

Application: Change of Name

This form is for use by Marijuana Establishments (MEs) and/or Medical Marijuana Treatment Centers (MTCs) (formerly known as Registered Marijuana Dispensaries) to request and seek approval from the Cannabis Control Commission (Commission), to change the name of the business associated with its licenses under 935 CMR 500.000: *Adult Use of Marijuana* and 935 CMR 501.000: *Medical Use of Marijuana*. Please note that the information contained within this document, and any publicly available guidance, is not legal advice. Please consult an attorney if you have any questions regarding the laws and regulations that apply to adult- and medical- use of marijuana.

General Information

Pursuant to 935 CMR 500.104(1) and 501.104(1), ME/MTCs shall request, and receive approval from the Commission, prior to effectuating a change of name associated with its licenses. This request (“application”) shall be submitted by a ME/MTC that has at least been ~~approved~~ for a provisional license. Applicants for licensure should request to modify this information in its application if they have not yet been provisionally licensed.

An application for a change of name should be filled out under the following circumstances:

1. A change of business name or doing-business-as name (d/b/a);
2. A change of name due to restructuring of the business (ex. “Inc.” to “LLC”);
3. Any other circumstance in which the name associated with the licenses held by ME/MTCs will be modified.

Failure to obtain Commission approval prior to making a change of name may result in the suspension, revocation, denial of renewal, and/or other administrative actions including fines being assessed or taken against the ME/MTC.

Instructions

An ME/MTC requesting a change of name must complete this application, submit all required documentation, and remit the applicable fee.

An ME/MTC may request a change of name for multiple licenses in one application if the proposed change will affect multiple licenses. Additionally, all of the applicable licenses must be changing from one (1) single name to another single name.



The application contains the following four (4) sections that must be fully completed:

- I. ME/MTC Information;
- II. Information Pertaining to the Change of Name;
- III. Required Documentation; and
- IV. Required Attestations.

Please ensure that all responses are either typed or clearly written into the application. Every section and numbered item of this application is required to be completed with the required information. No item should be left blank.

This application cannot be used for a change in ownership/control, location, structural change, or any other type of change.

Completed Application

Once completed, the application and all required information, except the Payment Remittance Form, shall then be combined into a single PDF document and emailed to Licensing@CCCMass.com.

Pursuant to 935 CMR 500.005 and 501.005, the applicable fee for a change of name is \$1,000 per license. Please ensure the appropriate fee is paid in association with this application. Please follow the instructions in the Payment Remittance Form at the end of this application for the appropriate manner to send payment. **An insufficient payment for this change will delay the processing of this application.**

Review of the Application

Your submitted application will be reviewed in its entirety. If the Commission requires additional information, a notice will be sent to the business email address stated on the application.

Once the application is found to be complete and compliant, the change of name application will be forwarded to the Commission or its delegee for its consideration.

Process

The Commission may approve, deny, request additional information, or approve with conditions relating to the change request. The ME/MTC shall receive a notice of the Commission's decision.



If an application involving an entity name change is approved by the Commission, a notice will be sent notifying the ME/MTC to effectuate the change of name with the Massachusetts Secretary of the Commonwealth's office, and instructions to provide the following information to the Commission within 30 days of the approval:

1. Updated articles of organization;
2. Updated bylaws; and
3. Updated Massachusetts business identification number.

Upon receipt of this documentation, the license(s) will be updated and, if appropriate, new license certificate(s) will be sent to the ME/MTC. At that point, the change of name process will be complete.

If the change of name involves the addition of a d/b/a only, the license record will be updated upon approval by the Commission and the ME/MTC will be notified.

I. ME/MTC Information

1. Current business name of ME/MTC:

2. License number(s) affected by this request:

3. List the municipality/municipalities in which the ME/MTC is located:

4. Business email address for official correspondence:

5. Name and contact information for the ME/MTC's representative completing the



application (name, email address, and phone number):

II. Information Pertaining to the Change of Name Request

6. Please provide the proposed new business name of the ME/MTC: *(do not include d/b/a's in this section)*

7. If this change of name application is regarding the addition or modification of a d/b/a name, please provide the new name. If not applicable, please enter "not applicable":

III. Required Documents

8. As part of this application, the following documentation is required to be provided to the Commission to effectively make a determination on the change of name. Please provide the following documents and clearly label them using the indicated text:
- a. If the ME/MTC is proposing to change its business name, please provide a copy of the notice sent to the municipality/municipalities of the ME/MTC's intent to change its name pursuant to 935 CMR 500.180(2)(j) and/or 935 CMR 501.180(2)(j). ("Attachment A")
 - b. If the ME/MTC is submitting this change of name application for the purpose of adding or modifying a d/b/a name, please provide to a copy of the logo or brand image which will be utilized by the ME/MTC, if one is available. If one is not yet available, please submit a statement to that effect. ("Attachment B")
 - c. Please give a summary of the reason(s) behind the proposed name change. ("Attachment C")



IV. Required Attestations

9. Please attest to the following statements by initialing the corresponding box (*every box shall be initialed for the application to be found compliant*):

- a. The ME/MTC name will not be legally changed with the Massachusetts Secretary of the Commonwealth until, and if, approved by the Commission;
- b. The ME/MTC will not use a name not yet approved by the Commission on any signage, packaging, labeling, or any other business-related document;
- c. The ME/MTC's proposed new name will not be used in a way that violates the Commission's prohibited advertising and marketing practices as defined in 935CMR 500.105(5) and 501.105(12), as applicable;
- d. The ME/MTC will fully cooperate with and provide information to Commission staff;
- e. The appropriate fee for the change of name application has been sent to the Commission; and
- f. All information contained within the application is accurate and true.

By signing this document, I, the ME/MTC's representative, affirm that all the information provided above is accurate and true.

Signature of the ME/MTC's Representative:

Date of Attestation:

If you have any questions regarding the payment or process, please contact the Commission at Licensing@CCCMass.com.

Note: Please ensure this form, along with all required and supplemental documentation, is combined into a single PDF document. The final PDF document will represent your application. Your application should be sent to Licensing@CCCMass.com for consideration.



Payment Remittance Form: Change of Name

Pursuant to 935 CMR 500.005 and 501.005, the applicable fee for a change of name is \$1,000 per license. Please ensure the appropriate fee is paid in association with the Change of Name application. An insufficient payment for this change, or failure to include this Payment Remittance Form with payment, will delay the processing of the application.

Current Name of ME/MTC:

License Number(s) Affected by this Request:

Name, Phone Number, and Business Email Address of the Licensee's Representative:

Amount of Payment Submitted:

All payments shall accompany this Payment Remittance Form, be made by check, made payable to the Cannabis Control Commission, and sent to one of the following addresses:

- Via USPS: Cannabis Control Commission, PO Box 412144, Boston MA 02241-2144; or
- Via Courier/Overnight: Bank of America Lockbox Services, Cannabis Control Commission 412144, MA5-527-02-07, 2 Morrissey Blvd, Dorchester, MA 02125

Please retain a copy of this completed document and any proof of mailing. If you have any questions regarding the payment or process, please contact the Commission at Licensing@CCCMass.com.

