

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

ATTESTATION I - RENEWAL MUNICIPAL ATTESTATION

(To be signed by the municipal clerk or their designee and submitted by the licensee)

Do not sign until notary is present

PART A:	
Ι	, ofName of Municipality
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	ency (Agency) that the licensee named below is operating at the following addressed pality under Section 205(1) of the Medical Marihuana Facilities Licensing Agency (Agency) that the licensee named below is operating at the following addressed pality under Section 205(1) of the Medical Marihuana Facilities Licensing Agency (Agency) that the licensee named below is operating at the following addressed pality under Section 205(1) of the Medical Marihuana Facilities Licensing Agency (Agency) that the licensee named below is operating at the following addressed pality under Section 205(1) of the Medical Marihuana Facilities Licensing Agency (Agency) that the licensee named below is operating at the following addressed pality under Section 205(1) of the Medical Marihuana Facilities Licensing Agency (Agency) that the licensee named below is operating at the following addressed pality under Section 205(1) of the Medical Marihuana Facilities Licensing Agency (Agency) that the license of the license named below is operating at the following addressed pality (Agency) that the license of the license named below is operating at the following addressed pality (Agency) that the license of the license named below is operating at the following addressed pality (Agency) that the license named below is operating at the license named below in the license named below i
Licensee Legal Name	
Address	
City, State, Zip Code	
Type of Marijuana Facility	
I further attest that:	
	nitted a violation of an ordinance or zoning regulation adopted in this municipal elates to activities licensed under the MMFLA or associated administrative ruld.
	he ordinance or zoning regulations that apply to the licensee's marijuana facile or zoning regulations have changed, a description of the changes are <u>attached</u> .
Clerk (or designee) Signature	Clerk (or designee) Email Address Date
Subscribed and sworn to by	before me on
(Clerk or Designee Name) (Date)
(Notary Public Signature)	(Notary Public Printed Name)
State of . County of	Acting in the county of,
	(county) (state)
My commission expires:	
PART B:	
I, on behalf of the licensee, understand that MMFLA and the MMFLA Administrative R	this Attestation I $-$ Renewal is submitted in compliance with Section 205 of the tales.
Signature of Individual Authorized to Sign on Behalf of	Licensee Date
Printed Name and Title of Individual Authorized to Sig	on Behalf of Licensee

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