



Municipal Survey

Responding Municipality *

Best Contact Information for the Municipality

This information would represent the best way to reach the Municipality regarding time-sensitive Commission inquiries.

Primary Municipal Contact *

First Name

Last Name

Primary Municipal Mailing Address *

City

State

ZIP Code

Best Email Contact *

Phone Number *

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What form of government does your municipality have?

City Government, Representative Town Meeting, etc.

Who is the contracting authority for your municipality?

First Name

Last Name

What is the contracting authority's title?

What is the contracting authority's phone number?

What is the contracting authority's e-mail address?

Does your municipality have a Department of Public Health ("DPH") registered marijuana dispensary operating, approved or planned? *

If your answer is yes, please indicate the appropriate stage for the registered marijuana dispensary (click all that apply):

If you have an approved DPH registered medical marijuana dispensary, have you completed a community host agreement with that establishment?

If your answer is yes, please attach your community host agreement here.

Choose File no file selected

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Has your municipality taken action pursuant to G.L. c.94G §3(a)(2) to limit the number of marijuana establishments in your municipality by adopting an ordinance or bylaw that would (check the appropriate option): *

If you answered affirmatively to any of the three options above, please include a link to the bylaw or ordinance or attach a copy to the survey.

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Choose File no file selected

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Attachments here.

Did your municipality vote “Yes” or “No” on Question 4 in 2016? *

If your municipality is a "Yes" community, and plans to enact a ban, have you held an election as required pursuant to 94G §3(a)(2) and §3?

If yes, please include the date. If you have not but a vote is planned, please include that date.

Other than a bylaw or ordinance described in Question 4, has your municipality adopted a bylaw or ordinance addressing adult use of marijuana? If your answer is yes, please describe it briefly below and include a link to the bylaw or ordinance or attach a copy to the survey.*

If you answered "yes" above, please attach the bylaw or ordinance here.

Choose File no file selected

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If you have not adopted a bylaw or ordinance regarding adult use of marijuana, please identify which option below best describes your municipality's situation.

If you answered "other" above, please describe the status of adult-use marijuana in your city or

town.

Has your municipality adopted a local licensing regulation regarding adult use of marijuana?

Has your municipality's Board of Health adopted a local health regulation regarding adult use of marijuana?

Has your municipality executed a host community agreement with a marijuana establishment for adult use (please do not include an agreement with a registered marijuana dispensary regarding medical use of marijuana)? *

If yes, please attach a copy of the host community agreement to the survey.

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