**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*

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