

ATTESTATION I
(Use BLUE or BLACK ink ONLY)

CONFIRMATION OF SEC. 205 COMPLIANCE
(To be signed by the municipal clerk or their designee and submitted by the applicant)

Do not sign until notary is present

PART A:			
compliance with the municipal	ordinance requirement	(clerk/designee) of ureau) that the applicant for a state operating nt of section 205 of the Medical Marihuar ergency Rules filed with the Secretary of Sta	na Facilities Licensing Act, 2016 PA 281
I further attest that:	e Laka-Diviiviik, Ein	ergency Rules fried with the Secretary of Sta	te on December 4, 2017.
		ander section 205 of the MMFLA which aut	horizes the proposed marihuana facility as
2. <u>Attached</u> is a description	n of any zoning regula	tions that apply to the proposed marihuana fa	ncility within the municipality.
3. <u>Attached</u> is a description	n of the limitations on	the number of each type of marihuana facilit	y (if applicable).
Clerk (or designee)		Municipality	Date
Subscribed and sworn to by	(Clark or designee)	before me on(date)	<u></u> .
	(Clerk of designee)	(uate)	
Notary Public Signature		Notary Public Printed Name	
State of	, County of	Acting in the County of	
My commission expires:		·	
PART B:			
I, the applicant, understand that Rules.	at I am submitting thi	s Attestation I in compliance with Section	205 of the MMFLA and the Emergency
Applicant Signature		Date	
Title			
Facility Name (Required)			
Facility Address (Required)			

BMMR (Rev. Apr-18) Page 7 of 7