

## Change of Location Application

### Request to Change of Location of a Registered Marijuana Dispensary Site

#### Instructions

This form is to be completed by a non-profit corporation that has a Provisional or Final Certificate of Registration (“Registrant”) from the Cannabis Control Commission (“Commission”) to operate a Registered Marijuana Dispensary (“RMD”) in Massachusetts and wishes to change the location of its RMD dispensary, cultivation, or processing site.

Unless indicated otherwise, all responses must be typed into the application form. Handwritten responses will not be accepted. Please note that character limits include spaces.

Attachments should be labeled or marked so as to identify the question to which it relates.

Each submitted application must be a complete, collated response, printed single-sided, and secured with a binder clip (no ring binders, spiral binding, staples, or folders).

Please note, the Registrant must submit a separate *Change of Location Application* for each site it is requesting to relocate (i.e., the dispensing site, cultivation site, or processing site). If the Registrant is proposing to relocate a co-located site to another co-located site or two separate sites into one co-located site, only one application must be submitted.

Mail the Change of Location Application, with all required attachments, to:

Cannabis Control Commission  
Medical Use of Marijuana Program  
101 Federal Street, 13<sup>th</sup> Floor  
Boston, MA 02110

#### Fee

The registrant must submit a non-refundable \$10,000 fee with *Change of Location Application*.



## Review

After a completed *Change of Location Application* is received by the Commission, the Commission will review the information and will contact the Registrant if clarifications or updates to the submitted materials are needed. The Commission will notify the Registrant whether they have met the standards necessary to relocate the site.

## Regulations

Commission Regulations, 935 CMR 501.100(6)(a), state:

*Prior to changing location(s), the RMD shall submit a request for such change to the Commission and shall pay the appropriate fee. No such change shall be permitted until approved by the Commission.*

This regulation applies to any request for change in location of a Registrant's dispensary, processing, or cultivation site. It is the 935 CMR 501.000, et seq., and any requirements specified by the Commission, as applicable.

## Notifying Host Communities

Before submitting your *Change of Location Application*, the Registrant is responsible for notifying all host communities that will be affected by the proposed relocation of the RMD site. For example, if you are proposing to relocate your dispensary site, in addition to notifying the municipality in which you intend to relocate your site, you must also notify the municipality that will continue to serve at the cultivation site so that the municipality is aware that the cultivation site will be serving a dispensary in a new location. Notification should be sent to the office that originally issued the letter of support of non-opposition. The Commission will be verifying that this notification was provided by the Registrant to the municipality.

## Architectural Review

If this change in location request is approved by the Commission, the Registrant will be required to submit all documents required for Architectural Review.

## Public Records

Please note that all responses, including all attachments, will be subject to release pursuant to a public records request, as redacted pursuant to the requirements at M.G.L. c. 4, section 7(26).

## Questions

If additional information is needed regarding the Change of Location Application process, please contact the Medical Use of Marijuana Program at (833) 869-6820 or [MedicalMarijuana@State.MA.US](mailto:MedicalMarijuana@State.MA.US).

Information on this page has been reviewed by the Registrant, and where provided by the Registrant, is accurate and complete, as indicated by the initials of the authorized signatory here: \_\_\_\_\_

## Checklist

The forms and documents listed below must accompany each application, and be submitted as outlined above:

A fully properly completed Change of Location Application, signed by authorized signatory of the Registrant

Evidence of interest in the new property (as outlined in Section C)

Letter of local support or non-opposition (as outlined in Section F)

A completed Remittance Form (use template provided)

A bank or cashier's check made payable to the *Commonwealth of Massachusetts* for \$10,000

## Section A: Registrant Information

1.  
Legal name of Corporation
2.  
Name of Corporation's Chief Executive Officer
3.  
Address of Corporation (Street, City/Town, Zip Code)
4.  
Point of contact (name of person the Cannabis Control Commission should contact regarding this application)
5.  
Point of contact's telephone number
6.  
Point of contact's e-mail address

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## Section B: Current Location

*Provide the current physical address of the dispensing, cultivation, or processing site that you are requesting to relocate. Please leave the field blank if you are not requesting to relocate that site.*

