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

ATTESTATION F - INDIVIDUAL
CONFIRMATION OF TAX COMPLIANCE

(To be completed by the designee of the Michigan Department of Treasury and submitted by the applicant)

PART A (to be completed by the applicant before submitting to the Department of Treasury):

I, _____,
Name of Sole Proprietor

understand that I am submitting this Attestation in compliance with the Medical Marihuana Facilities Licensing Act (MMFLA) and the Administrative Rules. I affirm that if I have been making sales, I am registered and remitting sales tax to the Michigan Department of Treasury, as required. Additionally, I am not more than one year delinquent in the payment of taxes required under federal, state, or local law.

The Revenue Act, 1941 PA 122, MCL 205.28(1)(f), makes taxpayer information acquired in the administration of a tax confidential. I authorize the Michigan Department of Treasury to furnish tax returns and provide tax return information to the Cannabis Regulatory Agency for the limited purpose of determining my qualification and fitness for licensure under MMFLA. This limited authorization relates to all tax types administered under the Revenue Act. This limited authorization continues for two years from the date of my signature below or until the applicant is no longer licensed, whichever is later.

_____ _____
Signature of Sole Proprietor Date

_____
Sole Proprietor SSN

Return Address for Completed Form:

_____
Name

_____
Representative Name (if applicable)

_____
Return Email Address or Mailing Address

_____
Phone Number

Treasury Phone: 517-636-6925 | Treasury Email: Treas-MI-Marihuana-Tax@michigan.gov

PART B (to be completed by a designee of the Michigan Department of Treasury and returned to the applicant):

I,_____(designee) of the Michigan Department of Treasury, hereby confirm to the Cannabis Regulatory Agency (Agency) that the applicant for a state operating license as named above in Part A:

☐ does not have a federal employer identification number, social security number, or federal individual tax identification number, therefore, Treasury cannot verify the applicant has no delinquency in payments.

☐ is not delinquent with the payment of taxes required under state law.

☐ is delinquent in the payment of any tax required under state law. The payment ☐ has ☐ has not been delinquent for one or more years.

_____ _____
Signature of Treasury Designee Date