

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 6-B</u> <u>CONFIRMATION OF SECTION 6 COMPLIANCE</u>

(To be completed and submitted by the applicant)

Name of	Applicant:
Address	of Proposed Research Location:
Municin	ality of Proposed Research Location:
	Municipal Clerk/Designee:
	umber of Municipal Clerk/Designee:
	ddress of Municipal Clerk/Designee:
Mailing	Address of Municipal Clerk/Designee:
On beha	If of
am auth	orized to sign this attestation on behalf of the proposed marijuana educational research license identified above and and confirm the following:
1.	The municipality in which the proposed marijuana educational research is to be conducted has not adopted an ordinance prohibiting adult-use marijuana establishments.
2.	I am in compliance with all ordinances the municipality has adopted relating to marijuana establishments, including zoning regulations.
3.	I will report to the Cannabis Regulatory Agency (CRA) any changes that occur with municipal ordinances or zoning regulations that relate to the proposed marijuana educational research license.

I will report to the CRA any municipal establishment approvals.

5. I will report to the CRA any violations of a municipal or zoning regulation.

CRA 5399 (New Mar-2022) Page 3 of 5