

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

DISCLOSURE 7 – CRIMINAL HISTORY

Sole Proprietor Name						Phone No.					
1)	Has the sole proprietor been indicted for, charged with, arrested for, convicted of, pled guilty or nolo contendere to, or forfeited bail under the laws of any jurisdiction (state, federal, or foreign) concerning <u>any</u> felony criminal offense or a misdemeanor involving a controlled substance, dishonesty, theft, or fraud, not including traffic violations , regardless of whether the offense has been reversed on appeal, reduced, expunged, set aside, pardoned or otherwise?										
		Yes	□ No)							
2)	Has the sole proprietor been found responsible for violating a local ordinance in any state involving a controlled substance, dishonesty, theft, or fraud that substantially corresponds to a misdemeanor in that state, whether the offense has been reversed on that appeal, reduced, expunged, set aside, pardoned or otherwise? Yes No										
3)	As to any criminal offense, either felony or misdemeanor, in the laws of any jurisdiction, not including traffic violations , regardless of whether the offense has been reversed on appeal, reduced, expunged, set aside, pardoned or otherwise, has the sole proprietor ever:										
		Yes	No			Yes	No				
				been arrested				pled nolo contendere (no contest)			
				been charged				forfeit bail concerning an offense			
				been indicted				had a criminal record expunged			
				been convicted				been incarcerated			
4)	Dlagge	a measida	tha fall	ouving information for all	umagta ahanga	a india	tmanta	and appriations			

(4) Please provide the following information for all arrests, charges, indictments, and convictions.

#	Name of Offense	Type of Offense	Date	Arresting Agency/Jurisdiction	
1					
	Name & Location of Court	Docket/Case #	Disposition		
#	Name of Offense	Type of Offense	Date	Arresting Agency/Jurisdiction	
	Name of Official	Type of Official	Date	Arresting Agency/our isdiction	
2	Name & Location of Court	Docket/Case #	Disposition		
#	Name of Offense	Type of Offense	Date	Arresting Agency/Jurisdiction	
3	Name & Location of Court	Docket/Case #		Disposition	
	Name & Location of Court	Ducket/Case #		Disposition	
#	Name of Offense	Type of Offense	Date	Arresting Agency/Jurisdiction	
4	Name & Location of Court	Docket/Case #		Disposition	

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