

Remittance Form
***Registered Marijuana Dispensary Change
of Location Application Fee***

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

Date

Name of Registrant Corporation

Mailing Address of Registrant Corporation

Address

City

State Zip Code

Primary Contact Person

First Name

Last Name

Email Address

Phone Number

Amount Enclosed \$

Bank/Cashier's Check Enclosed

