

Application: Change of Location

This form is for use by Marijuana Establishments (MEs) and/or Medical Marijuana Establishment (MME) (formerly known as Registered Marijuana Dispensaries) to request and seek approval from the Cannabis Control Commission (Commission), to change the location of the facility 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 the adult- and medical-use of marijuana.

General Information

Pursuant to 935 CMR 500.104(1) and 501.104(1), MEs/MMEs shall request, and receive approval from the Commission, prior to effectuating a change of location associated with its license(s). This request (“application”) shall be submitted by an ME/MME 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.

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

Instructions

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

An ME/MME may request a change of location 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 location for a particular operation to another single location.

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

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



In addition to the sections identified above, the required fee payment must be sent with the Payment Remittance Form.

Please ensure that all responses are either typed or written clearly into the application. All attachments should be labeled so as to reference the particular document that is required. Please use the reference label that will be associated with each required document (i.e. "Document A"). This reference label should be on the top right corner of each page of the document. Every section and numbered item of this application is required to be completed with the required information. No section or numbered item should be left blank.

This application cannot be used for a change in ownership/control, name, 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, the applicable fee for a change of location is 50% of the applicable license fee per each ME license. Pursuant to 935 CMR 501.005, the applicable fee for a change of location is \$10,000 per each MME 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

This application will be reviewed for completeness and compliance. If the Commission requires additional information, a notice will be sent to the business email address stated on the application.

Licensee will be notified once the application is found to be complete and compliant. The Commission will also notify the host community within the application, with a copy of the application, and request the ME/MME compliance with local ordinances and bylaws. The municipality may have 30 or 60 days to respond depending on the following:

- For licensees with a majority ownership comprised of Economic Empowerment Priority Applicants and/or Social Equity Program Participants, or those designated as Social Equity Businesses, the municipality will have 30 days to respond. notice will be sent to the new location's municipality requesting a response within 30 days stating whether the ME/MME is in compliance with local ordinances or bylaws.
- For all other licensees, the municipality will have 60 days to respond.



Once the response is received stating that the ME and/or MME is in compliance, or the appropriate timeframe has passed with no response, the request for change of location will be forwarded to the Commission or its delegee for consideration.

Application Process

The Commission may approve, deny, request additional information, or approve with conditions relating to this change of location application. The ME/MME shall receive a notice of the Commission’s decision. If the Commission approves of the change in location, an approval notice will be sent to the applicant which will include the following:

1. Notification of the approval;
2. A list of conditions of the approval;
3. Information pertaining to the architectural or structural review process; and
4. The need for the ME/MME to complete an inspection request, once appropriate to do so.

If, after completion of an inspection demonstrating that the new location is compliant with the Commission’s regulations, a final request of approval will be considered by the Commission. If approved, a notice will be sent stating that operations can commence at the new location, subject to conditions, if applicable. At this point, the change of location process will be complete.

I. ME/MME Information

1. Name of ME/MME:

2. License number(s) affected by this request. If this change involves an MME please additionally specify all applicable operations affected:

3. Business email address for official correspondence:

4. Name and contact information for the ME/MME’s representative completing the



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

II. Information Pertaining to the Change of Location Request

5. Current physical address of the ME/MME:

6. The proposed new physical address of the ME/MME:

7. Please give a summary of the reason(s) for the change of location (*if additional space is needed, please submit an addendum labeled “Addendum #7” with your application*):



8. Please provide a proposed timeline to effectuate the change in location, the expected date that operations could commence at the new location, and the identification of whether operations will cease for any period of time due to the change (*if additional space is needed, please submit an addendum labeled “Addendum #8” with your application*):



III. Required Documents

9. As part of this application, the following documentation is required to be provided to the Commission to effectively make a determination on this change of location application. Please provide the following documents and clearly label them using the indicated text:
- a. An ME/MME that seeks a location change to another host community shall submit a Host Community Agreement (“HCA”) or HCA Waiver between the ME/MME and host community as part of this application. An ME/MME that seeks a location change within the same host community after execution of an HCA may be required to provide an amended HCA or HCA Waiver as part of this application if any terms of the current HCA or HCA Waiver would no longer be valid due to this request; (“Document A”)
 - b. Documentation of a property interest in the proposed location. *(This can include a copy of a legal title, option to purchase, legally enforceable agreement, or permission to use the premises)* (“Document B”); and
 - c. A plan to remain compliant with local ordinances or bylaws, as well as the identification of any and all local ordinances or bylaws related to the adult- and/or medical-use of marijuana (“Document C”).

IV. Grants Received by the Executive Office of Economic Development

Applicants must indicate whether they are a current Cannabis Social Equity Trust Fund (“CSETF”) awardee or have received CSETF funding within the past three (3) years. If a licensee is a current awardee or received CSETF funds within the past three years, they must include Executive Office of Economic Development’s (“EOED”) determination on whether the proposed ownership or location change requires EOED written approval and, if so, provide that approval.

Have any of the listed licensees in Section I received CSETF funding in the past three (3) years?

_____ Yes _____ No

If the licensee answered “no” above, no additional information is required. If the licensee answered “yes” above, please submit documentation from EOED demonstrating its determination of whether this proposed COO requires EOED approval and, if so, said approval. *(This document shall be labeled “EOED Documentation”).*



Licensees are encouraged to contact EOED early in the process to ensure timely review and minimize delays. For more information about the EOED Cannabis Social Equity Grant, please see the [EOED website](#).

V. Required Attestations

10. Please attest to the following statements by initialing the corresponding box:

- a. The proposed location for the ME/MME is not within the statutory buffer zone of 500 feet of a public or private K-12 school, unless reduced by local ordinance or bylaw;
- b. The ME/MME is in compliance with local ordinances and bylaws;
- c. The ME/MME has an existing, executed Host Community Agreement with the municipality in which the ME/MME will be located following approval of the change of location;
- d. The ME/MME will fully comply with the requirement to submit an architectural or structural review plan, and receive approval from the Commission, if building or renovations will take place at the new location;
- e. The ME/MME understands that approval of the change of location does not permit the possession of marijuana on the premises, or the commencement of full operations, until onsite inspection(s) have taken place, and further specific approval is provided from the Commission;
- f. The ME/MME will fully cooperate and provide information to Commission staff upon request; and
- g. All information contained within the application is accurate and true.

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

Name of the ME/MME's Representative:



Signature of the ME/MME'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 Location

Pursuant to 935 CMR 500.005, the applicable fee for a change of location is 50% of the applicable license fee per each ME license. Pursuant to 935 CMR 501.005, the applicable fee for a change of location is \$10,000 per each MME license. Please ensure the appropriate fee is paid in association with the Change of Location application. **An insufficient payment for this change, or failure to include this Payment Remittance Form with payment, will delay the processing of the application.**

Name of ME/MME:

License Number(s) Affected by this Request:

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

Amount of Payment Required/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.

