



Financial Compliance Section  
 Cannabis Regulatory Agency  
 P.O. Box 30205 Lansing, MI 48909  
 Telephone: (517) 284-8599  
[CRA-AFS@michigan.gov](mailto:CRA-AFS@michigan.gov)

**CONTACT AUTHORIZATION**

**ADULT- USE ANNUAL FINANCIAL STATEMENT (AFS)**

Licensee Information			
Licensee legal name		Licensee prequalification record number (e.g., AU-ER-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 Cannabis Regulatory Agency (Agency) can discuss any and all information regarding the adult-use AFS.  
 Contact Name: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_
- Licensee understands this person will receive all communication from the Agency regarding the licensee’s adult-use 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 Michigan Regulation and Taxation of Marihuana Act (MRTMA) and associated rules. I understand that falsified or fraudulent information could subject the licensee to disciplinary action as provided in the MRTMA 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: \_\_\_\_\_.