



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

**Registered Marijuana Dispensary
 Architectural Review Certification**

Date Submitted: _____

Check Appropriate Registered Marijuana Dispensary (“RMD”) Facility Type:

- RMD Dispensary Site RMD Cultivation Site RMD Dispensary/Cultivation Site

RMD Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

The undersigned RMD hereby:

1. Certifies all plans, specifications and narratives submitted for architectural review pursuant to 105 CMR 725.100(B)(5)(f) are in compliance with applicable Massachusetts Department of Public Health Regulations at 105 CMR 725.000 et seq.;
2. Understands and agrees that following the Architectural Review, the Department of Public Health shall have continuing authority to review the architectural plans and/or inspect the facility and that the RMD shall have a continuing obligation to make any changes required by the Department and municipalities to comply with all applicable state laws, codes, and regulations, as well as local bylaws, ordinances and regulations.

RMD Principal Signature: _____ RMD Principal Name: _____ Title: _____

Note: The certification must be signed, then scanned and submitted as a PDF document.