

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

ATTESTATION L - RENEWAL CONFIRMATION OF TAX COMPLIANCE

(To be completed by a designee of the Michigan Department of Treasury and submitted by the applicant)

PART A (to be completed by the ap		•		• /	
On behalf of Legal Name of	``D	_, I	T 1: : 1 1 A	1 1 0	D 1 10 CD 1 4 1'
understand that I am submitting this At been making sales, I am registered and not more than one year delinquent in the	testation in compliance with remitting sales tax to the Mic	MMFLA and the higan Department	Administ of Treas	trative Rules. ury, as require	I affirm that if I have
Signature of Individual Authorized to Sign on B	cehalf of Renewal Applicant		Date		
Renewal Applicant FEIN/Sole Proprietor SSN	License Number(s):				
	Return Address for C	ompleted Form:			
	Name				
	Representative Name (if applicable	le)			
	Return Email Address or Mailing	Address			
	Phone Number				
Treasury Phone: 517-6	36-6925 Treasury Email	: Treas-MI-Ma	rihuana-	Tax@michig	<u>ean.gov</u>
PART B (to be completed by a desig			•		
I, hereby confirm to the Cannabis Regunamed above in Part A:	alatory Agency (Agency) th	at the applicant	for renev	val of a state	operating license as
\square does not have a federal employer number, therefore, Treasury cannot ve				ederal individ	ual tax identification
$\hfill\Box$ is not delinquent with the payment	of taxes required under state	law.			
\square is delinquent in the payment of any one or more years.	tax required under state law	7. The payment	□ has	□ has not	been delinquent for
Signature of Treasury Designee			Date		

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