

**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](mailto: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