filing	Name & Location of Court	Case No.	Date of Disposition	Disposition