CHARLES D. BAKER
GOVERNOR

MARYLOU SUDDERS
SECRETARY

MONICA BHAREL, MD, MPH
COMMISSIONER

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

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

Registered Marijuana Dispensary Request for Change of Location Procedure

Background

This policy outlines the procedure for a Registered Marijuana Dispensary (RMD) to request a change in its location(s). DPH regulations provide for the following (105 CMR 725.100(F)(1)):

> Prior to changing location(s), the RMD shall submit a request for such change to the Department and shall pay the appropriate fee. No such change shall be permitted until approved by the Department.

This regulation applies to any request for a change in location of an applicant's dispensary, processing or cultivation site. The applicant must pay a non-refundable $10,000 fee for each request for a change in location.

Process

1. Applicants must complete and submit the Change of Location Request (the Request) electronically. The Request consists of a cover page and the following 9 forms:

   - **Form 1: Original Location**
     - The applicant is required to provide the original physical address(es) of the cultivation, processing and dispensary sites, and identify which site(s) they are requesting to change.

   - **Form 2: Identification of New Location/Proof of Property Interest**
     - The applicant is required to provide the proposed new physical addresses of the cultivation, processing and/or dispensary sites as applicable..
     - This form also requires proof of property interest at the new address (e.g., title, lease, agreement, purchase and sale agreement, etc.).

   - **Form 3: Letter(s) of Local Support/Non Opposition**
     - Using one or both of the attached templates, the applicant is required to submit letter(s) of support/non-opposition from the municipalities within which they intend to locate. These letters may be signed by:
       - Chief Executive Officer/Chief Administrative Officer and/or

        - The City Council, Board of Aldermen or Board of Selectmen and/or
        - The Board of Health

- **Form 4: (If Applicable) Explanation of No Letter(s) of Local Support/Non Opposition**
    - If the applicant is unable to secure a letter of support/non-opposition the applicant must explain why. Local support is an important factor in the Department determining whether an applicant may advance.

- **Form 5: Log of Engagement Activities with Local Officials and Community Stakeholders**
    - This form is intended to be used by the applicant to log engagement activities with local officials and community stakeholders.

- **Form 6: Community Narrative**
    - The form requires the applicant to provide a narrative describing their plan to continue and maintain a positive relationship in the community of the new location.

- **Form 7: Start-Up Timeline**
    - This form requires a proposed timeline from the applicant to ensure the new location will be operational by the date the RMD opens.

- **Form 8: Capital Expenses**
    - This form requires that the applicant provide the capital expenses associated with the development of the new location.

- **Form 9: Payment Remittance Form**
    - This form is used to remit the non-refundable $10,000 fee.

2. The completed Change of Location Request must be submitted to DPH for review. All documents should be submitted electronically in PDF format to RMDCompliance@state.ma.us.

3. DPH will verify local support including the letter(s) submitted from municipal officials. DPH reserves the right to request any additional documentation related to municipal support/non-opposition, or any other information related to the above-referenced forms that may assist the Department in its review of the applicant's Request.

4. The Medical Use of Marijuana Program Executive Director will then make a determination based upon the above criteria. A letter will then be sent to the RMD to approve or deny the request for the change of location.