

Remittance Form
Registered Marijuana Dispensary Annual Registration 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 _____

MAILING ADDRESS OF REGISTRANT CORPORATION

Address _____

City _____ State _____ Zip Code _____

ADDRESS OF RMD DISPENSARY LOCATION ASSOCIATE WITH THIS FEE

Address _____

City _____ State _____ Zip Code _____

CONTACT PERSON

First Name _____

Last Name _____

Email Address _____

Phone Number _____

Amount Enclosed \$ _____

Bank/Cashier's Check Enclosed ☐

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