



STATE OF NEVADA  
DEPARTMENT OF TAXATION

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**Consent to Publicly Release  
Medical/Recreational Marijuana Establishment**

I, \_\_\_\_\_, am the duly authorized contact person

specified on Tab III of the Retail Marijuana Store Application to provide information, sign or ensure actions are taken on behalf of:

\_\_\_\_\_ (Marijuana Establishment Name).

I am authorized to represent and interact with the Nevada Department of Taxation, Marijuana Enforcement Division on all matters and questions regarding the above named marijuana establishment. I understand that NRS 453A.700 & R092-17 Sec. 242 makes all applications and information submitted to the Division confidential. I agree that the Division may disseminate our applying entity's name, overall application score for each location and rank.

By signing this Consent to Publicly Release, I hereby acknowledge and agree that the State of Nevada, its subdivisions, including the Nevada Department of Taxation 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

**Submit this form and a copy of the signer's driver's license to [marijuana@tax.state.nv.us](mailto:marijuana@tax.state.nv.us) using the designee e-mail specified as the Point of Contact for the establishment on Tab III of the Retail Marijuana Store Application.**