

STATE OF NEVADA

BRIAN SANDOVAL  
*Governor*

MICHAEL J. WILLDEN  
*Director*



RICHARD WHITLEY, MS  
*Administrator*

TRACEY D. GREEN, MD  
*Chief Medical Officer*

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

4150 Technology Way, Suite 300  
Carson City, Nevada 89706  
Telephone: (775) 684-4200 · Fax: (775) 684-4211

## Medical Marijuana Establishment Registration Certificate

### Request for Applications

**Release Date: May 30, 2014**

**Accepting Applications Period: August 5 - 18, 2014**

*(Business Days M-F, 8:00 A.M. - 5:00 P.M.)*

For additional information, please contact:

Medical Marijuana Establishment (MME) Program

Division of Public and Behavioral Health

4150 Technology Way, Suite 104

Carson City, NV 89706

Phone: 775-684-3487

Email address: [medicalmarijuana@health.nv.gov](mailto:medicalmarijuana@health.nv.gov)

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APPLICANT INFORMATION SHEET FOR MEDICAL MARIJUANA ESTABLISHMENT APPLICATION

Applicant Must:

A) Provide all requested information in the space provided next to each numbered question. The information provided in Sections 1 through 10 will be used for application questions and updates;

B) Type or print responses; and

C) Include this Applicant Information Sheet in Tab III of the Identified Criteria Response.

|                |  |         |            |       |
|----------------|--|---------|------------|-------|
| 1              | Company Name   |         |            |       |
| 2              | Street Address   |         |            |       |
| 3              | City, State, ZIP   |         |            |       |
| 4              | <i>Telephone Number</i>  |         |            |       |
|                | Area Code  | Number  | Extension  |       |
| 5              | <i>Facsimile Number</i>  |         |            |       |
|                | Area Code  | Number  | Extension  |       |
| 6              | <i>Toll Free Number</i>  |         |            |       |
|                | Area Code  | Number  | Extension  |       |
| 7              | <i>Contact Person for providing information, signing documents, or ensuring actions are taken as per Section 23 of LCB File No. R004-14A</i> |         |            |       |
|                | Name:  |         |            |       |
|                | Title:   |         |            |       |
|                | Address:   |         |            |       |
| Email Address: |  |         |            |       |
| 8              | <i>Telephone Number for Contact Person</i>   |         |            |       |
|                | Area Code:   | Number: | Extension: |       |
| 9              | <i>Facsimile Number for Contact Person</i>   |         |            |       |
|                | Area Code:   | Number: | Extension: |       |
| 10             | <i>Contact Person Signature</i>  |         |            |       |
|                | Signature:   |         |            | Date: |

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## 1. TERMS AND DEFINITIONS

For the purposes of this Application, the following terms/definitions will be used:

| <b>TERMS</b>  | <b>DEFINITIONS</b>   |
|---|--|
| <i>Applicant</i>  | Organization/individual(s) submitting an application in response to this request for application.  |
| <i>Division</i>   | The Nevada Division of Public and Behavioral Health of the Department of Health and Human Services.  |
| <i>Edible marijuana products</i>  | As per NRS 453A.101, products that contain marijuana or an extract thereof and are intended for human consumption by oral ingestion and are presented in the form of foodstuffs, extracts, oils, tinctures and other similar products.   |
| <i>Electronic funds transfer</i>  | Electronic funds transfer (EFT) is the electronic exchange, transfer of money from one account to another, either within a single financial institution or across multiple institutions, through computer-based systems.   |
| <i>Electronic verification system</i>   | As per NRS 453A.102, an electronic database that keeps track of data in real time and is accessible by the Division and by registered medical marijuana establishments.  |
| <i>Enclosed, locked facility</i>  | As per NRS 453A.103, a closet, display case, room, greenhouse, or other enclosed area that meets the requirements of NRS 453A.362 and is equipped with locks or other security devices which allow access only by a medical marijuana establishment agent and the holder of a valid registry identification card.  |
| <i>Excluded felony offense</i>  | As per NRS 453A.104, a crime of violence or a violation of a state or federal law pertaining to controlled substances, if the law was punishable as a felony in the jurisdiction where the person was convicted. The term does not include a criminal offense for which the sentence, including any term of probation, incarceration or supervised release, was completed more than 10 years before or an offense involving conduct that would be immune from arrest, prosecution or penalty, except that the conduct occurred before April 1, 2014, or was prosecuted by an authority other than the State of Nevada. |
| <i>Facility for the production of edible marijuana products or marijuana infused products</i> | As per NRS 453A.105, a business that is registered with the Division pursuant to NRS 453A.322, and acquires, possesses, manufactures, delivers, transfers, transports, supplies, or sells edible marijuana products or marijuana-infused products to medical marijuana dispensaries.   |

|                                       |   |
|---------------------------------------|---|
| <b>Identified Response</b>            | A response to the application in which information is included, including any descriptive information, that identifies any and all Owners, Officers, Board Members or Employees and business details (proposed business name(s), D/B/A, current or previous business names or employers). This information includes all names, specific geographic details including street address, city, county, precinct, ZIP code, and their equivalent geocodes, telephone numbers, fax numbers, email addresses, social security numbers, financial account numbers, certificate/license numbers, vehicle identifiers and serial numbers, including license plate numbers, Web Universal Resource Locators (URLs), Internet Protocol (IP) addresses, biometric identifiers, including finger and voice prints, full-face photographs and any comparable images, previous or proposed company logos, images, or graphics and any other unique identifying information, images, logos, details, numbers, characteristics, or codes. |
| <b>Identifiers</b>                    | An assignment of letters, numbers, job title or generic business type to assure the identity of a person or business remains unidentifiable. Assignment of identifiers will be application specific and will be communicated in the application in the identifier legend.   |
| <b>Independent testing laboratory</b> | As per NRS 453A.107, a business that is registered with the Division to test marijuana, edible marijuana products and marijuana- infused products. Such an independent testing laboratory must be able to determine accurately, with respect to marijuana, edible marijuana products and marijuana-infused products, the concentration therein of THC and cannabidiol, the presence and identification of molds and fungus, and the presence and concentration of fertilizers and other nutrients.  |
| <b>Inventory control system</b>       | As per NRS 453A.108, a process, device or other contrivance that may be used to monitor the chain of custody of marijuana used for medical purposes from the point of cultivation to the end consumer.  |
| <b>Marijuana</b>                      | As per NRS 453.096, all parts of any plant of the genus Cannabis, whether growing or not, and the seeds thereof, the resin extracted from any part of the plant and every compound, manufacture, salt, derivative, mixture or preparation of the plant, its seeds or resin. Marijuana does not include the mature stems of the plant, fiber produced from the stems, oil or cake made from the seeds of the plant, any other compound, manufacture, salt, derivative, mixture or preparation of the mature stems (except the resin extracted there from), fiber, oil or cake, or the sterilized seed of the plant which is incapable of germination.  |

|  |   |
|--|---|
| <b><i>Marijuana infused products</i></b>                               | As per NRS 453A.112, products that are infused with marijuana or an extract thereof and are intended for use or consumption by humans through means other than inhalation or oral ingestion. The term includes, without limitation, topical products, ointments, oils and tinctures.  |
| <b><i>May</i></b>  | Has the meaning ascribed to it in NRS 0.025.  |
| <b><i>Medical marijuana dispensary</i></b>                             | As per NRS 453A.115, a business that is registered with the Division and acquires, possesses, delivers, transfers, transports, supplies, sells or dispenses marijuana or related supplies and educational materials to the holder of a valid registry identification card.  |
| <b><i>Medical marijuana establishment</i></b>                          | As per NRS 453A.116, an independent testing laboratory, a cultivation facility, a facility for the production of edible marijuana products or marijuana-infused products, a medical marijuana dispensary, or a business that has registered with the Division and paid the requisite fees to act as more than one of the types of businesses. |
| <b><i>Medical marijuana establishment agent</i></b>                    | As per NRS 453A.117, an owner, officer, board member, employee or volunteer of a medical marijuana establishment. The term does not include a consultant who performs professional services for a medical marijuana establishment.  |
| <b><i>Medical marijuana establishment agent registration card</i></b>  | As per NRS 453A.118, a form of identification that is issued by the Division to authorize a person to volunteer or work at a medical marijuana establishment.   |
| <b><i>Medical marijuana establishment registration certificate</i></b> | As per NRS 453A.119, a certificate that is issued by the Division, pursuant to NRS 453A.332, to authorize the operation of a medical marijuana establishment.   |
| <b><i>Medical use of marijuana</i></b>                                 | As per NRS 453A.120, the possession, delivery, production or use of marijuana; the possession, delivery or use of paraphernalia used to administer marijuana; as necessary for the exclusive benefit of a person to mitigate the symptoms or effects of his or her chronic or debilitating medical condition.                                 |
| <b><i>Must</i></b>   | Has the meaning ascribed to it in NRS 0.025.  |
| <b><i>NAC</i></b>  | Nevada Administrative Code – All applicable NAC documentation may be reviewed via the Internet at: <a href="http://www.leg.state.nv.us/NAC/CHAPTERS.HTML">http://www.leg.state.nv.us/NAC/CHAPTERS.HTML</a> .  |

