



CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

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

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

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

Remittance Form

Registered Marijuana Dispensary Architectural Review Fee

*Please remit this form with your bank/cashier's check payable to
"The Commonwealth of Massachusetts" for proper posting of your payment. Please include the name of
the RMD on the check.*

Date _____

Name of Registrant Corporation _____

ADDRESS OF RMD SITE ASSOCIATED WITH THIS FEE

Address _____

City _____ State _____ Zip Code _____

Check RMD facility type associated with this fee:

☐ RMD Dispensary Site ☐ RMD Cultivation Site ☐ RMD Dispensary/Cultivation Site

MAILING ADDRESS OF REGISTRANT CORPORATION

Address _____

City _____ State _____ Zip Code _____

CONTACT PERSON

First Name _____

Last Name _____

Email Address _____

Phone Number _____

Amount Enclosed \$ _____
Bank/Cashier's Check Enclosed ☐

RMD Architectural Review Fee