



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 Bureau of Health Care Safety and Quality
Medical Use of Marijuana Program
 99 Chauncy Street, 11th Floor, Boston, MA 02111

CHARLES D. BAKER
 Governor

KARYN E. POLITO
 Lieutenant Governor

MARYLOU SUDDERS
 Secretary

MONICA BHAREL, MD, MPH
 Commissioner

Tel: 617-660-5370
www.mass.gov/medicalmarijuana

Remittance Form
Registered Marijuana Dispensary Application Fee

Please remit this form with your bank/cashier's check payable to "The Commonwealth of Massachusetts" for proper posting of your payment

Date _____

Name of Non-Profit Corporation

ADDRESS OF CORPORATION

Address

City _____

State _____ Zip Code _____

CONTACT PERSON

First Name _____

Last Name _____

Email Address _____

Phone Number _____

Amount Enclosed \$ _____

Bank/Cashier's Check Enclosed

Application Fee, Application of Intent