|                                       |  |
|---------------------------------------|--|
| <b><i>Non-Identified Response</i></b> | A response to the application in which no information is included or any descriptive information is included that would permit an evaluator to reasonably draw a conclusion as to the identity of any and all owners, officers, board members or employees and business details (proposed business name(s), D/B/A, current or previous business names or employers). Identifiers that must be removed from the application include all names, specific geographic details including street address, city, county, precinct, ZIP code, and their equivalent geocodes, telephone numbers, fax numbers, email addresses, social security numbers, financial account numbers, certificate/license numbers, vehicle identifiers and serial numbers, including license plate numbers, Web Universal Resource Locators (URLs), Internet Protocol (IP) addresses, biometric identifiers, including finger and voice prints, full-face photographs and any comparable images, previous or proposed company logos, images, or graphics and any other unique identifying information, images, logos, details, numbers, characteristics, or codes. |
| <b><i>NRS</i></b>                     | Nevada Revised Statutes – All applicable NRS documentation may be reviewed via the Internet at: <a href="http://www.leg.state.nv.us/NRS/">http://www.leg.state.nv.us/NRS/</a> .  |
| <b><i>Shall</i></b>                   | Has the meaning ascribed to it in NRS 0.025.   |
| <b><i>State</i></b>                   | The State of Nevada and any agency identified herein.  |

## **2. APPLICATION OVERVIEW**

The 2013 Legislature passed Senate Bill 374 relating to medical marijuana, providing for the registration of medical marijuana establishments authorized to test marijuana in a laboratory, cultivate or dispense marijuana or manufacture edible marijuana products or marijuana-infused products for sale to persons authorized to engage in the medical use of marijuana. Senate Bill 374 also provides for the registration of agents who are employed by or volunteer at medical marijuana establishments, setting forth the manner in which such establishments must register and operate, and requiring the Division of Public and Behavioral Health (Division) to adopt regulations. Senate Bill 374 has now been included in the codified NRS 453A.

The regulations provide provisions for the establishment, licensing, operation and regulation of medical marijuana establishments in the State of Nevada. The regulations address this new industry as a privileged industry as outlined in NRS 453A.320.

The Division is seeking applications from qualified applicants in conjunction with this application process for medical marijuana establishment certificates. The resulting establishment certificates will be for an initial term of one (1) year, subject to Section 34 of LCB File No. R004-14A.



### 3. APPLICATION TIMELINE

The following represents the timeline for this project.

| <b>Task</b>  | <b>Date/Time</b>      |
|--|-----------------------|
| Request for Application Date                         | 5/30/2014             |
| Deadline for Submitting Questions                    | 6/20/2014 2:00 PM     |
| Answers Posted to Website                            | On or before 7/7/2014 |
| Opening of 10 Day Window for Receipt of Applications | 8/5/2014 8:00 AM      |
| Deadline for Submission of Applications              | 8/18/2014 5:00 PM     |
| Evaluation Period                                    | 8/5/2014 - 11/2/2014  |
| Provisional Certificates Issued                      | On or about 11/3/2014 |

### 4. APPLICATION INSTRUCTIONS

The State of Nevada, Division of Public and Behavioral Health, on behalf of the Department of Health and Human Services, is seeking applications from qualified applicants to receive provisional certificates to issue medical marijuana establishment certificates.

The Division anticipates issuing medical marijuana establishment certificates in conjunction with this application process and in compliance with Nevada statutes and regulations. Therefore, applicants are encouraged to be as specific as possible in their application about the services they will provide, geographic location, and submissions for each criteria category.

All questions relating to this application and the application process must be submitted in writing to [medicalmarijuana@health.nv.gov](mailto:medicalmarijuana@health.nv.gov) no later than 2:00 P.M. on 6/20/2014. Calls should only be directed to the phone number provided in this application. No questions will be accepted after this date. Answers will be posted to the Medical Marijuana Program FAQ section of the Division's website no later than 7/7/2014 at <http://health.nv.gov/MedicalMarijuana.htm>.

## 5. APPLICATION REQUIREMENTS, FORMAT AND CONTENT

### 5.1. GENERAL SUBMISSION REQUIREMENTS

- 5.1.1. Applications must be packaged and submitted in counterparts; therefore, applicants must pay close attention to the submission requirements. Applications will have an Identified Criteria Response and a Non-Identified Criteria Response. Each must be submitted in individual 3-ring binders. Applicants must submit their application broken out into the two (2) sections required in a single box or packaged for shipping purposes.
- 5.1.2. The required CDs must contain information as specified in Section 5.4.
- 5.1.3. Detailed instructions on application submission and packaging follows, and applicants must submit their applications as identified in the following sections.
- 5.1.4. All information is to be completed as requested.
- 5.1.5. Each section within the Identified Criteria Response and the Non-Identified Criteria Response must be separated by clearly marked tabs with the appropriate section number and title as specified.
- 5.1.6. If discrepancies are found between two (2) or more copies of the application, the **MASTER COPY** shall provide the basis for resolving such discrepancies. If one (1) copy of the application is not clearly marked "**MASTER**," the Division may, at its sole discretion, select one (1) copy to be used as the master.
- 5.1.7. For ease of evaluation, the application must be presented in a format that corresponds to and references sections outlined within this submission requirements section and must be presented in the same order. Written responses must be typed and in bold/italics and placed immediately following the applicable criteria question, statement and/or section.
- 5.1.8. Applications are to be prepared in such a way as to provide a straightforward, concise delineation of information to satisfy the requirements of this application.
- 5.1.9. In a Non-Identified Criteria response, when a specific person or company is referenced, the identity must be submitted with an Identifier. Identifiers assigned to people or companies must be detailed in a legend (Attachment H), to be submitted in the Identified Criteria response section.
- 5.1.10. Expensive bindings, colored displays, promotional materials, etc., are not necessary or desired. Emphasis should be concentrated on conformance to the application instructions, responsiveness to the application requirements, and on completeness and clarity of content.
- 5.1.11. Applications must not be printed on company letterhead and/or with any identifying company watermarks. Applicants must submit response using plain white paper.
- 5.1.12. Materials not requested in the application process will not be reviewed or evaluated.

- 5.1.13. The State of Nevada, in its continuing efforts to reduce solid waste and to further recycling efforts, requests that applications, to the extent possible and practical:
- 5.1.13.1. Be submitted on recycled paper;
  - 5.1.13.2. Not include pages of unnecessary advertising;
  - 5.1.13.3. Be printed on both sides of each sheet of paper (except when a new section begins);
  - 5.1.13.4. Follow strict definition of Non-Identified response when directed; and
  - 5.1.13.5. Be contained in re-usable binders as opposed to spiral or glued bindings.
- 5.1.14. For purposes of addressing questions concerning this application, submit questions to **medicalmarijuana@health.nv.gov** no later than 2:00 P.M. on 6/20/2014. Calls must be directed to the phone number provided in this application. No questions will be addressed after this date. Upon issuance of this request for application, other employees and representatives of the agencies identified in the application will not answer questions or otherwise discuss the contents of this application with any other prospective applicants or their representatives.

