

## 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

Application Fee, Management and Operations Profile

