

STATEMENT OF MONEY LENDER

This form is to be used by persons lending money to an applicant for a marihuana facility state operating license to meet the capitalization requirements of Emergency Rule 11. In addition to this form, the applicant and/or money lender must provide a CPA attestation documenting the source of these funds.

STATE OPERATING LICENSE APPLICANT INFORMATION

Enter the information for the applicant for which the money lender is lending money

Applicant Name	Applicant Prequalification Number (if known)
Applicant FEIN/SSN	Business Name (if applicable)
Applicant Contact Person in Reference to This Form	Contact Phone:

MONEY LENDER DEMOGRAPHIC INFORMATION

Enter the information regarding individual or entity lending money

Money Lender's Name (Individual or Entity e.g. LLC or corporation)	
Money Lender's Member/Director/Officer's Full Name and Title (If money lender is an entity)	
FEIN/SSN	DOB (for SSN entries only)
Business Address	Phone Number
Mailing Address (if different than above)	Email Address

LOAN INFORMATION

Enter information and details about the investment in applicant's facility

1) Describe in detail the type of instrument securing the line of credit or debt and provide a copy of the instrument with this form (e.g., promissory note or other legal document securing the line of credit or debt)	
2) Amount of the loan	3) Will the money lender have an interest in the marihuana facility, other than as a lender for the line of credit or as creditor for the debt? If yes, answer question 4 below. Yes <input type="checkbox"/> No <input type="checkbox"/>
4) State the nature of the interest the money lender will have in the marihuana facility	
5) Does the money lender have an interest in any other marihuana-related licenses or applications for marihuana-related licenses in any state? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list below	

MONEY LENDER'S ACKNOWLEDGEMENT, CONSENT, & ATTESTATION

I, _____, being first duly sworn upon oath or affirmation, depose and state:

I am responsible for the submission of this form, and I agree to be bound by and comply with the Medical Marihuana Facilities Licensing Act (MMFLA) 2016 P.A. 281, to be subject to the jurisdiction of the courts of Michigan, and to choose Michigan as the forum if a dispute, question, or controversy arises under the MMFLA.

I further agree to provide, upon request, any information and documentation as may be required by the Bureau of Medical Marihuana Regulation (Bureau) to establish and determine the identity, eligibility, suitability, and qualification of the money lender or any other person associated with the money lender as may be relevant to document the source of the funds and to confirm the nature of the agreement between the applicant and the money lender. I understand that any material changes to the subject matter of this form must be filed with the Bureau without undue delay.

Money Lender's Signature

Money Lender's Printed Name & Title

Money Lender's Spouse's Signature

Money Lender's Spouse's Printed Name

(Required only if line of credit is pledged from jointly held assets)

Date

Subscribed and sworn to by _____ before me on _____.
(applicant name) (date)

Notary Public Signature

Notary Public Printed Name

State of _____, County of _____. Acting in the County Of _____,
(county) (state)

My commission expires: _____.