

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

## STATEMENT OF MONEY LENDER

This form is to be used by persons lending money to an applicant for a marijuana facility state operating license to meet the capitalization requirements of the Administrative Rules. In addition to this form, the applicant and/or money lender must provide a CPA attestation documenting the source of these funds.

## STATE OPERATING LICENSE APPLICANT INFORMATION

Enter the information for the applicant for which the mon	ey lender is lending money		
Applicant Name	Applicant Prequalification	on Number (if known)	
Applicant FEIN/SSN	Business Name (if applica	able)	
Applicant Contact Person in Reference to This Form	Contact Phone:		
MONEY LENDER DEMOGRAPHIC INFORMATIO Enter the information regarding individual or entity lendin Money Lender's Name (Individual or Entity e.g., LLC or corporatio	ng money		
Money Lender's Member/Director/Officer's Full Name and Title	(if money lender is an entity)		
Date of Birth	Phone Number		
Business Address (if money lender is an entity)	Email Address		
Mailing Address	City	State	Zip Code
LOAN INFORMATION Enter the information and details about the money being  1)Describe in detail the type of instrument securing the line of cr or other legal document securing the line of credit or debt)		e instrument with this fo	rm (e.g., promissory note
2)Amount of the loan	3) Will the money lender have an interest in the marijuana facility, other than as a lender for the line of credit or as creditor for the debt? If yes, answer question 4 below.		
	Yes □ No □		
4)State the nature of the interest the money lender will have in the	e marijuana facility		
5)Does the money lender have an interest in any other marijuana. Yes \( \square\) No \( \square\) If yes, list below	-related licenses or applications for m	arijuana-related license	s in any state?

CRA 5411 (Rev Mar-2022) Page 1 of 2



CANNABIS
REGULATORY AGENCY

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

## MONEY LENDER'S ACKNOWLEDGEMENT, CONSENT, & ATTESTATION

Licensing Act (MM	submission of this form, and I agree t	g first duly sworn upon oath or affirmation, depose and state: I am to be bound by and comply with the Medical Marihuana Facilities to the jurisdiction of the courts of Michigan, and to choose Michigan under the MMELA	
I further agree to pr Agency (Agency) to other person associ- nature of the agree	rovide, upon request, any information o establish and determine the identity inted with the money lender as may be	a and documentation as may be required by the Cannabis Regulatory r, eligibility, suitability, and qualification of the money lender or any be relevant to document the source of the funds and to confirm the money lender. I understand that any material changes to the subject	
Money Lender's Signatu	ure	Money Lender's Printed Name & Title	
Money Lender's Spouse (Required only if line of credit is	c's Signature is pledged from jointly held assets)	Money Lender's Spouse's Printed Name	
Date			
Subscribed and sworn	to by(Authorized Individual Na	before me on	
(Notary Public Signature)		(Notary Public Printed Name)	
State of	, County of	Acting in the county of,(County) ,(State)	
My commission expire	es:		