



CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Care Safety and Quality
Medical Use of Marijuana Program

99 Chauncy Street, 11th Floor, Boston, MA 02111

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-660-5370
www.mass.gov/medicalmarijuana

Remittance Form
Registered Marijuana Dispensary 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 Applicant Corporation

MAILING ADDRESS OF APPLICANT CORPORATION

Address

City

State Zip Code

CONTACT PERSON

First Name

Last Name

Email Address

Phone Number

Amount Enclosed \$

Bank/Cashier's Check Enclosed ☐