## 5.2. PART I – IDENTIFIED CRITERIA RESPONSE

The IDENTIFIED CRITERIA RESPONSE must include:

One (1) original copy marked “MASTER”

Three (3) identical copies

The response must have the tabbed sections as described below:

### 5.2.1. Tab I – Title Page

The title page must include the following:

| Part I – Identified Criteria Response |  |
|---------------------------------------|--|
| Application Title:                    | A Medical Marijuana Establishment Registration Certificate |
| Application:                          |  |
| Applicant Name:                       |  |
| Address:                              |  |
| Application Opening Date and Time:    | August 5, 2014 8:00 AM                                     |
| Application Closing Date and Time:    | August 18, 2014 5:00 PM                                    |

### 5.2.2. Tab II – Table of Contents

An accurate table of contents must be provided in this tab.

### 5.2.3. Tab III – Applicant Information Sheet

The completed Applicant Information Sheet with an original signature by the contact person for providing information, signing documents, or ensuring actions are taken as per Section 23 of LCB File No. R004-14A must be included in this tab. (Page 2)

### 5.2.4. Tab IV – Medical Marijuana Establishment Registration Certificate Application

The completed Medical Marijuana Establishment Registration Certificate Application with original signatures must be included in this tab. (Attachment A)

### 5.2.5. Tab V – Multi-Establishment Limitation form

If applicable, a copy of the multi-establishment limitation form must be included in this tab. If not applicable, please insert a plain page with the words “**Not applicable.**” (Attachment G).

5.2.6. **Tab VI** – Identifier Legend

A copy of the Identifier legend must be included in this tab. If not applicable, please insert a plain page with the words “**Not Applicable**” (Attachment H).

5.2.7. **Tab VII** – Confirmation that the applicant has registered with the Secretary of State

Documentation that the applicant has registered as the appropriate type of business with the Secretary of State.

5.2.8. **Tab VIII** – Confirmation of the ownership or authorized use of the property as a medical marijuana establishment

5.2.8.1. A copy of property owner’s approval for use form (Attachment F).

5.2.8.2. If the applicant has executed a lease or owns the proposed property, a copy of the lease or documentation of ownership.

A copy of the property owner’s approval for use form and lease or documentation of ownership must be included in this tab.

5.2.9. **Tab IX**– Documentation from a financial institution in this state, or in any other state or the District of Columbia, which demonstrates:

5.2.9.1. That the applicant has at least \$250,000 in liquid assets which are unencumbered and can be converted within 30 days after a request to liquidate such assets; and

5.2.9.2. The source of those liquid assets.

Documentation demonstrating the liquid assets and the source of those liquid assets must be included in this tab.

*Please note: If applying for more than one medical marijuana establishment registration certificate; available funds must be shown for each establishment application.*

5.2.10. **Tab X** – Evidence of the amount of taxes paid to, or other beneficial financial contributions made to, the State of Nevada or its political subdivisions within the last five years by the applicant or the persons who are proposed to be owners, officers or board members of the proposed establishment.

Evidence of taxes paid and other beneficial financial contributions made must be included in this tab.

5.2.11. **Tab XI** – The description of the proposed organizational structure of the proposed medical marijuana establishment and information concerning each Owner, Officer and Board Member of the proposed medical marijuana establishment.

- 5.2.11.1. An organizational chart showing all owners, officers, and board members of the medical marijuana establishment, including percentage of ownership for each individual.
- 5.2.11.2. The owner, officer and board member information form must be completed for each individual named in this application (Attachment C).
- 5.2.11.3. An owner, officer and board member Attestation Form must be completed for each individual named in this application (Attachment B).
- 5.2.11.4. A Child Support Verification Form for each owner, officer and board member must be completed for each individual named in this application (Attachment D).
- 5.2.11.5. A narrative description, not to exceed 750 words, demonstrating the following:
  - 5.2.11.5.1. Past experience working with governmental agencies and highlighting past community involvement.
  - 5.2.11.5.2. Any previous experience at operating other businesses or nonprofit organizations.
  - 5.2.11.5.3. Any demonstrated knowledge or expertise with respect to the compassionate use of marijuana to treat medical conditions.
  - 5.2.11.5.4. A resume, including educational achievements, for each owner, officer and board member must be completed for each individual named in this application.
- 5.2.11.6. A Request and Consent to Release Application Form for Medical Marijuana Establishment Registration Certificate(s) for each owner, officer and board member may be completed for each individual named in this application (Attachment E).
- 5.2.11.7. Documentation that fingerprint cards have been submitted to the Central Repository for Nevada Records of Criminal History.

The organizational chart, owner, officer and board member information form(s), attestation form(s), resume(s), child support verification forms(s), narrative description(s), request and consent to release application form, as applicable, and fingerprint documentation must be included in this tab.

5.2.12. **Tab XII** – A financial plan which includes:

- 5.2.12.1. Financial statements showing the resources of the applicant(s), both liquid and illiquid.
- 5.2.12.2. If the applicant is relying on money from an owner, officer or board member, or any other source, evidence that the person has

unconditionally committed such money to the use of the applicant in the event the Division issues a medical marijuana establishment registration certificate to the applicant.

- 5.2.12.3. Proof that the applicant has adequate money to cover all expenses and costs of the first year of operation.

The financial plan must be included in this tab.

- 5.2.13. **Tab XIII** – If a local government in which a proposed medical marijuana establishment will be located has not enacted zoning restrictions or the applicant is not required to secure approval that the applicant is in compliance with such restrictions:

- 5.2.13.1. A professionally prepared survey demonstrating that the applicant has satisfied all the requirements of NRS 453A.322(3)(a)(2)(II).

A professionally prepared survey must be included in this tab. If not applicable, please insert a plain page stating “**Not applicable.**”

- 5.2.14. Included with this packet - the \$5,000.00 application fee as per Section 26(1) of LCB File No. R004-14A

*Please note: Cashier’s checks and money orders (made out to the “Nevada Division of Public and Behavioral Health”) will be accepted. All payments of money in an amount of \$10,000 or more must be made by any method of electronic funds transfer of money allowed. The electronic payment must be credited to the State of Nevada on or before the date such payment is due.*

### 5.3. **PART II –NON-IDENTIFIED CRITERIA RESPONSE**

The NON-IDENTIFIED CRITERIA RESPONSE must include:

One (1) original copy marked “MASTER”

Three (3) original copies marked “Non-Identified Criteria Response”

*Please note: The content of this response must be in a **non-identified** format. The **Identifier Legend Form (Attachment H)** must be used to non-identify the content of the response.*

The response must have the tabbed sections as described below:

- 5.3.1. **Tab I** – Title Page

The title page must include the following:

*Please note: Title page will be removed for evaluation and does not require non-identification.*

| <b>Part II –Non-Identified Criteria Response</b> |  |
|--|--|
| Application Title:                               | A Medical Marijuana Establishment Registration Certificate |
| Application:                                     |  |
| Applicant Name:                                  |  |
| Address:   |  |
| Application Opening Date and Time:               | August 5, 2014 8:00 AM                                     |
| Application Closing Date and Time:               | August 18, 2014 5:00 PM                                    |

5.3.2. **Tab II** – Table of Contents

An accurate table of contents must be provided in this tab.

5.3.3. **Tab III** – Documentation concerning the adequacy of the size of the proposed medical marijuana establishment to serve the needs of persons who are authorized to engage in the medical use of marijuana, including, without limitation:

*Please note: The content of this response must be in a **non-identified** format*

5.3.3.1. Building and Construction plans with supporting details.

*Please note: The size or square footage of the proposed establishment must include the maximum size of the proposed operation per the lease and/or property ownership. The start-up plans and potential expansion must be clearly stated to prevent needless misunderstandings and surrendering of certification.*

Non-identified Building and Construction plans with supporting details must be included in this tab.

5.3.4. **Tab IV** – Documentation concerning the integrated plan of the proposed medical marijuana establishment for the care, quality and safekeeping of medical marijuana from seed to sale, including, without limitation:

*Please note: The content of this response must be in a **non-identified** format*

5.3.4.1. A non-identified plan for testing and verifying medical marijuana.

5.3.4.2. A non-identified transportation plan.

5.3.4.3. Non-identified procedures to ensure adequate security including, without limitation, measures for building security.

5.3.4.4. Non-identified procedures to ensure adequate security including, without limitation, measures for product security.



Non-identified plans for testing medical marijuana, transportation, and building and product security must be included in this tab.

5.3.5. **Tab V** – A plan which includes:

*Please note: The content of this response must be in a **non-identified** format*

5.3.5.1. A non-identified description of the operating procedures for the electronic verification system of the proposed medical marijuana establishment for verifying medical marijuana cardholders

5.3.5.2. A non-identified description of the inventory control system of the proposed medical marijuana establishment.

*Please note: Applicants must demonstrate a system to include thorough tracking of product movement and sales. The system shall account for all inventory held by an establishment in any stage of cultivation, production, display or sale, as applicable for the type of establishment, and demonstrate an internal reporting system to provide the Division with comprehensive knowledge of an establishment's inventory.*

The plan for the operating procedures for the electronic verification system and the inventory control system must be included in this tab and must be in a non-identifying format.

5.3.6. **Tab VI** – Evidence that the applicant has a plan to staff, educate and manage the proposed medical marijuana establishment on a daily basis, which must include, without limitation:

*Please note: The content of this response must be in a **non-identified** format*

5.3.6.1. A non-identified detailed budget for the proposed medical marijuana establishment, including pre-opening, construction and first year operating expenses.

5.3.6.2. A non-identified operations manual that demonstrates compliance with applicable statutes and regulations.

5.3.6.3. A non-identified education plan which must include, without limitation, providing educational materials to the staff of the proposed establishment.

5.3.6.4. A non-identified plan to minimize the environmental impact of the proposed establishment.

The plan to staff, educate and manage the proposed medical marijuana establishment must be included in this tab and must be non-identified.

5.3.7. **Tab VII** – A proposal demonstrating the following:

*Please note: The content of this response must be in a **non-identified** format*

5.3.7.1. The likely impact of the proposed medical marijuana establishment in the community in which it is proposed to be located.

5.3.7.2. The manner in which the proposed medical marijuana establishment will meet the needs of the persons who are authorized to engage in the medical use of marijuana.

The likely impact and how the establishment will meet the needs of persons who are authorized to engage in the medical use of marijuana must be included in this tab and must be non-identified.

## 5.4. **Part III – CD Response**

**The CD portion of the application must include:**

5.4.1. Four (4) Identified Criteria Response CDs

5.4.2. Four (4) Non-Identified Criteria Response CDs

5.4.2.1. The electronic files must follow the format and content section for the Identified Criteria Response and Non-Identified Criteria Response

5.4.2.2. All electronic files must be saved in “PDF” format, with the following file names:

5.4.2.2.1. Part I – Identified Criteria Response

5.4.2.2.2. Part II – Non-Identified Criteria Response

5.4.2.3. The CDs must be packaged in a case and clearly labeled as follows:

| <b>CDs</b>      |   |
|-----------------|---|
| Application     | A Medical Marijuana Establishment Registration Certificate                          |
| Applicant Name: |   |
| Address:        |   |
| Contents:       | Part I – Identified Criteria Response<br>Part II – Non-Identified Criteria Response |

## 5.5. APPLICATION PACKAGING

- 5.5.1. If the separately sealed Identified Criteria Response, Non-Identified Criteria Response and CDs marked as required, are enclosed in another container for mailing purposes, the outermost container must fully describe the contents of the package and be clearly marked as follows:

|   |   |
|---|---|
| <b><i>Medical Marijuana Establishment (MME) Program<br/>Division of Public and Behavioral Health<br/>4150 Technology Way, Suite 104<br/>Carson City, NV 89706</i></b> |   |
| Application:  |   |
| Application Opening Date and Time:  | August 5, 2014 8:00 AM  |
| Application Closing Date and Time:  | August 18, 2014 5:00 PM                                       |
| For:  | A Medical Marijuana Establishment<br>Registration Certificate |
| Applicant's Name:   |   |

- 5.5.2. Applications must be filed or accepted at 4150 Technology Way, Suite 104. Applications shall be deemed filed or accepted on the date of the postmark dated by the post office on the package in which it was mailed in accordance with NRS 238.100.
- 5.5.3. The Division will not be held responsible for application envelopes mishandled as a result of the envelope not being properly prepared.
- 5.5.4. Email, facsimile, electronic or telephone Applications will **NOT** be considered.
- 5.5.5. The Identified Criteria Response shall be submitted to the Division in a sealed package and be clearly marked as follows:

|   |   |
|---|---|
| <b><i>Medical Marijuana Establishment (MME) Program<br/>Division of Public and Behavioral Health<br/>4150 Technology Way, Suite 104<br/>Carson City, NV 89706</i></b> |   |
| Application:  | A Medical Marijuana Establishment<br>Registration Certificate |
| Application Component:  | PART I – Identified Criteria Response                         |
| Application Opening Date and Time:  | August 5, 2014 8:00 AM  |
| Application Closing Date and Time:  | August 18, 2014 5:00 PM                                       |
| Applicant's Name:   |   |

5.5.6. The Non-Identified Criteria Response shall be submitted to the Division in a sealed package and be clearly marked as follows:

|   |   |
|---|---|
| <b><i>Medical Marijuana Establishment (MME) Program<br/>Division of Public and Behavioral Health<br/>4150 Technology Way, Suite 104<br/>Carson City, NV 89706</i></b> |   |
| Application:  | A Medical Marijuana Establishment<br>Registration Certificate |
| Application Component:  | PART II – Non-Identified Criteria Response                    |
| Application Opening Date and Time:  | August 5, 2014 8:00 AM  |
| Application Closing Date and Time:  | August 18, 2014 5:00 PM                                       |
| Applicant's Name:   |   |

5.5.7. The CDs shall be submitted to the Division in a sealed package and be clearly marked as follows:

|   |   |
|---|---|
| <b><i>Medical Marijuana Establishment (MME) Program<br/>Division of Public and Behavioral Health<br/>4150 Technology Way, Suite 104<br/>Carson City, NV 89706</i></b> |   |
| Application:  | A Medical Marijuana Establishment<br>Registration Certificate |
| Application Component:  | CDs   |
| Application Opening Date and Time:  | August 5, 2014 8:00 AM  |
| Application Closing Date and Time:  | August 18, 2014 5:00 PM                                       |
| Applicant's Name:   |   |

## 6. APPLICATION EVALUATION

6.1. Applications shall be consistently evaluated and scored in accordance with NRS 453A and LCB File No. R004-14A based upon the following criteria and point values:

|    | Merit Criteria   | Descriptive Elements   | Points    |
|----|--|--|-----------|
|    |  | <p><i>Listed below are certain elements that must be included in the response to the respective Merit Criteria. However, applicants should provide additional information that helps to demonstrate how the applicant uniquely meets the specified Merit Criteria in addition to the descriptive elements specified below.</i></p>   |           |
| I  | <p><b>NRS 453A.328(1) The total financial resources of the applicant, both liquid and illiquid</b></p>   | <p>A financial plan which includes:</p> <ul style="list-style-type: none"> <li>• Financial statements showing the resources of the applicant(s), both liquid and illiquid.</li> <li>• If the applicant is relying on money from an owner, officer or board member, or any other source, evidence that the person has unconditionally committed such money to the use of the applicant in the event the Division issues a medical marijuana establishment registration certificate to the applicant and the applicant obtains the necessary local government approvals to operate the establishment.</li> <li>• Proof that the applicant has adequate money to cover all expenses and costs of the first year of operation.</li> </ul> <p>Evidence that the applicant has a plan to staff, educate and manage the proposed medical marijuana establishment on a daily basis, which must include:</p> <ul style="list-style-type: none"> <li>• A detailed budget for the proposed establishment, including pre-opening, construction and first-year operating expenses.</li> </ul> | <b>40</b> |
| II | <p><b>NRS 453A.328(2) The previous experience of the persons who are proposed to be owners, officers or board members of the proposed medical marijuana establishment at operating other businesses or nonprofit organizations</b></p> <p><b>453A.328(3) The educational achievements of the persons who are proposed to be owners, officers or board members of the</b></p> | <p>An organizational chart showing all Owners, Officers and Board Members of the medical marijuana establishment, including percentage of ownership for each individual and a short description of the proposed organizational structure.</p> <p>A narrative description, not to exceed 750 words, demonstrating the following:</p> <ul style="list-style-type: none"> <li>• Any previous experience at operating other businesses or nonprofit organizations.</li> <li>• Any demonstrated knowledge or expertise with respect to the compassionate use of marijuana to treat medical conditions.</li> </ul>   | <b>50</b> |

