***Request for Change of Name for a***

***Registered Marijuana Dispensary***

**Background**

This document outlines the procedure a Registered Marijuana Dispensary (RMD) must follow in order to change its name pursuant to 105 CMR 725.100(F)(3).

**Instructions**

Applicants must complete and submit the following;

1. Change of Name Form
2. Change of Name fee
3. Remittance form

All documents should be submitted electronically in PDF format to [RMDCompliance@state.ma.us](mailto:RMDCompliance@state.ma.us). The Department will review the materials once submitted and provide a response.

Checks and other documents that cannot be sent electronically should be mailed or hand delivered to:

**The Department of Public Health**

**Medical Use of Marijuana Program**

**Architectural Review**

**99 Chauncy Street, 11th Floor**

**Boston, MA 02111.**