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

_____
Sole Proprietor 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. Are the creditors of the individual
2. Hold any debt instrument issued by the individual
3. Hold or have any interest in any contractual or service relationship with the individual

_____
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