

Medical Facilities Licensing | Licensing Division P.O. Box 30205, Lansing, MI 48909 Telephone: 517- 284-8599 CRA-Applications@Michigan.gov

DISCLOSURE 6 - GOVERNMENT REGULATION

	Proprietor Name		Phone N	0.
		ion by a public agency in any ot regulated by a department of a lo		
□ Yes	□ No			
Does the so	ole proprietor hold any com	mercial licenses? (Not including	the license in which they	are currently applying.)
□ Yes	□ No			
		r or been granted any commercia estricted, suspended, revoked, or		ued by a licensing authority in
□ Yes	□ No			
Provide the proprietorsl		ny interest that the sole propri that is directly or indirectly invo		
Marijuai	na Business Entity Name	License Number	State of Issuance	Country of Issuance
Provide the	RCIAL LICENSES OR requested information for pages if necessary.	CERTIFICATES all non-marijuana commercial l	icenses or certificates he	ld by the sole proprietor. Add
Provide the additional p	requested information for			ld by the sole proprietor. Add Issuing Agency
Provide the additional p	e requested information for pages if necessary.	all non-marijuana commercial l		
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DISCLOSURE 6 - GOVERNMENT REGULATION, CONTINUED

	Sole Propri	etor Name		Phone	No.
CO	OMMERCI	IAL LIC	ENSES OR	CERTIFICATES DENIED, RESTRICTED, S	SUSPENDED, REVOKED
NO	T RENEV	<u>VED</u>			
				r all commercial licenses or certificates with which , suspended, revoked, or not renewed. Add additional p	
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