

Registered Marijuana Dispensary Architectural Review Certification

Date Submitted: _____

Check Appropriate Registered Marijuana Dispensary ("RMD") Facility Type:

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

RMD Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

The undersigned RMD hereby:

1. Certifies all plans, specifications and narratives submitted for architectural review pursuant to 935 CMR 501.1000(3)(a)(1)(b) are in compliance with applicable Massachusetts Cannabis Control Commission at 935 CMR 501.000et seq.;
2. Understands and agrees that following the Architectural Review, the Cannabis Control Commission shall have continuing authority to review the architectural plans and/or inspect the facility and that the RMD shall have a continuing obligation to make any changes required by the Commission and municipalities to comply with all applicable state laws, codes, and regulations, as well as local bylaws, ordinances and regulations.

RMD Principal Signature: _____

RMD Principal Name: _____

Title: _____

Note: The certification must be signed, then scanned and submitted as a PDF document.

