

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

 $\underline{CRA\text{-}AdultUseLicensing@Michigan.gov}$

ACKNOWLEDGMENT OF ATTESTATIONS

(To be signed and submitted by the applicant)
Do not sign until notary is present

On behalf of	, I
Name of Main Applicant	Name & Title of Individual Authorized to Sign on Behalf of Main Applicant
hereby swear, acknowledge, and consent to the following at acknowledgment and consent):	testations (check all that apply to indicate the applicant's
☐ Attestation 4-A: Acknowledgment & Consent to Investiga	ations, Statute & Rule Compliance
☐ Attestation 4-B: Confirmation of Section 6 Compliance	
☐ Attestation 4-C: Confirmation of Insurance	
Further, I affirm, under the penalties of perjury, that the informatis true, complete, and correct, and that no material information has	11 0
Signature of Individual Authorized to Sign on Behalf of Main Applicant	Date
Subscribed and sworn to by(Authorized Individual Name)	before me on (Date)
(Notary Public Signature)	(Notary Public Printed Name)
State of, County of	
	(county) (state)
My commission expires:	_

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