



**STATE OF NEVADA  
DEPARTMENT OF TAXATION**

**Web Site: <https://tax.nv.gov>**

1550 College Parkway, Suite 115  
Carson City, Nevada 89706-7937  
Phone: (775) 684-2000 Fax: (775) 684-2020

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BRIAN SANDOVAL  
Governor

JAMES DEVOLLD  
Chair, Nevada Tax Commission  
DEONNE E. CONTINE  
Executive Director

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2550 Paseo Verde Parkway, Suite 180  
Henderson, Nevada 89074  
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**NEVADA STATE MARIJUANA ESTABLISHMENT LICENSE APPLICATION**

This application is for acquiring a license to grow, produce, sell at retail, test, or distribute marijuana within the State of Nevada for holders of a Medical Marijuana Establishment registration certificate with the Division of Public and Behavioral Health.

All required documentation and a non-refundable application fee of \$5,000, plus the amount for the license fee, must be submitted with this application.

Please complete a separate application for each license and location.

1	Marijuana Establishment Type : <input type="checkbox"/> Cultivation <input type="checkbox"/> Production <input type="checkbox"/> Retail <input type="checkbox"/> Lab <input type="checkbox"/> Distributor						Department of Taxation Identification Number:	
	Corporate/Entity Name:						Federal Tax Identification Number:	
3	Nevada Name of Establishment (DBA):						Medical Marijuana Registration Certificate Number:	
4	Physical Address of Marijuana Establishment:							
5	Mailing Address:						Business Telephone:	
6	Hours of Operation:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:	Sunday:
7	Contact Name:			Email Address:			Telephone Number:	
8	Agent Card Designee Name:			Email Address:			Telephone Number:	
9	Request and Consent to Release Application Form for Marijuana Establishment License Attached: <input type="checkbox"/>				10	Affiliated Marijuana Establishment Form(s) Attached: <input type="checkbox"/>		
11	Owner, Officer, and Board Member Information Form(s) Attached: <input type="checkbox"/>				12	Driver Verification Form(s) Attached: <input type="checkbox"/> <i>For Distributor License application only</i>		
13	Has the Medical Marijuana Establishment registration certificate been suspended after January 1, 2017? YES <input type="checkbox"/> NO <input type="checkbox"/>				14	Is the marijuana establishment zoned by the local jurisdiction for retail marijuana? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, include written notice from the locality. If no, provide the anticipated approval date: _____		
15	<p align="center"><b>* Signatures must be those of a responsible party *</b></p> <p>By signing this page, the owner, officer, or board member authorizes the Department of Taxation to obtain account information from the Division of Public and Behavioral Health and attests that they understand that the proposed marijuana establishment must be properly zoned in compliance with NRS 453D.210(5)(a)-(c) and NRS 453D.210(5)(e) prior to receiving a marijuana establishment license.</p> <p><b>I declare under penalty of perjury that the information provided is true, correct and complete to the best of my knowledge and belief and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing.</b></p>							
*Signature Responsible Party / Original			Print Name And Title			Date		

Please submit this application along with all required documents and payments to any Department of Taxation office on or before May 31, 2017.



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Request and Consent to Release Application Form for Marijuana Establishment License

This form must be signed by a responsible party of the marijuana establishment and be notarized or signed in front of a Department of Taxation employee.

I, \_\_\_\_\_, am the duly authorized designee to represent
(Print Name)

\_\_\_\_\_ and interact with the Department of Taxation on all
(Business Name)

matters and questions in relation to the application for a Nevada State Marijuana Establishment License. I understand that all applications submitted to the Department are 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 Application Form, I hereby acknowledge and agree that the State of Nevada and its subdivisions, including the 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.

Signature of Requestor/Applicant

Date Signed

State of Nevada
County of \_\_\_\_\_
Signed and sworn to (or affirmed) before me on \_\_\_\_\_ by \_\_\_\_\_
(Date) (Name of person making statement)

Notary Stamp
Signature Of [ ] Notary Or [ ] Dept. of Taxation Employee



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Affiliated Marijuana Establishment Form

A copy of this form must be filled out by every owner, officer, and board member.
Provide the name and physical address of any marijuana establishment you co-own or are otherwise affiliated with.

Table with 2 columns: Name, Physical Address. Multiple empty rows for data entry.

Table with 3 columns: \*Signature Responsible Party / Original, Print Name And Title, Date.



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**Owner, Officer, and Board Member Information Form**

A copy of this form must be filled out by every owner, officer, and board member.

<b>Individual is a(n):</b> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Board Member <input type="checkbox"/>		<b>Title:</b>		<b>SSN:</b>	
<b>Last Name:</b>		<b>First Name:</b>		<b>MI:</b>	<b>Date of Birth:</b>
<b>Residential Address:</b>					
<b>City:</b>		<b>County:</b>		<b>State:</b>	<b>Zip:</b>
<b>A short description of the role the individual will serve in the organization and the responsibilities of the position of the individual:</b>					



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Driver Verification Form

This form only needs to be completed for Distributor License applications.

