

**Nevada Department of Taxation  
Small Business Impact Questionnaire  
(Response Requested by 3/29/2017)**

**LCB File No. T002-17**

Regulation LCB File No. T002-17 is establishing requirements relating to marijuana; establishing procedures for the issuance, suspension or revocation of temporary licenses issued by the Department of Taxation relating to the regulation and tax of marijuana pursuant to NRS 453D; and providing other matters properly relating thereto.

The following questions pertain to how the changes in the Nevada Administrative Code (NAC) presented in the enclosure will affect your business. (The proposed language that is struck-out is being eliminated, and the language italicized is being added.) If it is determined that the proposed regulation is likely to impose a direct and significant economic burden upon a small business; or directly restrict the formation, operation or expansion of a small business; then the agency will take any or all of the following actions:

1. Insofar as practicable, consult with owners and officers of affected small businesses,
2. Consider methods to reduce the impact of the proposed regulation, and
3. Prepare a small business impact statement and make copies of the statement available to the public at the workshop conducted and the public hearing held pursuant to Nevada Revised Statutes (NRS) 233B.061.

Please answer each of the questions that apply and add any qualifying remarks that may help us to understand your position. Mail or FAX your completed form by **March 29, 2017** to:

**George Hritz, Management Analyst III**  
**Nevada Department of Taxation**  
**1550 College Parkway #115**  
**Carson City, Nevada 89706**  
**[ghritz@tax.state.nv.us](mailto:ghritz@tax.state.nv.us)**  
**Phone# 775-684-2059**  
**FAX#: 775-684-2020**

# Completed Small Business Impact Questionnaire

LCB File No. T002-17

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Date: \_\_\_\_\_

**NRS 233B.0382 “Small Business defined.”** “Small business” means a business conducted for profit, which employs fewer than 150 full-time or part-time employees.

1. How many employees are currently employed by your business? \_\_\_\_\_

If more than 150, you will not need to answer the rest of the questions. Please FAX this questionnaire to the above address. If your business has less than 150, please continue with the remaining questions.

2. Will a specific proposed regulatory provision have an adverse economic effect upon your business?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Explain: Please list each regulation provision and explain the impact

3. Will the regulation(s) have any beneficial effect upon your business?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Explain:

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4. Do you anticipate any indirect adverse effects upon your business?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Explain:

5. Do you anticipate any indirect beneficial effects upon your business?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Explain: