





**MONEY LENDER’S ACKNOWLEDGEMENT, CONSENT, & ATTESTATION**

I, \_\_\_\_\_ , being first duly sworn upon oath or affirmation, depose and state:  
I am responsible for the submission of this form, and I agree to be bound by and comply with the Medical Marijuana Facilities Licensing Act (MMFLA) 2016 P.A. 281, to be subject to the jurisdiction of the courts of Michigan, and to choose Michigan as the forum if a dispute, question, or controversy arises under the MMFLA.

I further agree to provide, upon request, any information and documentation as may be required by the Marijuana Regulatory Agency (Agency) to establish and determine the identity, eligibility, suitability, and qualification of the money lender or any other person associated with the money lender as may be relevant to document the source of the funds and to confirm the nature of the agreement between the applicant and the money lender. I understand that any material changes to the subject matter of this form must be filed with the Agency without undue delay.

\_\_\_\_\_  
Money Lender’s Signature

\_\_\_\_\_  
Money Lender’s Printed Name & Title

\_\_\_\_\_  
Money Lender’s Spouse’s Signature  
(Required only if line of credit is pledged from jointly held assets)

\_\_\_\_\_  
Money Lender’s Spouse’s Printed Name

\_\_\_\_\_  
Date

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_ .  
(Applicant Name) (Date)

\_\_\_\_\_  
(Notary Public Signature) (Notary Public Printed Name)

State of \_\_\_\_\_ , County of \_\_\_\_\_ . Acting in the County Of \_\_\_\_\_ , \_\_\_\_\_  
(County) (State)

My commission expires: \_\_\_\_\_ .