



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

Registered Marijuana Dispensary Remittance Form

Change of Name

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 _____

RMD Location (*municipality of retail facility*) _____

ADDRESS OF CORPORATION

Address _____

City _____ State _____ Zip Code _____

PRIMARY CONTACT PERSON

Name _____

Title _____

Email Address _____

Phone Number _____

Amount Enclosed \$ _____

Bank/Cashier's Check Enclosed ☐

Change of Name