

ATTESTATION I
MUNICIPAL ATTESTATION
PART 2: APPLICANT

(To be completed and submitted by the applicant)

Proposed Facility Name: _____

Proposed Facility Address: _____

Proposed Facility Type: _____

Municipality: _____

On behalf of _____, I _____,
Name of Main Applicant Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

am authorized to sign this attestation on behalf of the proposed medical marijuana facility identified above and attest to and confirm the following:

1. The municipality in which the proposed medical marijuana facility is to be located has adopted an ordinance under Section 205 of the MMFLA that authorizes the proposed facility.
2. . The proposed medical marijuana facility is is not in compliance with all ordinances and zoning regulations within the above municipality that apply to the proposed facility. A description of any noncompliance is attached.
3. The applicant will report to the Cannabis Regulatory Agency (CRA) any changes to an ordinance or zoning regulation that the municipality has adopted under Section 205 of the MMFLA.
4. The applicant will report to the CRA any municipal ordinance or zoning regulation violations by the proposed medical marijuana facility that relate to activities licensed under the MMFLA or associated administrative rules.

Authorized Individual Signature

Date