

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

CRA-AdultUseLicensing@Michigan.gov

## ATTESTATION 4-B CONFIRMATION OF SECTION 6 COMPLIANCE

(To be completed and submitted by the applicant)

Applicant Legal Name:
Proposed Event Name:
Proposed Event Venue:
Proposed Event Address:
Municipality of Proposed Event
Municipality of Proposed Event :
Phone Number of Municipal Clerk/Designee:
Email Address of Municipal Clerk/Designee:
Mailing Address of Municipal Clerk/Designee:
On behalf of
am authorized to sign this attestation on behalf of the proposed temporary marijuana event identified above and attest to and confirm the following:  1. The municipality in which the proposed temporary marijuana event is to occur has not adopted an ordinance prohibiting adult-use marijuana events.  2. I am in compliance with all ordinances the municipality has adopted relating to marijuana establishments within its jurisdiction, 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 temporary marijuana event, any municipal approvals, or any violations of a municipal or zoning regulation.  4. I will engage in the following activities during the event:  □ Onsite marijuana sales to persons 21 years of age and older  □ Onsite marijuana consumption by persons 21 years of age and older  □ Both
Authorized Individual Signature Date

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