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

RENO OFFICE
4600 Kietzke Lane
Building L, Suite 235
Reno, Nevada 89502
Phone: (775) 687-9999
Fax: (775) 688-1303

BRIAN SANDOVAL
Governor
JAMES DEVOLLD
Chair, Nevada Tax Commission
WILLIAM D. ANDERSON
Executive Director

LAS VEGAS OFFICE
Grant Sawyer Office Building, Suite1300
555 E. Washington Avenue
Las Vegas, Nevada 89101
Phone: (702) 486-2300 Fax: (702) 486-2373

HENDERSON OFFICE
2550 Paseo Verde Parkway, Suite 180
Henderson, Nevada 89074
Phone: (702) 486-2300
Fax: (702) 486-3377

Renewal Application Form for Medical Marijuana Establishment (MME) Provisional Registration Certificates

NRS 453A.322(5) states that a medical marijuana registration certificate expires 1 year after the date of its issuance:

5. Except as otherwise provided in subsection 6, if an application for registration as a medical marijuana establishment satisfies the requirements of this section and the establishment is not disqualified from being registered as a medical marijuana establishment pursuant to this section or other applicable law, the Division shall issue to the establishment a medical marijuana establishment registration certificate. ***A medical marijuana establishment registration certificate expires 1 year after the date of issuance*** *and may be renewed upon:*
(a) Resubmission of the information set forth in this section; and
(b) Payment of the renewal fee set forth in NRS 453A.344.

All MMEs that were issued a provisional registration certificate on November 3, 2014, and that have not yet obtained a final registration certificate from the Division, must complete and ***return this renewal application form and renewal fees to the Division by July 1, 2017 but not later than July 15, 2017.*** If an MME does not respond to this renewal requirement, or if the renewal application is not received at the Division or postmarked by July 15, 2017, the MME's registration will be deemed to have expired and will no longer be valid.

Renewal fees for SFY18 (July 1, 2017 through June 30, 2018) are as follows:

Cultivation:	$1,000
Dispensary:	$5,000
Laboratory:	$3,000
Production:	$1,000

Fees must be paid by Cashier's Check, Money Order or business check, payable to DPBH. In the memo section of the check or money order, annotate the MMEID 4-digit number, and "SFY18 Provisional Renewal."

MMEs will complete this form, then scan it to make a PDF file. The PDF file should be named as follows: MMEID provisional renewal SFY18.pdf, where MMEID is the four-digit code assigned to the MME (i.e. D001, L010, C130, etc.). Copy the PDF file to a CD-R or thumb drive and mail it with fee payment to the Division. DO NOT MAIL HARDCOPY DOCUMENTS.

Mail the renewal application thumb drive/CD-R and fees to:

Department of Taxation
Marijuana Enforcement Division
Attn: Provisional MME Renewals
1550 College Parkway, Suite 115
Carson City, NV 89706

MME application ID # (i.e. D001, C050, etc.): _____

MME 20-digit identification #: _____

MME entity legal name filed with the Nevada Secretary of State (not DBA name):
_____

MME physical address: _____
_____

MME local jurisdiction: _____

MME agent card designee (name of the person designated to submit applications for agent cards on behalf of the MME):_____

For MME dispensaries only – proposed hours of operation:
_____

Pursuant to NAC 453A.328(1)(f)(1)-(5), for each owner, officer and board member of this MME, identify whether that person:

1. Has served as an owner, officer or board member for an MME that has had its registration certificate revoked. ☐ Yes ☐ No

If yes, list the name of the person and the MME.
_____

2. Is an attending physician currently providing written documentation for the issuance of registry identification cards. ☐ Yes ☐ No

If yes, list the name of the person.

_____

3. Is a law enforcement officer. ☐ Yes ☐ No

If yes, list the name of the person and the law enforcement agency.

_____

4. Is an employee or contractor of the Division. ☐ Yes ☐ No

If yes, list the name of the person and the job title.

_____

5. Has an ownership or financial investment interest in any other MME. ☐ Yes ☐ No

If yes, list the person, the other MME(s) and describe the interest.

