



Boston Public Health Commission Medical Marijuana Dispensary Agent License Application

Instructions: No license 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 agent 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 Agent Application
Environmental & Occupational Health Division
Boston Public Health Commission
1010 Massachusetts Avenue, 2nd Floor
Boston, MA 02118
617-534-5965

Application Date: _____

Application Type <input type="checkbox"/> New Agent <input type="checkbox"/> Renewal (Previous license number: _____)	Permit Fee: \$600 Payment must be made by Check or Money Order, made payable to Boston Public Health Commission.
--	--

Applicant Information

Agent Name: _____ Email: _____

Position Title with RMD: _____ Agent Phone Number: _____

Agent Address: _____

Registered Medical Marijuana Facility Information

Name of Registered Medical Marijuana Dispensary: _____

Dispensary Address: _____

Dispensary Phone Number: _____ State Registration Number: _____

Required Attachments

- Check or money order for permit fee
- Copy of MDPH Dispensary Agent registration
- Copy of valid government-issued photographic identification containing the applicant's birth date and address

Applicant Statement of Consent

I understand that this license is valid only in the City of Boston, expires one year after the date that it is issued, and must be renewed each year. I understand that I may not transfer the license to another person, corporation, or entity. I also understand that any notice to be mailed to be by the Boston Public Health Commission will be mailed to the dispensary address above, unless otherwise specified. I understand that failure to follow the regulations may result in the suspension and/or revocation of my license.

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 licensed dispensary agent by those regulations. I agree to comply with those regulatory requirements while employed by a dispensary 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 Agent Signature

Print Name

Date