

## Application: Change of Name Request

This form is for use by a Marijuana Establishment (ME) and/or Medical Marijuana Treatment Center (MMTC), formally known as Registered Marijuana Dispensary, to request, and seek approval from the Commission, to change the name of the business associated with its licenses under 935 CMR 500.000: *Adult Use of Marijuana* and 935 CMR 501.000: *Medical Use of Marijuana*. Please note that the information contained within this document, and any publicly available guidance, is not legal advice. Please consult an attorney if you have any questions regarding the laws and regulations that apply to the adult- and medical-use of marijuana.

### General Information

Pursuant to 935 CMR 500.104(1), Marijuana Establishments and Medical Marijuana Treatment Centers shall request, and receive approval from the Commission, prior to effectuating a change of name associated with its licenses. This request (“application”) shall be submitted by a ME and/or MMTC that has at least been approved for a provisional license. Applicants for licensure should request to modify this information in its application if they have not yet been provisionally licensed.

An application for a change of name should be filled out under the following circumstances:

1. A change of business name or doing-business-as name;
2. A change of name due to restructuring of the business (ex. “Inc.” to “LLC”);
3. A change of name due to non-profit conversion; or
4. Any other circumstance in which the name associated with the licenses an ME and/or MMTC holds will be modified.

**Failure to obtain Commission approval prior to making a change of name may result in the suspension, revocation, denial of renewal, and/or other administrative actions including fines being assessed or taken against the ME and/or MMTC.**

### Instructions

MEs and MMTCs requesting a change of name must complete this application, submit all required documentation, and remit the applicable fee.

MEs and MMTCs may request a change of name for multiple licenses in one application if the proposed change will affect multiple licenses. Additionally, all of the applicable licenses must be changing from one (1) single name to another single name.

The application contains the following three (3) sections that must be fully completed:



- I. Marijuana Establishment Information;
- II. Information Pertaining to the Change of Name; and
- III. Required Attestations

In addition to the sections identified above, the required fee payment must be sent with the Payment Remittance Form.

Please ensure that all responses are typed into the application. Every section and numbered item of this application is required to be filled in with the required information. No section or numbered item should be left blank.

**This application cannot be used for a change in ownership/control, location, structural changes, or any other type of change.**

### **Completed Request**

Once completed, please have the application notarized. The application and all required information, except the Payment Remittance Form, shall then be combined into a single PDF document and emailed to [CannabisLicensing@Mass.Gov](mailto:CannabisLicensing@Mass.Gov).

Pursuant to 935 CMR 500.005 and 501.004, the applicable fee for a change of name is \$100.00 **per license**. Please ensure the appropriate fee is paid in association with this application. Please follow the instructions in the Payment Remittance Form at the end of this application for the appropriate manner to send payment. **An insufficient payment for this change will delay the processing of this application.**

### **Review of the Request**

The application will not be reviewed until the applicable fee(s) are received by the Commission. Once the payment is received, the application will be reviewed for completeness. If the Commission requires additional information, a notice will be sent to the business email address stated on the application.

Once the application is complete, the request for change of name will be forwarded to the Commission for its consideration.

### **Process**

The Commission may approve, deny, request additional information, or approve with conditions relating to the change request. The ME and/or MMTC shall receive a notice of the Commission's decision.

If the change of name is approved by the Commission, a notice will be sent notifying the ME and/or MMTC to effectuate the change of name with the Massachusetts Secretary of the Commonwealth's office and provide the following information to the Commission **within 30 days of the approval:**



1. Updated articles of organization;
2. Updated bylaws; and
3. Updated Massachusetts business identification number.

Upon receipt of this documentation, the license(s) will be updated and, if appropriate, new license(s) will be sent to the licensee. At this point, the change of name process will be complete.

## **I. Marijuana Establishment Information**

1. Current business name of ME and/or MMTC:

2. License number(s) affected by this request:

3. Business email address for official correspondence:

4. Name and contact information for the ME and/or MMTC's representative completing the application (name, email address, and phone number):



## II. Information Pertaining to the Change of Name Request

5. Please provide the proposed new business name of the ME and/or MMTC.

6. If this change of name application is regarding the addition or modification of a doing-business-as name (D/B/A), please provide the new name. If not applicable, please enter not applicable.

7. Please give a summary of the reason(s) behind the proposed name change. *(if additional space is needed, please submit an addendum labeled "Addendum #7" with your application)*



### III. Required Attestations

8. Please attest to the following statements by initialing the corresponding box (*every box shall be initialed for the application to be deemed complete*):

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a. The ME/MMTC name will not be legally changed with the Massachusetts Secretary of the Commonwealth until, and if, approved by the Commission;

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b. The ME/MMTC will not use a name not yet approved by the Commission on any signage, packaging, labeling, or any other business-related document;

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c. The ME/MMTC's proposed new name will not be used in a way that violates the Commission's prohibited advertising and marketing practices as defined in 935 CMR 500.105(5) and 501.105(12), as applicable;

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d. The ME/MMTC will fully cooperate with and provide information to Commission staff;

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e. The appropriate fee for the change of name application has been sent to the Commission; and

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f. All information contained within the application is accurate and true.

**By signing this document, I, the ME/MMTC's representative affirm that all the information provided above is accurate and true.**

Signature of the Marijuana Establishment's Representative:

Date of Attestation:

**If you have any questions regarding the payment or process, please contact the Commission at [CannabisLicensing@Mass.Gov](mailto:CannabisLicensing@Mass.Gov).**



### Authentication by Notary Public

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, proved to me through

satisfactory evidence of identification to be the person whose name is signed above and that he/she did so voluntarily for its stated purpose.

\_\_\_\_\_  
Notary Public Signature

NOTARY STAMP/SEAL

***Note: Please ensure this form, along with all required and supplemental documentation, is combined into a single PDF document. The final PDF document will represent your application. Your application should be sent to [CannabisLicensing@Mass.Gov](mailto:CannabisLicensing@Mass.Gov) for consideration.***



## Payment Remittance Form: Change of Name Request

Pursuant to 935 CMR 500.005 and 501.004, the applicable fee for a change of name is \$100.00 **per license**. Please ensure the appropriate fee is paid in association with the Change of Name application. An insufficient payment for this change, or failure to include this Payment Remittance Form with payment, will delay the processing of the application.

Current business name of ME/MMTC:

License number(s) affected by this request:

Amount of Payment Submitted:

This form and the applicable fee may be sent to the Commission in the following manners:

1. Mail a cashier's check or personal check, along with Payment Remittance Form, for standard delivery to: Cannabis Control Commission, PO BOX 412144, Boston, MA 02241-2144. Please reference the license number(s) on the check with the notation "Change of Name Request." Please ensure that the payment is accompanied with the Payment Remittance Form; or
2. Mail a cashier's check or personal check, along with Payment Remittance Form, for overnight delivery to: Bank of America Lockbox Services, Cannabis Control Commission 412144, MA5-527-02-07, 2 Morrissey Blvd, Dorchester, MA 02125. Please reference the license number(s) on the check with the notation "Change of Name Request." Please ensure that the payment is accompanied with the Payment Remittance Form.

**If you have any questions regarding the payment or process, please contact the Commission at [CannabisLicensing@Mass.Gov](mailto:CannabisLicensing@Mass.Gov).**

