CANNABIS REGULATORY AGENCY

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

ATTESTATION C - INDIVIDUAL VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE

(To be completed and submitted by the applicant)

Add additional pages of this form if authorizing more than one contact person.

I, _____,
Name of Sole Proprietor

confirm the following:

1. I am the individual responsible for submitting this application and have full authority to execute this affidavit of full disclosure.

2. I authorize_____to be a contact person for the Cannabis Regulatory Agency (Agency). I understand that this person will have access to records and material submitted to the Agency for the purposes of this application. Further, I understand that this person will retain access and receive communication from the Agency regarding the applicant/licensee until the applicant/licensee submits an official request to remove this person's access and cease communication with this person. Please provide the information for this contact person below.

   E-mail Address: _____ Phone Number: _____

   Accela Citizen Access Login User ID (if applicable): _____

3. I authorize the person listed as the Person Completing Application within the demographic section of the application to be a contact person for the Agency. I understand that this person will have access to records and material submitted to the Agency for the purposes of this application. Further, I understand that this person will retain access and receive communication from the Agency regarding the applicant/licensee until the applicant/licensee submits an official request to remove this person's access and cease communication with this person.

4. I affirm that the information contained in this application is true, complete, and accurate to the best of my knowledge and belief.

5. Except as reported in this application, I have no agreements or understandings with any person or entity and no present intent to hold as agent, nominee, or otherwise any interest in the application.

6. Except as reported in this application, I have no agreements or understanding with any person or entity and no present intent to pay any sums of money or give anything of value as, including but without limitation, a finder's fee or commission to any person or entity related to the interest in this application.

7. I understand that the sole proprietor has an ongoing obligation to notify the Agency should the sole proprietor enter into any such agreement contemplated by this attestation.