**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