



CONFIRMATION OF SECTION 701 COMPLIANCE
MEDICAL ANNUAL FINANCIAL STATEMENT (AFS)

(To be completed and submitted by the medical licensee for each municipality in which the licensee is licensed)

Licensee Information

Licensee Legal Name	Licensee Record Number (e.g., ERG-000000)	AFS Fiscal Year
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Check all boxes to acknowledge the following:

I understand that, pursuant to Section 701 of the Medical Marijuana Facilities Licensing Act (MMFLA), a financial statement of a licensee’s total operations must be transmitted to the Marijuana Regulatory Agency (MRA) and the municipality.

I understand the financial statement must be reviewed by a certified public accountant licensed or authorized to practice in this state, in a manner and form prescribed by the MRA.

I understand the form prescribed by the MRA is the Annual Financial Statement and I certify that a copy of the Annual Financial Statement for this fiscal year has been transmitted to the municipality for the marijuana facility as listed below.

Facility Name: _____

License Number(s): _____

Facility Address: _____

Date Transmitted to the Municipality: _____

I, the individual responsible for completing this form, have full authority to sign and 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: _____.