



ATTESTATION I MUNICIPAL ATTESTATION PART 1: MUNICIPALITY

(To be completed by the municipal clerk or their designee and submitted by the applicant)

Do not sign until notary is present

Propose	d Facility Name:					
Propose	d Facility Address:					
Propose	d Facility Type:					
I,		(clerk/designee	e) of	(municipality),		
	and confirm the following:		,			
1.			Section 205 of the Medical Maposed medical marijuana facili	arihuana Facilities Licensing Act ty identified above.		
2.	The following ordinances and zoning regulations within the municipality will apply to the proposed medical marijuana facility (identify and briefly describe):					
3.			s not in compliance with all oncility. A description of any not	ordinances and zoning regulations ncompliance is attached.		
Clerk (or	designee) Signature	Clerk (or design	nee) Email Address	Date		
Subscribed and sworn to by(Clerk/Designee Name			before me o	On (Date)		
		(Clerk/Designee Name)		(Date)		
(Notary Pul	blic Signature)		(Notary Public Printed Name)			
State of_	, Coun	ty of	Acting in the county of	(County) , (State)		
My comi	mission expires:					

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

ATTESTATION I MUNICIPAL ATTESTATION PART 2: APPLICANT

(To be completed and submitted by the applicant)

Propose	d Facility Name:						
Propose	d Facility Address:						
Propose	d Facility Type:						
Municip	pality:						
On beha	alf of		, I				
		Name of Main Applicant	Name & Title	e of Individual Authorized to Sign on Behalf of Main Applicant			
	orized to sign this att the following:	estation on behalf of the prop	osed medical marijua	ana facility identified above and attest to and			
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 \square is \square 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 <u>attached</u> .						
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.						
Authorize	d Individual Signature			Date			

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