

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

CRA-AdultUseLicensing@Michigan.gov

## <u>ATTESTATION 1-B</u> <u>VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE</u>

Add additional pages of this form as necessary to account for multiple additional contact persons.

PART A (to be completed by the adult-use applicant):	
Ι, _	
Name of Sole Proprietor confirm the following:	
Commit the following.	
1.	I am the individual responsible for submitting this application and have full authority to execute this affidavit of full disclosure.
1.	I authorize
	E-mail Address: Phone Number:
	Accela Citizen Access Login User ID (if applicable):
2.	I authorize the person listed as the Person Completing Application within the demographic section of the application to be a contact person for the Agency. I understand that this person will have access to records and material submitted to the Agency for the purposes of this application. Further, I understand that this person will retain access and receive communication from the Agency regarding the applicant/licensee until the applicant/licensee submits an official request to remove this person's access and cease communication with this person.
3.	I affirm that the information contained in this application is true, complete, and accurate to the best of my knowledge and belief.
4.	Except as reported in this application, I have no agreements or understandings with any person or entity and no present intent to hold as agent, nominee, or otherwise any interest in the application.
5.	Except as reported in this application, I have no agreements or understanding with any person or entity and no present intent to pay any sums of money or give anything of value as, including but without limitation, a finder's fee or commission to any person or entity related to the interest in this application.
6.	I understand that I have an ongoing obligation to notify the Agency should the entity enter into any such agreement contemplated by this attestation.

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