



Financial Compliance Section
 Marijuana Regulatory Agency
 P.O. Box 30205 Lansing, MI 48909
 Telephone: (517) 284-8599
MRA-AFS@michigan.gov

CONTACT AUTHORIZATION

MEDICAL ANNUAL FINANCIAL STATEMENT (AFS)

Licensee Information

Licensee legal name	Licensee prequalification record number (e.g., ERG-000000)		
AFS Fiscal Year	FEIN	Phone	Email Address
Mailing Address	City	State	Zip Code

Check all boxes to acknowledge the following:

- Licensee authorizes the individual below to be the contact person that the Marijuana Regulatory Agency (Agency) can discuss any and all information regarding the medical AFS.
 Contact Name: _____
 Email Address: _____
 Phone Number: _____
- Licensee understands this person will receive all communication from the Agency regarding the licensee’s medical AFS report until the licensee submits an official request to cease communication with this person.
- By signing this form, the licensee is acknowledging all supplemental applicants have been made aware and approve of this designation.
- The individual responsible for completing this form also has full authority to submit documentation on behalf of the licensee.

Signature & Declaration

I attest the information I provided on this contact form is true and accurate and that I will comply with the requirements of the Medical Marijuana Facilities Licensing Act (MMFLA) and associated rules. I understand that falsified or fraudulent information could subject the licensee to disciplinary action as provided in the MMFLA and associated rules, up to and including license revocation.

Signature: _____

Date: _____

Printed Name: _____

Notary

Subscribed and sworn to by _____ before me on _____.
(Authorized Individual Name) (Date)

(Notary Public Signature) (Notary Public Printed Name)

State of _____, County of _____, Acting in the county of _____,
(County) (State)

My commission expires: _____.