

Dispensary Agent for Medical Marijuana

Annual Fee: \$100.00
calendar year **nonrefundable**

Office of the
BOARD OF HEALTH

13 East Central Street
Natick, MA 01760
Telephone (508) 647-6460 Fax (508) 647-6466

APPLICATION FOR ANNUAL PERMIT

Date: _____

To the Licensing Authorities:

The undersigned hereby applies for a License in accordance with the provision of the Statute relating thereto

Print Full Name of Applicant

PURPOSE FOR WHICH LICENSE IS REQUESTED:

**TO PROVIDE ON SITE SERVICES TO A REGISTERED MARIJUANA DISPENSARY
PURSUANT TO THE RULES AND REGULATIONS OF THE TOWN OF NATICK**

GIVE NAME OF DISPENSARY and LOCATION BY STREET AND NUMBER IN THE TOWN OF NATICK:

TELEPHONE # OF DISPENSARY _____

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature of Individual (Mandatory)

S.S.# (Voluntary)

THIS LICENSE WILL NOT BE ISSUED UNLESS THIS CERTIFICATION CLAUSE IS SIGNED BY APPLICANT

Your S. S. # will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licenses who fail to correct their non-filing or delinquency will be subject to License suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.

Signature of applicant

Home Address

Mailing Address if different than above

Email address

Cell Phone

Home Telephone

Dispensary Agent for Medical Marijuana Application continued:

Applicant Name: _____

Date: _____

List Name and Location of Registered Marijuana Dispensary(s) at which you are currently employed:

Check for application fee payable to Town of Natick	
Certified copy of birth certificate or equivalent (must be at least 21 years of age)	
Copy of Chapter 25 given to applicant	
Valid state or federal government issued photographic identification card and application submitted to DPH	
Proof of current RMD registration received (Approval from the state under 105 CMR 725.030)	

AUTHORIZATION: READ and SIGN:

I have received, read and agree to abide by:
Natick Board of Health Regulations Governing the Sale of Medical Marijuana
Ma Dept. Public Health Regulations on Medical Marijuana
Applicable State Building Code

By signing this, I declare under the penalty of perjury, that the forgoing information contained in this application is true and correct. False statements shall constitute grounds for revocation, suspension, or denial of an issued or un-issued license.

By signing this, I understand that establishments and permit holders are subject to inspections by the Department or its authorized agent(s) during all times of operation. I understand that failure to abide by these Regulations may result in revocation of my permit.

Applicant Signature

Date