

Adult-Use Licensing | Licensing Division Cannabis Regulatory Agency P.O. Box 30205 Lansing, MI 48909 Telephone: (517) 284-8599 CRA-AdultUseLicensing@Michigan.gov

## **ACKNOWLEDGMENT OF ATTESTATIONS**

## (To be completed and submitted by the applicant)

Do not sign until notary is present

On behalf of	, I
Name of Entity	Name & Title of Individual Authorized to Sign on Behalf of Entity
hereby swear, acknowledge, and consent to the following att acknowledgment and consent):	restations (check all that apply to indicate the applicant's
<ul> <li>□ Attestation 1-A: Acknowledgment, Agreement &amp; Consent</li> <li>□ Attestation 1-B: Verification &amp; Affidavit of Full Disclosur</li> <li>□ Attestation 1-C: Authorization to Release Information</li> <li>□ Attestation 1-D: Acknowledgment of Federal Law &amp; Rele</li> <li>□ Attestation 1-E: Confirmation of Tax Compliance</li> </ul>	re (with contact designated, if applicable) ase of Liability
Further, I affirm, under the penalties of perjury, that the informat is true, complete, and correct, and that no material information ha	
Signature of Individual Authorized to Sign on Behalf of Entity	Date
Subscribed and sworn to by(Authorized Individual Name)	before me on
(Notary Public Signature)	(Notary Public Printed Name)
State of, County of	Acting in the county of,
My commission expires:	-

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