

## Remittance Form

### Registered Marijuana Dispensary Architectural Review 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 \_\_\_\_\_

#### Address of RMD Site Associated with This Fee

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Check RMD facility type associated with this fee:

☐ RMD Dispensary    ☐ Site RMD Cultivation Site    ☐ RMD Dispensary/Cultivation Site

#### Mailing Address of Registrant Corporation

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### Contact Person

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_

Bank/Cashier's Check Enclosed ☐

RMD Architectural Review Fee