|            |   |   |           |
|------------|---|---|-----------|
|            | <p><b>proposed medical marijuana establishment</b></p> <p><b>453A.328(4) Any demonstrated knowledge or expertise on the part of the persons who are proposed to be owners, officers or board members of the proposed medical marijuana establishment with respect to the compassionate use of marijuana to treat medical conditions</b></p> | <ul style="list-style-type: none"> <li>• A resume, including educational achievements, for each owner, officer and board member.</li> </ul>   |           |
| <b>III</b> | <p><b>453A.328(5) Whether the proposed location of the proposed medical marijuana establishment would be convenient to serve the needs of persons who are authorized to engage in the medical use of marijuana</b></p>  | <p>Evidence that the applicant owns the property on which the proposed medical marijuana establishment will be located or has the written permission of the property owner to operate the proposed medical marijuana establishment on that property as required by NRS 453A.322(3)(a)(2)(IV), on a form prescribed by the Division.</p>   | <b>20</b> |
| <b>IV</b>  | <p><b>453A.328(6) The likely impact of the proposed medical marijuana establishment on the community in which it is proposed to be located</b></p>  | <p>A proposal demonstrating:</p> <ul style="list-style-type: none"> <li>• Past experience working with governmental agencies and highlighting past community involvement.</li> <li>• The likely impact of the proposed medical marijuana establishment in the community in which it is proposed to be located.</li> <li>• The manner in which the proposed medical marijuana establishment will meet the needs of the persons who are authorized to engage in the medical use of marijuana.</li> </ul>  | <b>20</b> |
| <b>V</b>   | <p><b>453A.328(7) The adequacy of the size of the proposed medical marijuana establishment to serve the needs of persons who are authorized to engage in the medical use of marijuana</b></p>   | <p>Documentation concerning the adequacy of the size of the proposed medical marijuana establishment to serve the needs of persons who are authorized to engage in the medical use of marijuana, including, without limitation:</p> <ul style="list-style-type: none"> <li>• Building and Construction Plans with supporting details.</li> </ul>  | <b>20</b> |
| <b>VI</b>  | <p><b>453A.328(8) Whether the applicant has an integrated plan for the care, quality and safekeeping of medical marijuana from seed to sale</b></p>   | <p>Documentation concerning the integrated plan of the proposed medical marijuana establishment for the care, quality and safekeeping of medical marijuana from seed to sale, including, without limitation:</p> <ul style="list-style-type: none"> <li>• A plan for testing and verifying medical marijuana.</li> <li>• A transportation plan.</li> <li>• Procedures to ensure adequate security measures including, without limitation, for building security.</li> <li>• Procedures to ensure adequate security including, without limitation, measures for product security.</li> </ul> | <b>75</b> |

|                          |  |  |                   |
|--------------------------|--|--|-------------------|
|                          |  | <p>Evidence that the applicant has a plan to staff, educate and manage the proposed medical marijuana establishment on a daily basis, which must include, without limitation:</p> <ul style="list-style-type: none"> <li>• An operations manual that demonstrates compliance with applicable statutes and regulations.</li> <li>• An education plan which must include, without limitation, providing educational materials to the staff of the proposed establishment.</li> <li>• A plan to minimize the environmental impact of the proposed establishment.</li> </ul> <p>A plan which includes:</p> <ul style="list-style-type: none"> <li>• A description of the operating procedures for the electronic verification system of the proposed medical marijuana establishment for verifying medical marijuana cardholders.</li> <li>• A description of the inventory control system of the proposed medical marijuana establishment to satisfy the requirements of sub-subparagraph (II) of subparagraph (3) of paragraph (a) of subsection 3 of NRS 453A.322.</li> </ul> |                   |
| <b>VII</b>               | <b>453A.328(9)The amount of taxes paid to, or other beneficial financial contributions made to, the State of Nevada or its political subdivisions by the applicant or the persons who are proposed to be owners, officers or board members of the proposed medical marijuana establishment</b> | Evidence of the amount of taxes paid to, or other beneficial financial contributions made to, the State of Nevada or its political subdivisions within the last five years by the applicant or the persons who are proposed to be owners, officers or board members of the proposed establishment.   | <b>25</b>         |
| <b>Application Total</b> |  |  | <b>250</b>        |
|                          |  | Review results of background check(s), Applicant has until the end of the 90-day application period to resolve any background check information which would cause the application to be rejected.  | <b>Unweighted</b> |

6.2. Pursuant to subsection 1 of Section 28 of LCB File No. R004-14A, if, within 10 business days after the date on which the Division begins accepting applications in response to a request for applications issued pursuant to Section 25 of LCB File No. R004-14A, the Division receives more than one application and the Division determines that more than one of the applications is complete and in compliance with LCB File No. R004-14A and Chapter 453A of NRS, the Division will rank the applications, within each applicable local governmental jurisdiction for any applicants which are in a jurisdiction that limits the number of a type of medical marijuana establishment and statewide for each applicant which is in a jurisdiction that does not specify a

limit, in order from first to last based on compliance with the provisions of Chapter 453A of NRS and LCB File No. R004-14A and on the content of the applications as it relates to:

- 6.2.1. Evidence that the applicant owns the property on which the proposed medical marijuana establishment will be located or has the written permission of the property owner to operate the proposed medical marijuana establishment on that property as required by sub-subparagraph (IV) of subparagraph (2) of paragraph (a) of subsection 3 of NRS 453A.322
  - 6.2.2. Evidence that the applicant controls not less than \$250,000 in liquid assets to cover the initial expenses of opening the proposed medical marijuana establishment and complying with the provisions of NRS 453A.320 to 453A.370, inclusive as required by sub-subparagraph (III) of subparagraph (2) of paragraph (a) of subsection 3 of NRS 453A.322
  - 6.2.3. Evidence of the amount of taxes paid to, or other beneficial financial contributions made to, the State of Nevada or its political subdivisions by the applicant or the persons who are proposed to be owners, officers or board members of the proposed medical marijuana establishment as described in subsection 9 of NRS 453A.328 and pursuant to the provisions of subsection 4 of section 26 of LCB File No. R004-14A
  - 6.2.4. The description of the proposed organizational structure of the proposed medical marijuana establishment, and information concerning each Owner, Officer and Board Member of the proposed medical marijuana establishment, including, without limitation, the information provided pursuant to subsections 5 and of Section 26 of LCB File No. R004-14A
- 6.3. Pursuant to subsection 2 of Section 28 of LCB File No. R004-14A, an application that has not demonstrated a sufficient response related to the criteria set forth in 6.2.1, 6.2.2, 6.2.3 and 6.2.4, will not be further evaluated, and the Division will not issue a medical marijuana establishment registration certificate to that applicant.
  - 6.4. Pursuant to subsection 3 of Section 28 of LCB File No. R004-14A, if the Division receives any findings from a report concerning the criminal history of an applicant or person who is proposed to be an owner, officer or board member of a proposed medical marijuana establishment that disqualify that person from being qualified to serve in that capacity, the Division will provide notice to the applicant and give the applicant an opportunity to revise its application. If a person who is disqualified from serving as an owner, officer or board member remains on the application as a proposed owner, officer or board member 90 days after the date on which the Division initially received the application, the Division may disqualify the application.
  - 6.5. The Division may contact anyone referenced in any information provided for the Owners, Officers and Board Members of the proposed establishment; contact any applicant to clarify any response; solicit information from any available source concerning any aspect of an application; and seek and review any other information deemed pertinent to the evaluation process.
  - 6.6. The Division shall issue provisional medical marijuana establishment registration certificates in accordance with NRS 453A.326 (3) and Sections 29, 30 and 31 of LCB File No. R004-14A to the highest ranked applicants up to the designated number of registration certificates the Division



plans to issue.

