

Remittance Form Registered Marijuana Dispensary Change of Name Fee

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

This document was issued originally by the Cannabis Control Commission (CCC). As part of the transfer of the medical-use of marijuana program on or before December 31, 2018, the Commission adopted this document. We suggest that before you rely on the contents of this document, you check the applicable medical-use marijuana laws, which include M.G.L. c. 94I and 935 CMR 501.000, as they may provide or clarify the legal requirements related to this document. We also suggest that you periodically check for revisions to this document. Questions with regards to this document may be directed to CannabisCommission@Mass.gov.

Date

Name of Registrant Corporation

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

Application Fee, Change of
Name

