



## Boston Public Health Commission Medical Marijuana Dispensary Operating Permit Application

**Instructions:** No permit will be issued until the Environmental & Occupational Health Division (EOH) receives a complete application form (including all attachments and permit fee) and until the EOH conducts an inspection verifying that the facility meets all sections of the BPHC Regulation to Ensure Safe Access to Medical Marijuana. Mail a complete dispensary permit application, all attachments, and a check or money order for the permit fee to:

ATTN: Medical Marijuana Dispensary Application  
Environmental & Occupational Health Division  
Boston Public Health Commission  
1010 Massachusetts Avenue, 2<sup>nd</sup> Floor  
Boston, MA 02118  
617-534-5965

**Application Date:** \_\_\_\_\_

<b>Application Type</b> <input type="checkbox"/> New Dispensary <input type="checkbox"/> Renewal (Previous permit number: _____)	<b>Permit Fee:</b> \$15,000  Payment must be made by Check or Money Order, made payable to Boston Public Health Commission. _____
<b>Dispensary Information</b> Dispensary Name: _____ Dispensary Address: _____ Dispensary Phone Number: _____ Assessor's Parcel Number: _____	
<b>Owner Information</b> Owner Name: _____ Owner Address: _____ Owner Phone Number: _____ Owner E-Mail: _____  <input type="checkbox"/> If ownership is a partnership or corporation, list the name, physical address (no PO Box), and phone number of all partners or corporate officers on a separate attached page and check this box.	
<b>Contact Information</b> Contact Name: _____ Contact Title with RMD: _____ Contact Address: _____ Contact Phone Number: _____ Contact E-Mail: _____	



## Boston Public Health Commission Medical Marijuana Dispensary Operating Permit Application

<p><b>Required Attachments for ALL Applications</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Registered Medical Dispensary (RMD) license from Commonwealth of MA</li> <li><input type="checkbox"/> List of all state-registered RMD agents working at the dispensary</li> <li><input type="checkbox"/> List of all RMD board members</li> <li><input type="checkbox"/> Copy of valid government-issued photographic identification of owner/operator containing the bearer's birth date and address</li> </ul>	
<p><b>Required Attachments for NEW Applications</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> RMD security plan</li> <li><input type="checkbox"/> RMD secure home delivery plan</li> <li><input type="checkbox"/> RMD financial hardship plan</li> <li><input type="checkbox"/> Description of RMD community engagement plan, including plans for community meetings, community benefits, or other engagement strategies</li> <li><input type="checkbox"/> Copy of Certificate of Use and Occupancy issued by Boston Inspectional Services Department (must be submitted before final permit is given, but ok if not provided at time of filing, if not yet available)</li> </ul>	<p><b>Required Attachments for RENEWAL Applications</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Summary of updates/changes to RMD security plan</li> <li><input type="checkbox"/> Summary of updates/changes to RMD secure home delivery plan</li> <li><input type="checkbox"/> Summary of updates/changes to RMD financial hardship plan</li> <li><input type="checkbox"/> Annual report that includes:               <ul style="list-style-type: none"> <li>___ Meeting minutes and notes from community meeting session(s)</li> <li>___ Demographics of population served in previous permit year, including race/ethnicity, gender, age, and geographical distribution (by zip code)</li> <li>___ Summary of use of home delivery services by patients served (count of requests and count of requests granted), including breakdown by zip code</li> <li>___ Total annual revenue for previous permit year</li> </ul> </li> </ul>

### Applicant Statement of Consent

I understand that this permit is valid only in the City of Boston and expires one year after the date that it is issued. I also understand that any notice to be mailed to be by the Boston Public Health Commission will be mailed to the address of the dispensary indicated above unless otherwise specified. I understand that I may not transfer the business or permit to another person, corporation, or entity without the approval of the Boston Public Health Commission. I understand that failure to follow the regulations may result in the suspension and/or revocation of the permit.

I have read the Regulation to Ensure Safe Access to Medical Marijuana in the City of Boston and understand the obligations and requirements imposed upon a permitted dispensary by those regulations. I agree to comply with all regulatory requirements while operating a dispensary in the City of Boston.

I further understand that it is my responsibility to ensure that employees working in this dispensary comply with all applicable health, safety, and work practice regulations as specified in the Regulation to Ensure Safe Access to Medical Marijuana in the City of Boston.

I hereby certify, under penalties and pains of perjury, that to the best of my knowledge, the information provided on this application is complete and accurate and in no way misrepresented.

\_\_\_\_\_  
Dispensary Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dispensary Owner Name (printed)