



## CANNABIS ESTABLISHMENT ADDENDUM

NAME OF ESTABLISHMENT: \_\_\_\_\_

LOCATION OF BUSINESS: \_\_\_\_\_

**TYPE OF BUSINESS: (CHECK ALL THAT APPLY)**

- ☐ Medical Dispensary    ☐ Cultivation    ☐ Production  
☐ Adult-use Retail Store    ☐ Testing Lab    ☐ Cannabis Distributor

Does anyone holding any ownership in the above mentioned business hold ownership interest in any other cannabis related businesses in any other jurisdiction or any other state? List below any licenses held or pending. Attach a separate page detailing the ownership interest in that business.

Type of License	Name of Business	Address	Status	Jurisdiction
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### AFFIDAVIT (SIGNATURE REQUIRED BY OWNER OF BUSINESS)

I acknowledge that I am aware of all Federal laws, and any guidance or directives issued by the U.S. Department of Justice, the laws of the State of Nevada and the laws and regulations of the City of Las Vegas applicable hereto, and that any violation of any such laws or regulations in such place of business, or in connection herewith, may render this permit and/or licenses suspended or revoked.

I will hold harmless, indemnify, and defend the City of Las Vegas against all claims and litigation arising from the issuance of a permit and/or license, including any claims and litigation arising from the establishment, operation, or ownership of the cannabis establishment.

I do, for myself, my heirs, executors, administrators, successors and assignors, hereby release, remise and forever discharge the City of Las Vegas, and its agents and employees from any and all manner of actions, claims and demands whatsoever, known or unknown, in all or equity, which I ever had, now have, may have to claim to have against the City of Las Vegas, or its agents or employees, arising out of its use of the information provided in this application or discovered during any investigation thereof.

I understand that I am seeking a privilege and therefore the burden to provide qualifications to receive such a permit or license is at all times on myself and I acknowledge that the granting of a permit and/or license is at the discretion of the City Council and I agree to abide by the decision without appeal.

I acknowledge that I have made copies of all documents submitted to keep for my records as part of this application process.

I certify that I am the owner/applicant and I acknowledge the conditions of licensing and agree to all terms and acknowledgements.

I understand that acceptance of this application by the City of Las Vegas does **not** constitute approval to operate or a license to conduct any business operations.

SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

TITLE/POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_