

ATTESTATION L - RENEWAL
CONFIRMATION OF TAX COMPLIANCE

(To be completed by a designee of the Michigan Department of Treasury and submitted by the applicant)

PART A (to be completed by the applicant before submitting to the Department of Treasury):

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

understand that I am submitting this Attestation in compliance with MMFLA and the Administrative Rules. I affirm that if I have been making sales, I am registered and remitting sales tax to the Michigan Department of Treasury, as required. Additionally, I am not more than one year delinquent in the payment of taxes required under federal, state, or local law.

Signature of Individual Authorized to Sign on Behalf of Renewal Applicant

Date

Renewal Applicant FEIN/Sole Proprietor SSN

License Number(s):

Return Address for Completed Form:

Name

Representative Name (if applicable)

Return Email Address or Mailing Address

Phone Number

Treasury Phone: 517-636-6925 | Treasury Email: Treas-MI-Marihuana-Tax@michigan.gov

PART B (to be completed by a designee of the Michigan Department of Treasury and returned to the applicant):

I, _____ (designee) of the Michigan Department of Treasury, hereby confirm to the Cannabis Regulatory Agency (Agency) that the applicant for renewal of a state operating license as named above in Part A:

does not have a federal employer identification number, social security number, or federal individual tax identification number, therefore, Treasury cannot verify the applicant has no delinquency in payments.

is not delinquent with the payment of taxes required under state law.

is delinquent in the payment of any tax required under state law. The payment has has not been delinquent for one or more years.

Signature of Treasury Designee

Date