



Medical Facilities Licensing
 Marijuana Regulatory Agency
 P.O. Box 30205 Lansing, MI 48909
 Telephone: (517) 284-8599
MRA-Applications@Michigan.gov

CONSENT TO PUBLISH LICENSEE PUBLIC CONTACT INFORMATION

The Marijuana Regulatory Agency (MRA) is requesting authorization to post licensee contact information on the public MRA website in an effort to make it easier for the public to communicate with licensees.

Please indicate below whether the applicant/proposed licensee consents to public contact information for the licensee being posted on our website upon licensure.

I, on behalf of the applicant/proposed licensee, consent to the MRA publishing the following public contact information for the applicant/proposed licensee on the MRA website upon licensure (select all that apply and provide the requested information):

- Public Contact Person's Name: _____
- Telephone Number: _____
- Email Address: _____
- Website Address: _____

I, on behalf of the applicant/proposed licensee, do not consent to the MRA publishing public contact information for the applicant/proposed licensee on the MRA website upon licensure.

 Applicant Entity/Proposed Licensee Name or Sole Proprietor Name

 Date

 Signature of Individual Authorized to Sign on Behalf of Entity

 Individual Authorized to Sign on Behalf of Entity: Printed Name and Title