- 6.7. Pursuant to subsection 2 of Section 29 of LCB File No. R004-14A, if two or more applicants have the same total number of points for the last application being awarded a provisional medical marijuana establishment registration certificate, the Division will select the applicant which has scored the highest number of points as it relates to the proposed organizational structure of the proposed medical marijuana establishment and the information concerning each owner, officer and board member of the proposed medical marijuana establishment, including, without limitation, the information provided pursuant to subsections 5 and 6 of Section 26 of LCB File No. R004-14A.
- 6.8. In accordance with Section 30 of LCB File No. R004-14A, if the Division receives only one response in a specific local governmental jurisdiction which limits the number of a type of establishment to one, or statewide, if the applicant is in a jurisdiction which does not limit the number of a type of medical marijuana establishment, and the Division determines that the application is complete and in compliance with LCB File No. R004-14A and Chapter 453A of the NRS, the Division will issue a provisional medical marijuana establishment registration certificate to that applicant to in accordance with subsection 3 of NRS 453.326.
- 6.9. Pursuant to subsection 1 of Section 31 of LCB File No. R004-14A, the issuance of a medical marijuana establishment registration certificate by the Division is provisional and not an approval to begin business operations, until such time as:
  - 6.9.1. The medical marijuana establishment is in compliance with all applicable local governmental ordinances and rules; and
  - 6.9.2. The local government has issued a business license, or otherwise approved the applicant, for the operation of the medical marijuana establishment.
- 6.10. Pursuant to subsection 2 of Section 31 of LCB File No. R004-14A, if the local government for a jurisdiction in which a medical marijuana establishment is located does not issue business licenses and does not approve or disapprove medical marijuana establishments in its jurisdiction, a medical marijuana establishment registration certificate becomes an approval to begin operations as a medical marijuana establishment when the medical marijuana establishment is in compliance with all applicable local governmental ordinances and rules.

## 7. MEDICAL MARIJUANA ESTABLISHMENT APPLICATION CHECKLIST

This checklist is provided for the applicant's convenience only and identifies documents that must be submitted with each package in order to be considered complete.

| <b>Part I - Identified Criteria Response:</b>  | <b>Completed</b> |
|--|------------------|
| Applicant Information Sheet  |                  |
| Medical Marijuana Establishment Registration Certificate Application (Attachment A). |                  |

|  |  |
|--|--|
| Multi-Establishment Limitation Form; if applicable (Attachment G).   |  |
| Identifier Legend (Attachment H)   |  |
| Confirmation that the applicant has registered with the Secretary of State as the appropriate type of business.  |  |
| Confirmation of the ownership or authorized use of the property as a medical marijuana establishment <ul style="list-style-type: none"> <li>• A copy of Property Owner’s Approval for Use Form (Attachment F).</li> <li>• If the applicant has executed a lease or owns the proposed property, a copy of the lease or documentation of ownership.</li> </ul>   |  |
| Documentation from a financial institution in this state, or in any other state or the District of Columbia, which demonstrates: <ul style="list-style-type: none"> <li>• That the applicant has at least \$250,000 in liquid assets which are unencumbered and can be converted within 30 days after a request to liquidate such assets.</li> <li>• The source of those liquid assets.</li> </ul> <i>Please note: If applying for more than one Medical Marijuana establishment certificate; available funds must be shown for each establishment application.</i>  |  |
| Evidence of the amount of taxes paid to, or other beneficial financial contributions made to, the State of Nevada or its political subdivisions within the last five years by the applicant or the persons who are proposed to be Owners, Officers or Board Members of the proposed establishment.   |  |
| A financial plan which includes: <ul style="list-style-type: none"> <li>• Financial statements showing the resources of the applicant, both liquid and illiquid</li> <li>• If the applicant is relying on money from an Owner, Operator or Board Member, or any other source, evidence that such person has unconditionally committed such money to the use of the applicant in the event the Division issues a medical marijuana establishment registration certificate to the applicant.</li> <li>• Proof that the applicant has adequate money to cover all expenses and costs of the first year of operation.</li> </ul> |  |
| \$5,000.00 application fee as per Section 26(1) of LCB File No. R004-14A<br><br><i>Please note: Cashier’s checks and money orders (made out to the “Nevada Division of Public and Behavioral Health”) will be accepted. All payments of money in an amount of \$10,000 or more must be made by any method of electronic funds transfer of money allowed. The electronic payment must be credited to the State of Nevada on or before the date such payment is due.</i>   |  |
| <b>To be included for each Owner, Officer and Board Member of the proposed medical marijuana establishment:</b>  |  |
| Owner, Officer, and Board Member Attestation Form (Attachment B).  |  |
| Owner, Officer, and Board Member Information Form (Attachment C).  |  |
| A narrative description, not to exceed 750 words, demonstrating:   |  |

|  |                  |
|--|------------------|
| <ul style="list-style-type: none"> <li>• Past experience working with governmental agencies and highlighting past community involvement.</li> <li>• Any previous experience at operating other businesses or non-profit organizations.</li> <li>• Any demonstrated knowledge or expertise with respect to the compassionate use of marijuana to treat medical conditions.</li> <li>• A resume, including educational achievements.</li> </ul>  |                  |
| A Request and Consent to Release Form (Attachment E).  |                  |
| Documentation that fingerprint cards have been submitted to Nevada’s Criminal History Repository.  |                  |
| <b>Part II - Non-Identified Criteria Response:</b><br><i>Please note: All of the following must be submitted in a non-identified format.</i>   | <b>Completed</b> |
| Documentation concerning the adequacy of the size of the proposed medical marijuana establishment to serve the needs of persons who are authorized to engage in the medical use of marijuana, including: <ul style="list-style-type: none"> <li>• Building and construction plans with all supporting details</li> </ul>   |                  |
| Documentation concerning the integrated plan of the proposed medical marijuana establishment for the care, quality and safekeeping of medical marijuana from seed to sale, including: <ul style="list-style-type: none"> <li>• A plan for testing and verifying medical marijuana.</li> <li>• A transportation plan.</li> <li>• Procedures to ensure adequate security measures for building security.</li> <li>• Procedures to ensure adequate security measures for product security.</li> </ul>   |                  |
| A plan which includes, <ul style="list-style-type: none"> <li>• A description of the operating procedures for the electronic verification system of the proposed medical marijuana establishment for verifying medical marijuana card holders.</li> <li>• A description of the Inventory control system of the proposed medical marijuana establishment</li> </ul>   |                  |
| Evidence that the applicant has a plan to staff, educate and manage the proposed medical marijuana establishment on a daily basis, which must include: <ul style="list-style-type: none"> <li>• A detailed budget for the proposed establishment, including pre-opening, construction and first year operating expenses.</li> <li>• An operations manual that demonstrates compliance with the applicable statutes and regulations.</li> <li>• An education plan which must include providing educational materials to the staff of the proposed establishment.</li> <li>• A plan to minimize the environmental impact of the proposed establishment.</li> </ul> |                  |
| An application demonstrating: <ul style="list-style-type: none"> <li>• The likely impact of the proposed medical marijuana establishment in the community in which it is proposed to be located.</li> <li>• The manner in which the proposed medical marijuana establishment will meet the needs of the persons who are authorized to engage in the medical use of marijuana.</li> </ul>   |                  |

STATE OF NEVADA

**BRIAN SANDOVAL**  
*Governor*

**MICHAEL J. WILLDEN**  
*Director*



**RICHARD WHITLEY, MS**  
*Administrator*

**TRACEY D. GREEN, MD**  
*Chief Medical Officer*

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**

4150 Technology Way, Suite 300  
Carson City, Nevada 89706  
Telephone: (775) 684-4200 - Fax: (775) 684-4211

**ATTACHMENT A - MEDICAL MARIJUANA ESTABLISHMENT APPLICATION**

STATE OF NEVADA

BRIAN SANDOVAL  
Governor

MICHAEL J. WILLDEN  
Director



RICHARD WHITLEY, MS  
Administrator

TRACEY D. GREEN, MD  
Chief Medical Officer

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Telephone: (775) 684-4200 - Fax: (775) 684-4211