A copy of this form must be filled out for every employee that will be driving for the marijuana distributor.

Please include pictures of the vehicle this driver will be operating that show the storage compartment is fully enclosed and lockable.

Form with fields for Driver's Name, License Number, Birth Date, Vehicle License Plate Number, Insurance Company Name, Policy Number, and Proposed Times of Transport (Monday through Sunday).



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NEVADA STATE RECREATIONAL MARIJUANA ESTABLISHMENT LICENSE APPLICATION
INSTRUCTIONS

This application is only for Medical Marijuana Establishments that have received a registration certificate pursuant to NRS 453A.322(5) and are operating and in good standing with the Division of Public and Behavioral Health.

The Department of Taxation must receive this application no later than May 31, 2017.

Line-by-line Instructions:

This application must include:

- The \$5,000 application fee
- The amount for the license fee pursuant to NRS 453D.230 as outlined below:
o \$20,000 for a Retail Store
o \$30,000 for a Cultivation Facility
o \$10,000 for a Production/Manufacturing Facility
o \$15,000 for a Testing Facility
o \$15,000 for a Distribution License

1. Marijuana Establishment Type/Department of Taxation Identification Number: Check the box of the license type being applied for. Include the entity's Department of Taxation Identification number (TID).
2. Corporate/Entity Name/Federal Tax Identification Number: Enter the name of the marijuana establishment as reflected on the registration certificate issued pursuant to NRS 453A and in the articles of incorporation or other documents filed with the Secretary of State. Include your Federal Tax Identification Number (FEIN). If your FEIN changes, you must complete a new Nevada Business Registration.
3. Nevada Name of Establishment (DBA)/Medical Marijuana Registration Certificate Number: Enter the name of the marijuana establishment as it is known to the public. Include the Marijuana Registration Certificate Number issued by Division of Public and Behavioral Health.
4. Physical Address of Marijuana Establishment: Enter the physical location of the business including suite numbers, apartment numbers, and street direction (N, S, E, and W).
5. Mailing Address/Business Telephone: This address will be used to mail licenses, reports, tax returns, and any correspondence. Include a business telephone number.
6. Hours of Operation: Indicate in each field the planned hours of operation for the prospective establishment.
7. Contact Name/Email Address/Telephone Number: Enter the name, email address, and telephone number of a responsible contact for the business.
8. Agent Card Designee Name/Email Address/Telephone Number: Enter the name, email address, and telephone number of the individual authorized to sign registered agent card applications.
9. Request and Consent to Release Application Form for Marijuana Establishment License Attached: Check this box indicating the required document is attached.
10. Affiliated Marijuana Establishment Form(s) Attached: Check this box indicating the required documents are attached. This form must be filled out and signed by each owner, officer, and board member.
11. Owner, Officer, and Board Member Information Form(s) Attached: Check this box indicating the required document is attached.
12. Driver Verification Form(s) Attached: For Distributor License applications only. Check this box indicating the required document is attached.
13. Has the Medical Marijuana Establishment registration certificate been suspended: Check "yes" if the Medical Marijuana Establishment registration certificate issued to this entity by the Division of Public and Behavioral Health pursuant to NRS 453A.322(5) has been suspended after January 1, 2017.
14. Is the Marijuana Establishment properly zoned: Check "yes" if the establishment is properly zoned in compliance with NRS 453D.210(5)(a)-(c) and NRS 453D.210(5)(e) and include written notice from the locality. If "no" is checked, provide the anticipated approval date from the applicable local government.
15. Signature Required: Legal signatures include: sole proprietor-owner, corporate officer, managing member, and partners.



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**INSTRUCTIONS FOR SUPPLEMENTAL FORMS**

**Owner, Officer, and Board Member Information Form**

Complete a copy of this form for every owner, officer, and/or board member.

**Individual is a(n):** Check the box that applies to the individual.

**Title:** Enter the business title of the individual.

**SSN:** Enter the Social Security Number of the individual.

**Last Name/First Name/MI/Date of Birth:** Enter the last name, first name, middle initial, and date of birth of the individual.

**Residential Address:** Enter the home street address of the individual.

**City/County/State/Zip:** Enter the City, County, State, and ZIP code of the place of residence of the individual.

**Short Description:** Provide a brief explanation of the individual's responsibilities.

**Driver Verification Form**

***For Distribution License applications only***

Complete a copy of this form for every driver.

**Driver's Name:** Enter the full name of the driver being verified.

**Driver's License Number:** Enter the individual's driver's license number and include a copy of the license with this form.

**Driver's Birth Date:** Provide the driver's birth date.

**Vehicle's License Plate Number:** Enter the license plate number of the vehicle the driver will operate.

**Insurance Company Name:** Enter the name of the insurance company insuring the driver/vehicle.

**Insurance Policy Number:** Enter the policy number of the insurance policy and include a copy of the proof of insurance with this form.

**Proposed Times of Transport:** Enter the hours that the driver is expected to be transporting marijuana for each day of the week.