



NEVADA DEPT OF TAXATION

**Marijuana Certificate/
Licensee Incident Report**

For Dept. Use Only: _____
Incident #: _____
Assigned to: _____

MME/ME Information	<i>Please provide all the information you may have to assist in the investigation of this incident.</i>
Legal MME/ME Name:	_____
MME/ME DBA Name:	_____
Contact Person:	_____
Address:	_____
City, State, Zip:	_____
MME/ME Phone No:	_____ Additional Phone No: _____
MME/ME Website:	_____
Certificate/License No.:	_____
MME/ME License type:	_____

Evidence of Incident	<i>Please provide details that you have of the incident, use additional sheet (page3) if necessary.</i>
Nature of Incident Type(s):	<input type="checkbox"/> Burglary/Theft <input type="checkbox"/> Robbery <input type="checkbox"/> Vandalism <input type="checkbox"/> Suspicious Activity <input type="checkbox"/> Other
If Other, please specify nature of the incident type(s):	_____
Location of the incident:	_____
Date and Time incident occurred:	_____
Date and Time incident reported to law enforcement:	_____
Are there others who can corroborate the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide their name(s):	_____
If Yes, provide contact information:	_____
Subject Vehicle/Lic. Plate # & State if known:	_____
Describe the security measures in place during the time of the incident:	_____ _____ _____
Describe the incident and how it was discovered:	_____ _____ _____
Describe damage/ loss of property:	_____ _____ _____
Estimated value of loss:	_____

Your Information	
Name:	_____
Title:	_____
Address:	_____
City, State, Zip:	_____
Contact Phone No.:	_____

Submit this form electronically, or print and forward with any additional documentation to:
 Nevada Department of Taxation attn: Marijuana Investigations, 555 E Washington Ave., Ste. 4100, Las Vegas,
 NV 89101. E-mail with any attachments to marijuanainvestigations@tax.state.nv.us or click on the submit button
 below.

INCIDENT REPORT TIP FORM INSTRUCTIONS:

The Department will make every effort to protect your identity from disclosure; however, we cannot guarantee confidentiality since disclosure may be required to those persons during the investigation whom need the information to do their job or in the course of corrective action, or where Nevada laws authorize disclosure.

Legal Business Name:	The establishment name and/or legal name with the Secretary of State.
Contact Person:	Name of the person most knowledgeable of the incident.
DBA Name:	The trade name of the MME/ME or the fictitious firm name registered with the county in which the MME/ME resides.
Address, City, State, Zip	The full address from which the MME/ME operates.
Phone numbers:	Any MME/ME, owner phone or mobile phone numbers related to this business.
Certificate / License No.	MME / ME Certificate or License numbers issued by the Department.
Supporting documentation:	Documentation to support the allegations to be investigated. Attach them to this form when you email it, send by fax or conventional mail.
Others who can corroborate:	Contact information of anyone who may have direct knowledge of the incident and are willing to speak to an investigator in this matter.
Vehicle/Lic. Plate #	The license plate number for the offender, please list it along with the state of origin.
Estimated Value of Loss	Estimate of the amount of money you believe to be involved in this incident
Date & Time Incident Occurred:	Date and time when the incident was first discovered or when the business was first notified about the incident.
Describe the security measures	Describe security measures at the time of the incident. Please include, number of security personnel, video cameras, etc.
Describe the Incident	Describe the details of the incident. If necessary, please attach additional sheets and any accompanying documentation you may have.