MEDICAL MARIJUANA ESTABLISHMENT APPLICATION - (Attachment A)

GENERAL INFORMATION

|  |         |         |           |          |           |          |        |        |         |           |          |        |          |
|--|---------|---------|-----------|----------|-----------|----------|--------|--------|---------|-----------|----------|--------|----------|
| Type of Medical Marijuana Establishment: <input type="checkbox"/> Independent Testing Laboratory <input type="checkbox"/> Cultivation Facility<br><input type="checkbox"/> Medical Marijuana Dispensary <input type="checkbox"/> Marijuana Infused/Edible Production Facility  |         |         |           |          |           |          |        |        |         |           |          |        |          |
| Medical Marijuana Establishment's Name and Proposed Physical Address*:<br><small>*This must be a Nevada address and cannot be a P.O. Box.</small>  |         |         |           |          |           |          |        |        |         |           |          |        |          |
| City:  | County: |         |           | State:   | Zip Code: |          |        |        |         |           |          |        |          |
| Proposed Hours of Operation:<br><table style="width:100%; border:none;"> <tr> <td style="width:14.28%;">Sunday</td> <td style="width:14.28%;">Monday</td> <td style="width:14.28%;">Tuesday</td> <td style="width:14.28%;">Wednesday</td> <td style="width:14.28%;">Thursday</td> <td style="width:14.28%;">Friday</td> <td style="width:14.28%;">Saturday</td> </tr> </table> |         |         |           |          |           |          | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Sunday   | Monday  | Tuesday | Wednesday | Thursday | Friday    | Saturday |        |        |         |           |          |        |          |

APPLYING ENTITY INFORMATION

|   |                 |                  |
|---|-----------------|------------------|
| Applying Entity's Name:   |                 |                  |
| Business Organization: <input type="checkbox"/> Individual <input type="checkbox"/> Corp. <input type="checkbox"/> Partnership<br><input type="checkbox"/> LLC <input type="checkbox"/> Assoc. /Coop. <input type="checkbox"/> Other specify: |                 |                  |
| Telephone #:  | E-Mail Address: |                  |
| State Business License #:   |                 | Expiration Date: |
| Mailing Address:  |                 |                  |
| City:   | State:          | Zip Code:        |

DESIGNEE INFORMATION

List the name of the individual designated to submit establishment agent registry ID card applications on behalf of the medical marijuana establishment.

|            |             |     |
|------------|-------------|-----|
| Last Name: | First Name: | MI: |
|------------|-------------|-----|

STATE OF NEVADA

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**MEDICAL MARIJUANA ESTABLISHMENT OWNER (OR), OFFICER (OF), AND BOARD MEMBER (BM) NAMES**

For each Owner, Officer, and Board Member listed below, please fill out a corresponding Establishment Principal Officers and Board Members Information Form.

|            |             |     |    |    |    |
|------------|-------------|-----|----|----|----|
| Last Name: | First Name: | MI: | OR | OF | BM |
| Last Name: | First Name: | MI: | OR | OF | BM |
| Last Name: | First Name: | MI: | OR | OF | BM |
| Last Name: | First Name: | MI: | OR | OF | BM |
| Last Name: | First Name: | MI: | OR | OF | BM |
| Last Name: | First Name: | MI: | OR | OF | BM |
| Last Name: | First Name: | MI: | OR | OF | BM |
| Last Name: | First Name: | MI: | OR | OF | BM |
| Last Name: | First Name: | MI: | OR | OF | BM |
| Last Name: | First Name: | MI: | OR | OF | BM |
| Last Name: | First Name: | MI: | OR | OF | BM |

The acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing of “medical” marijuana under state law is lawful only if done in strict compliance with the requirements of the State Medical Marijuana Act, NRS 453A, NAC 453A and LCB File No. R004-14A. Any failure to comply with these requirements may result in revocation of the medical marijuana agent identification card or medical marijuana establishment registration certificate issued by the Division.

STATE OF NEVADA

BRIAN SANDOVAL  
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MICHAEL J. WILLDEN  
Director



RICHARD WHITLEY, MS  
Administrator

TRACEY D. GREEN, MD  
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The State of Nevada, including but not limited to the employees of the Division, is not facilitating or participating in any way with my acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing of medical marijuana.

If the applicant is issued a medical marijuana establishment provisional registration certificate, the applicant agrees to not operate the establishment until the establishment is inspected and the applicant obtains a medical marijuana establishment registration certificate authorizing operation of the establishment.

I attest that the information provided to the Division for this medical marijuana establishment registration certificate application is true and correct.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

STATE OF NEVADA

**BRIAN SANDOVAL**  
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**ATTACHMENT B – OWNER, OFFICER, AND BOARD MEMBER ATTESTATION  
FORM**



STATE OF NEVADA

BRIAN SANDOVAL  
Governor

MICHAEL J. WILLDEN  
Director



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OWNER, OFFICER, AND BOARD MEMBER ATTESTATION FORM – (Attachment B)

I, \_\_\_\_\_,

PRINT NAME

Attest that:

I have not been convicted of an excluded felony offense as defined in NRS Chapter 453A;  
and,

I agree that the Division may investigate my background information by any means feasible  
to the Division; and,

I will not divert marijuana to any individual or person who is not allowed to possess  
marijuana pursuant NRS Chapter 453A; and,

All information provided is true and correct.

\_\_\_\_\_

\_\_\_\_\_

Signature of Owner, Officer, or Board Member

Date Signed

|  |                               |
|--|-------------------------------|
| State of Nevada  |                               |
| County of _____  |                               |
| Signed and sworn to (or affirmed) before me on _____<br>(date) |                               |
| By _____ (name(s) of person(s) making<br>statement)            |                               |
| Notary Stamp   | Signature of Notarial Officer |

STATE OF NEVADA

**BRIAN SANDOVAL**  
*Governor*

**MICHAEL J. WILLDEN**  
*Director*



**RICHARD WHITLEY, MS**  
*Administrator*

**TRACEY D. GREEN, MD**  
*Chief Medical Officer*

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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**ATTACHMENT C – OWNER, OFFICER, AND BOARD MEMBER INFORMATION  
FORM**

STATE OF NEVADA

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Governor

MICHAEL J. WILLDEN  
Director



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Administrator

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Chief Medical Officer

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**OWNER, OFFICER, AND BOARD MEMBER INFORMATION FORM - (Attachment C)**

|   |             |        |   |
|---|-------------|--------|---|
| Provide the following information for each Owner, Officer, and Board Member listed on the Medical Marijuana Establishment application. Use as many sheets as needed.  |             |        |   |
| Last Name:  | First Name: | MI:    | <input type="checkbox"/> OR<br><input type="checkbox"/> OF<br><input type="checkbox"/> BM |
| Date of Birth:  |             |        |   |
| Residence Address:  |             |        |   |
| City:   | County:     | State: | Zip:  |
| A short description of the role the individual will serve in for the organization and the responsibilities of the position of the individual:   |             |        |   |
| Has this individual served as a principal officer or board member for a medical marijuana establishment that has had their establishment registration certificate revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO |             |        |   |
| Is this individual a physician currently providing written certifications for qualifying patients?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |             |        |   |
| Is this individual employed by or a contractor of the Division? <input type="checkbox"/> YES <input type="checkbox"/> NO  |             |        |   |
| Has a copy of this individual's signed and dated Medical Marijuana Dispensary Principal Officer or Board Member Attestation Form been submitted with this application? <input type="checkbox"/> YES <input type="checkbox"/> NO     |             |        |   |
| If applicable, what is this individual's designated caregiver or dispensary agent registry identification number if issued within the previous six months?  |             |        |   |
| Has a copy of this individual's fingerprints on a fingerprint card been submitted with this application?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A                                   |             |        |   |
| Has a copy of the Request and Consent to Release Application Form been submitted with this application?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |             |        |   |
| Has a copy of this individual's signed and dated Child Support Verification Form been submitted with this application? <input type="checkbox"/> YES <input type="checkbox"/> NO   |             |        |   |

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**ATTACHMENT D – CHILD SUPPORT VERIFICATION FORM**

STATE OF NEVADA

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**CHILD SUPPORT VERIFICATION FORM – (Attachment D)**

You are required to complete this Child Support Statement and return it with your application. Failure to submit a fully completed and signed current Child Support Statement will result in the application for a medical marijuana establishment certificate being denied.

