



## **Remittance Form: Registered Marijuana Dispensary Application Fee**

Please remit this form with your bank/cashier's check payable to "The Commonwealth of Massachusetts"  
for proper posting on your payment

Date

Name of Applicant Corporation

### **Mailing Address of Applicant Corporation**

Address

City

State            Zip Code

### **Contact Person**

First Name

Last Name

Email Address

Phone Number

Amount Enclosed \$

Bank/Cashier's Check Enclosed

