

Change of Name Application

Request to Change the Name of a Registered Marijuana Dispensary

This document was issued originally by the Department of Public Health (DPH). 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 501.500, 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.

INSTRUCTIONS

This application form is to be completed by a 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 name of its RMD.

Unless indicated otherwise, all responses must be typed into the application form. Handwritten responses will not be accepted.

Each submitted application must be a complete response, printed single-sided on 8 ½” x 11” paper, and secured with a paper clip or binder clip (no ring binders, spiral binding, staples, or folders).

Mail *Change of Name Application*, the \$100 application fee, and completed Remittance Form to:

Cannabis Control Commission
Medical Use of Marijuana Program
RMD Change of Name
101 Federal Street, 13th Floor
Boston, MA 02110

All fees are non-refundable and non-transferable.

REVIEW

Applications are reviewed in the order they are received.

After a completed application packet and fee is received by the Commission, the Commission will review the information and will contact the Registrant if clarifications or updates to the submitted application materials



needed. The Department will notify the Registrant whether it has met the standards necessary to change the name of its RMD.

REGULATIONS

Department Regulations, 105 CMR 725.100(F)(3), state:

Prior to changing its name, the RMD shall notify 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 a change in name of a RMD. It is the Registrant's responsibility to ensure that all responses are consistent with the requirements of 105 CMR 725.000, et seq., and any requirements specified by the Department, as applicable.

NAME CHANGE WITH SECRETARY OF THE COMMONWEALTH

Within 30 days of an approval from the Department to change the name of its RMD, the Registrant must submit to the Program a Certificate of Good Standing from the Massachusetts Secretary of the Commonwealth reflecting the new name of the RMD.

PUBLIC RECORDS

Please note that all application 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, § 7(26).

QUESTIONS

If additional information is needed regarding the Change of Name Application process, please contact the Medical Use of Marijuana Program at 833-869-6820 or RMDcompliance@state.ma.us.

CHECKLIST

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

- ☐ A fully and properly completed *Change of Name Application*, signed by an authorized signatory of the Registrant
- ☐ A completed *Remittance Form* (use template provided)
- ☐ A bank or cashier's check made payable to the *Commonwealth of Massachusetts* for \$100

SECTION A. REGISTRANT INFORMATION

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

SECTION B. PROPOSED NEW NAME

7. Proposed new name of RMD

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

SECTION C. REASON FOR NAME CHANGE

8. Provide a narrative explaining the reason for the proposed name change.

ATTESTATION

Signed under the pains and penalties of perjury, I, the authorized signatory of the Registrant, agree and attest that all information included in this application is complete and accurate.

Signature of Authorized Signatory

[Click here to enter a date.](#)
Date Signed

Print Name of Authorized Signatory

Title of Authorized Signatory

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