

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

ATTESTATION G ACKNOWLEDGMENT & CONSENT TO INVESTIGATIONS, STATUTE & RULE COMPLIANCE

(To be completed and submitted by the applicant)

On behalf of	, I	,
Name of Main Applicant	Name & Title of Individual Authorized to Sign on Behalf of	Main Applicant
acknowledge that I am the person responsible for submi	ing this application and supporting documents.	

I hereby acknowledge that the Cannabis Regulatory Agency (Agency) may require supplemental materials to carry out its statutory duties. I agree to submit such supplemental materials as requested in a timely manner. I understand that if the Agency identifies a deficiency in an application, the agency shall notify the applicant and the applicant shall submit the missing information or proof that the deficiency has been corrected to the agency within 5 days of the date the applicant received the deficiency notice. I acknowledge that failure to provide requested disclosures and documentation or to correct any notice of deficiency within 5 days of its receipt may result in the **denial** of an application.

I am the person responsible for submitting this application, and have full authority to submit supplemental documentation, and attestations.

I attest that the application information related to the governing municipality for the marijuana facility which is the subject of this application is complete and accurate. Further, I attest that the use of the premises described therein complies with all covenants, easements, restrictions, and other matters of record including the use provisions of any applicable zoning ordinance and all other governmental requirements.

I attest that I have notified the appropriate municipality identified in this application by certified mail that I have applied for a medical marijuana facility license or will so notify within 10 days of the application submission date as required under the Medical Marihuana Facilities Licensing Act, 2016 PA 281 (MMFLA) Sec.401(1)(k).

I hereby consent to investigations of compliance, regular inspections, examinations, searches, seizures, and auditing of books and records as provided in MMFLA Section 303(1)(c)(i) to (iv) and the MMFLA Administrative Rules.

I understand that in failing to cooperate with an investigation process, the Agency may impound, seize, assume physical control of, or remove from the premises all books, ledgers, documents, writings, photocopies, correspondence, records, and videotapes, including electronically stored records, money receptacles, or equipment in which the records are stored. Failure to assist in an investigation may also result in denial, suspension, revocation, or restriction of a license. I understand that sanctions may be imposed for violations on a licensee while licensed or after the marijuana license has expired.

CRA 5419 (Rev Mar-2022) Page **3** of **10**