



**TOWN OF LITTLETON**  
**REGISTERED MARIJUANA DISPENSARY SUPPLEMENT**  
**FORM 1C**  
ADOPTED May 8, 2014

Littleton Town Offices  
37 Shattuck Street  
Room 303  
Littleton, MA 01460  
(978) 540-2425

1. Location: Street Address \_\_\_\_\_

Assessor's Map \_\_\_\_\_ Parcel \_\_\_\_\_

2. Project Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(You may use a separate sheet if project description is lengthy.)

3. Registry: County \_\_\_\_\_ Current Book \_\_\_\_\_ & Page \_\_\_\_\_

4. Applicant: \_\_\_\_\_ Tel. \_\_\_\_\_

Address: \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

5. Property Owner: \_\_\_\_\_ Tel. \_\_\_\_\_

Address: \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

6. Engineer/Surveyor/Representative: \_\_\_\_\_

Address: \_\_\_\_\_ Tel. \_\_\_\_\_

\_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

7. MASS DPH Registration Number: \_\_\_\_\_

8. RMD Special Permit Requested for (check all that apply)  
 Cultivation of marijuana for medical use  
 Processing and packaging of marijuana for medical use  
 Retail sale or distribution of marijuana for medical use to qualifying patients
9. Have the Planning Board, Town Clerk, Board of Selectmen, Building Commissioner, Board of Health, Police Department and Fire Department each been sent by certified mail or hand delivered a copy of the application, description of special permit request, and required documentation?  
 \_\_\_\_\_ yes \_\_\_\_\_ no
10. Have you obtained and included a certified list of abutters from the Assessor's Office?  
 \_\_\_\_\_ yes \_\_\_\_\_ no
11. Have you submitted the appropriate filing fee? \_\_\_\_\_ yes \_\_\_\_\_ no
12. Date of filing with each office: \_\_\_\_\_ Planning Board  
 \_\_\_\_\_ Town Clerk  
 \_\_\_\_\_ Board of Selectmen  
 \_\_\_\_\_ Building Commissioner  
 \_\_\_\_\_ Board of Health  
 \_\_\_\_\_ Police Department  
 \_\_\_\_\_ Fire Department
13. Other Comments:

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**Signature of Property Owner:**

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