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Name

Applicant's Social Security Number

Applicant's Signature

Date

|  |                               |
|--|-------------------------------|
| State of Nevada  |                               |
| County of _____  |                               |
| Signed and sworn to (or affirmed) before me on _____<br>(date) |                               |
| By _____ (name(s) of person(s) making statement)               |                               |
| Notary Stamp   | Signature of Notarial Officer |

STATE OF NEVADA

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**ATTACHMENT E – REQUEST AND CONSENT TO RELEASE APPLICATION FORM**

STATE OF NEVADA

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Director



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**Request and Consent to Release Application  
Form for Medical Marijuana Establishment Registration Certificate(s) - (Attachment E)**

I, \_\_\_\_\_, am the duly authorized designee of

\_\_\_\_\_ to represent and interact with the Division of Public and Behavioral Health (Division) on all matters and questions in relation to the application for a Nevada Medical Marijuana Establishment Registration Certificate(s). I understand that NRS 453A.700 makes all applications submitted to the Division confidential but that local government authorities including, but not limited to, the licensing or zoning departments of cities, towns or counties may need to review this application in order to authorize the operation of an establishment under local requirements. Therefore, I consent to the release of this application to any local governmental authority in the jurisdiction where the address listed on this application is located.

By signing this Request and Consent to Release Information I hereby acknowledge and agree that the State of Nevada, its subdivisions, including the Division of Public and Behavioral Health and its employees are not responsible for any consequences related to the release of the information identified in this consent. I further acknowledge and agree that the State and its subdivisions cannot make any guarantees or be held liable related to the confidentiality and safe keeping of this information once it is released.

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Requestor/Applicant or Designee

|  |                               |
|--|-------------------------------|
| State of Nevada  |                               |
| County of _____  |                               |
| Signed and sworn to (or affirmed) before me on _____ date) |                               |
| By _____ (name(s) of person(s) making statement)           |                               |
| Notary Stamp   | Signature of Notarial Officer |

STATE OF NEVADA

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**ATTACHMENT F – PROPERTY OWNER APPROVAL FOR USE FORM**



STATE OF NEVADA

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Governor

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Director



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PROPERTY OWNER APPROVAL FOR USE FORM – (Attachment F)

|   |         |        |           |
|---|---------|--------|-----------|
| TO BE COMPLETED BY THE OWNER OF THE PHYSICAL ADDRESS OF THE PROPOSED MEDICAL MARIJUANA ESTABLISHMENT.                                     |         |        |           |
| Name of Individual or Entity Applying for a Medical Marijuana Establishment Registration Certificate:                                     |         |        |           |
| Name of Owner of the Physical Address of the Proposed Medical Marijuana Establishment:  |         |        |           |
| Physical Address and Name of Proposed Medical Marijuana Establishment:<br><i>*This must be a Nevada address and cannot be a P.O. Box.</i> |         |        |           |
| City:   | County: | State: | Zip Code: |
| Legal Description of the Property:  |         |        |           |

The individual or entity applying for a Medical Marijuana Establishment Registration Certificate is the owner of the physical address of the proposed Medical Marijuana Establishment.

OR

The owner of the physical address of the proposed Medical Marijuana Establishment gives permission to the individual or entity applying for a Medical Marijuana Establishment Registration Certificate to operate a Medical Marijuana Establishment at the physical address.

\_\_\_\_\_  
PROPERTY OWNER SIGNATURE

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
PROPERTY OWNER NAME

\_\_\_\_\_  
TITLE

STATE OF NEVADA

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**ATTACHMENT G – MULTI-ESTABLISHMENT LIMITATIONS FORM**

STATE OF NEVADA

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Director



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Chief Medical Officer

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**MULTI-ESTABLISHMENT LIMITATIONS FORM – (Attachment G)**

NRS 453A.324 places a limitation on the total number of certificates that can be issued within each county, and NRS 453A.326 places limitations on the number of medical marijuana dispensaries located in any one governmental jurisdiction and a limitation on the number of certificates issued to any one person. Due to these limitations, please list below all applications submitted from this business organization and/or person as identified in the Medical Marijuana Establishment Owner, Officer, and Board Member names section of Attachment A.

If this business organization were to not receive approval on all applications submitted, would the applicant still want approval on the applications determined by the ranking below?  Yes  No

**Please list in order of preference for approval (use as many sheets as needed).**

|  |         |        |           |
|--|---------|--------|-----------|
| Type of Medical Marijuana Establishment: <input type="checkbox"/> Independent Testing Laboratory <input type="checkbox"/> Cultivation Facility |         |        |           |
| <input type="checkbox"/> Medical Marijuana Dispensary <input type="checkbox"/> Marijuana Infused/Edible Production Facility                    |         |        |           |
| Medical Marijuana Establishment's Name and Proposed Physical Address*:<br>*This must be a Nevada address and cannot be a P.O. Box.             |         |        |           |
| City:  | County: | State: | Zip Code: |

|  |         |        |           |
|--|---------|--------|-----------|
| Type of Medical Marijuana Establishment: <input type="checkbox"/> Independent Testing Laboratory <input type="checkbox"/> Cultivation Facility |         |        |           |
| <input type="checkbox"/> Medical Marijuana Dispensary <input type="checkbox"/> Marijuana Infused/Edible Production Facility                    |         |        |           |
| Medical Marijuana Establishment's Name and Proposed Physical Address*:<br>*This must be a Nevada address and cannot be a P.O. Box.             |         |        |           |
| City:  | County: | State: | Zip Code: |

|  |         |        |           |
|--|---------|--------|-----------|
| Type of Medical Marijuana Establishment: <input type="checkbox"/> Independent Testing Laboratory <input type="checkbox"/> Cultivation Facility |         |        |           |
| <input type="checkbox"/> Medical Marijuana Dispensary <input type="checkbox"/> Marijuana Infused/Edible Production Facility                    |         |        |           |
| Medical Marijuana Establishment's Name and Proposed Physical Address*:<br>*This must be a Nevada address and cannot be a P.O. Box.             |         |        |           |
| City:  | County: | State: | Zip Code: |

|  |         |        |           |
|--|---------|--------|-----------|
| Type of Medical Marijuana Establishment: <input type="checkbox"/> Independent Testing Laboratory <input type="checkbox"/> Cultivation Facility |         |        |           |
| <input type="checkbox"/> Medical Marijuana Dispensary <input type="checkbox"/> Marijuana Infused/Edible Production Facility                    |         |        |           |
| Medical Marijuana Establishment's Name and Proposed Physical Address*:<br>*This must be a Nevada address and cannot be a P.O. Box.             |         |        |           |
| City:  | County: | State: | Zip Code: |

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**ATTACHMENT H – IDENTIFIER LEGEND FORM**

STATE OF NEVADA

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**IDENTIFIER LEGEND FORM – (Attachment H)**

In a Non-Identified Criteria response, when a specific person or company is referenced, the identity must remain confidential. A person must be addressed through their position, discipline, job title or assigned an identifier. Identifiers assigned to people or companies must be detailed in a legend (Attachment H), to be submitted in the Identified Criteria response section (use as many sheets as needed).

| <b>Criteria Response Identifier</b>    | <b>Actual Person or Company (for Division verification outside the evaluation process)</b> |
|--|--|
| <i>Example: Owner A</i>                | <i>John Smith</i>  |
| <i>Example: Owner B</i>                | <i>John Doe</i>  |
| <i>Example: Construction Company A</i> | <i>Acme Construction</i>   |
| <i>Example: Job A</i>                  | <i>State Senator</i>   |
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