

My commission expires:

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

CRA-AdultUseLicensing@Michigan.gov

(state)

ACKNOWLEDGMENT OF ATTESTATIONS

(To be completed and submitted by the applicant)

Do not sign until notary is present

Name of Sole Proprietor hereby swear, acknowledge, and consent to the following attestations (check all that apply to indicate the applicant's acknowledgment and consent): ☐ Attestation 1-A: Acknowledgment, Agreement & Consent ☐ Attestation 1-B: Verification & Affidavit of Full Disclosure (with contact designated, if applicable) ☐ Attestation 1-C: Authorization to Release Information ☐ Attestation 1-D: Acknowledgment of Federal Law & Release of Liability ☐ Attestation 1-E: Confirmation of Tax Compliance Further, I affirm, under the penalties of perjury, that the information set forth in this application and all supporting documents is true, complete, and correct, and that no material information has been omitted. Signature of Sole Proprietor Date Subscribed and sworn to by_ before me on (Sole Proprietor Name) (Date) (Notary Public Signature) (Notary Public Printed Name) , County of ______. Acting in the county of_

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