_____

MME Entity Name: _____

MME Application ID # (i.e. D001, C050): _____

Instructions: List all current owners, officers and board members for this MME. For Owner entities other than natural persons, annotate the entity name (i.e. LLC or trust), and identify ALL natural persons in the entity, and their corresponding ownership interest percentage (%) in this MME. Use a continuation page if you need more space.

Name	Role (Owner, Officer, Board Member)	Ownership % in this MME	Total # of Agent Cards issued to this person	List all other MMEs for which this person has been issued agent cards (List Application IDs)

Name	Role (Owner, Officer, Board Member)	Ownership % in this MME	Total # of Agent Cards issued to this person	List all other MMEs for which this person has been issued agent cards (List Application IDs)

MME projected date to be fully operational: _____

MME progress details (please address the status of the following items at a minimum: local business license, certificate of occupancy, agent card status, facility construction, MME equipment, and status of MME operational policies and procedures):

1. Have you received a business license for this MME from the local jurisdiction?
   ☐ Yes ☐ No

If not, describe where in the process you currently are.

_____

_____

2. Have you received a Certificate of Occupancy for this MME from the local jurisdiction? ☐ Yes ☐ No

If not, please explain and describe where in the process you currently are.

_____

_____

3. Have you applied for and received required Special Use Permits and/or Conditional Use Permits for this MME from the local jurisdiction? ☐ Yes ☐ No

If not, please explain and describe where in the process you currently are.

_____

_____

4. Are background checks and waivers complete and submitted for all owners, officers and board members of this MME? ☐ Yes ☐ No

If not, please explain and describe where in the process you currently are.

_____

_____

5. Have all owners, officers, board members, employees and volunteers of this MME received agent cards? ☐ Yes ☐ No

If not, please explain and describe where in the process you currently are.

_____

_____

6. Is all construction and finishing complete for this MME? ☐ Yes ☐ No

If not, please explain and describe where in the process you currently are.

_____

_____

7. Is all required MME equipment on the premises and installed? ☐ Yes ☐ No

If not, please explain and describe where in the process you currently are.

_____

_____

8. For facilities for the production of edible marijuana or marijuana infused products, has the production plan been reviewed and approved by the Division?
   ☐ Yes ☐ No

If not, please explain and describe where in the process you currently are.

_____

_____

9. Have you received a letter of approval for logos and advertising? ☐ Yes ☐ No

If not, please explain and describe where in the process you currently are.

_____

_____

10. MME barriers to completion: Please address issues your MME is facing that are beyond your ability to control or affect and are preventing or delaying you from becoming fully operational:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

NAC 453A.324 Registration certificates: Revocation if establishment not fully operational within 18 months. (NRS 453A.370)

1. If a medical marijuana establishment is not fully operational within 18 months after the date on which the Division issued the medical marijuana establishment registration certificate, the Division may revoke the medical marijuana establishment registration certificate. If the Division revokes a medical marijuana establishment registration certificate pursuant to this subsection, the applicable annual renewal fee paid by the establishment is not refundable.

2. If the Division revokes the medical marijuana establishment registration certificate of a medical marijuana establishment pursuant to subsection 1, the medical marijuana establishment may not reapply for a medical marijuana establishment registration certificate until at least 12 months after the date on which the previous medical marijuana establishment registration certificate was revoked.

Please initial one of the following options:

_____ I wish to surrender my MME's provisional registration certificate. I understand that since I am voluntarily surrendering my MME's registration certificate, my MME will be able to reapply for another registration certificate during the next open application period, regardless of when the application period opens.

_____ I do not wish to surrender my MME's provisional registration certificate at this time. I understand that if the Division revokes the registration certificate, my MME will not be able to reapply for another registration certificate until at least 12 months after the revocation date have elapsed.

MME contact name: _____

MME contact address: _____

MME contact phone: _____

MME contact email address: _____

Attestation: I attest the information provided to the Division to renew the MME's provisional registration certificate is true and correct according to information known by the undersigned at the time of signing; and the signature of a natural person for the MME as described in subsection 1 of NAC 453A.300 and the date on which he or she signed the application.

MME contact signature/date:_____