	Location	Full Address	County
1	Dispensing		
2	Cultivation		
3	Processing		

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## Section C: Proposed New Location

*Provide the proposed new physical address of the dispensing, cultivation, or processing site you are requesting to relocate. Please leave the field blank if you are not requesting to relocate that site.*

**Attach supporting documents** as evidence of interest in the new property. Interest may be demonstrated by (a) a clear legal title to the proposed site; (b) an option to purchase the proposed site; (c) a lease; (d) a legally enforceable agreement to give such title under (a) or (b), or such lease under (c), in the event that Commission determines that the Registrant qualifies to relocate to the proposed site; or (e) evidence of binding permission to use the premises.

	Location	Full Address	County
1	Dispensing		
2	Cultivation		
3	Processing		

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## Section D: Cultivation and Processing Sites Serving Dispensing Site (If Applicable)

*If you are proposing to relocate your dispensing site, provide the physical address(es) of the cultivation and processing site(s) that would serve the relocation dispensing site. Please leave this table blank if you are not proposing to relocate your dispensing site.*

	Location	Full Address	County
1	Cultivation		
2	Processing		

## Section E: Dispensing Sites Being Served (If Applicable)

*If you are proposing to relocate your cultivation or processing site, provide the physical address(es) of the dispensing site(s) that would be served by the relocated cultivation or processing site. Please leave this table blank if you are not proposing to relocate your cultivation or processing site.*

	Location	Full Address	County
1	Dispensing		
2	Dispensing		
3	Dispensing		

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## Section F: Letter of Support or Non-Opposition

*Attach a letter of support or non-opposition, using one of the templates below (Option A or B), signed by the local municipality in which the Registrant intends to relocate the dispensing, cultivation, or processing site. The Registrant may choose to use either template, in consultation with the host community. This letter may be signed by (a) the Chief Executive Officer/Chief Administrative Officer, as appropriate, for the desired municipality, or (b) the City Council, Board of Aldermen, or Board of Selectmen for the desired municipality. The letter of support or non-opposition must contain the language as provided below. The letter must be printed on the municipality's official letterhead. The letter must be dated after the date of the last issued Provisional Certificate of Registration or Approval to Change the Location of a Registered Marijuana Dispensary Site that the Registrant is proposing to relocate.*

### **Template Option A: Use this language if signatory is a Chief Executive Officer/Chief Administrative Officer**

*I, [Name of person], do hereby provide [Support/non-opposition] to [Name of city or town] to operate a Registered Marijuana Dispensary ("RMD") in [Name of city or town].*

*I have verified with the appropriate local officials that proposed RMD facility is located in a zoning district that allows such use by right or pursuant to local permitting.*

\_\_\_\_\_  
*Name and Title of Individual*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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**Template Option B: Use this language if signatory is acting on behalf of a City Council, Board of Aldermen, or Board of Selectmen**

The, *[Name of council/board]*, does hereby provide *[Support/non-opposition]* to *[Name of non-profit organization]* to operate a Registered Marijuana Dispensary ("RMD") in *[Name of city or town]*. I have been authorized to provide this letter on behalf of the *[Name of council/board]* by a vote taken at a duly noted meeting held on *[Date]*.

The *[Name of council/board]* has verified with the appropriate local officials that the proposed RMD facility is located in a zoning district that allows such use by right pursuant to local permitting.

\_\_\_\_\_  
*Name and Title of Individual (or person authorized to act on behalf of council or board)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date Signed*

## **Section G: Local Compliance**

*Describe how the Corporation has ensured, and will continue to ensure, that the proposed site is in compliance with local codes, ordinances, and bylaws for the physical address of the proposed site.*

[Character limit: 1,250]

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## Attestation

Signed under the pains and penalties of perjury, I, the authorized signatory for the Registrant, agree and attest that all information included in this application is complete and accurate and that I have an ongoing obligation to submit updated information not the Commission if the information presented within this application has changed.

\_\_\_\_\_  
Signature of Authorized Signatory

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print Name of Authorized Signatory

\_\_\_\_\_  
Title of Authorized Signatory

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