



THIS APPLICATION IS ONLY VALID FOR:

Cultivation Medical Marijuana Compliance Permit

333 North Rancho Drive, 1st Floor, Las Vegas, NV 89106
(702) 229-6281 (Voice) - (702) 386-9108 (TDD)
http://www.lasvegasnevada.gov/
Incomplete or illegible applications will not be accepted
All information on this form is a public record

Empty table with 4 rows and 1 column.

APPLICATIONS FOR A BUSINESS LICENSE CANNOT BE ACCEPTED WITHOUT A VALID STATE REGISTRATION CERTIFICATE

SECTION I - BUSINESS INFORMATION

1) Please check one:
Sole Proprietor Partnership Corporation Trust Limited Liability Company (LLC) Non-Profit Other (please describe)

2) Business Legal Name: (LLC/Corp)

3) Business Trade Name: (Doing Business As)

4) Business Ownership:
(Provide information for all individuals or entities that have an ownership interest in this business. If additional space is required, please use additional form. For LLCs, limited partnerships, or publicly traded corporations with numerous minor investors, individual ownership interests of less than 1% may be grouped as one line item, provided an explanation is supplied below. Use additional sheets as necessary. Ownership Interest means any principal, person, beneficial owner as defined by 6.50.020, and individual persons holding any ownership or financial interest for each business entity including all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, publicly-traded corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations. Publicly traded corporations shall include all Corporate Officers and Board of Directors including individuals with ten percent or more ownership or financial interest.

Table with 3 columns: Name & Title of Owner/Officer, Home Address, Tel. Number (s) Home/Cell. Contains 4 empty rows.

5) Proposed Business Opening Date: 6) Proposed Hours of Operation:

7) Proposed Business Physical Address: 8) Business Mailing Address:

9) Business Email Address: 10) Business Phone No.:

11) Business Web Site: 12) Business Fax No.:

13) Provide a detailed description of products or services to be provided at the establishment:

13a) Square footage of facility/establishment: 13b) Square footage of where actual cultivation will be conducted:

SECTION II - OTHER PERMITS / LICENSES

14) List any licenses held, or in process, in any other jurisdiction for any marijuana related businesses. Attach a separate page detailing the ownership interest (see no. 4 above for each person).

Table with 5 columns: Type of License, Held by (Name of Business), Address, Status, Jurisdiction (State/County/City). Contains 4 empty rows.

15) Nevada Secretary of State Business ID No.:

16) Nevada Tax ID from the Dept. of Taxation or provide proof of application:

**ACKNOWLEDGEMENTS:**

Initial each one below:

\_\_\_\_\_ I understand that applications for a business license cannot be accepted without a valid State Registration Certificate.

\_\_\_\_\_ I acknowledge that I am aware of all applicable federal laws, 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 thereto concerning the operation of a medical marijuana establishment. I further acknowledge that any violation of any Federal, State of Nevada, or City laws and regulations, or any activity in violation of any guidance or directives issued by the U. S. Department of Justice, in such place of business, or in connection therewith, or the commencement of any legal proceeding relating to such medical marijuana establishment by federal authorities, may render this permit and/or license subject to immediate suspension or revocation.

\_\_\_\_\_ 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 medical marijuana establishment, and that a bond to secure such obligation in the amount of two hundred and fifty thousand dollars will be provided prior to the issuance of any license.

\_\_\_\_\_ I do, for myself, my heirs, executors, administrators, successors and assigns, 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 license under LVMC Chapter 6.06, and I understand that each person with an ownership interest in this business must be found suitable to hold such a license by the City Council prior to the issuance of any license. I further understand and acknowledge that the burden of proving qualifications to receive such permit or license is at all times on me; that the granting of a medical marijuana compliance permit and/or license is at the discretion of the City Council; and that I agree to abide by the decision.

\_\_\_\_\_ 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 as an owner of this business, I accept all terms, acknowledgements, and conditions on behalf of the business. I further certify that I, as an owner of the business, hold the authority to sign and make decisions on behalf of the business, and that the business is bound by the terms, acknowledgements, and conditions I agree to.

\_\_\_\_\_ I understand that this is an application for a compliance permit only and 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.

\_\_\_\_\_ I understand that modifications, of any kind, will not be allowed once the submittal deadline has passed.

Authorized Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

\* The Authorized Agent will be the single source of contact for business licensing. This person will be able to answer all questions associated with this application.

**FOR CITY OF LAS VEGAS OFFICE USE ONLY**

BUSINESS LICENSE:  
APPROVALS:

License Technician: \_\_\_\_\_ Date: \_\_\_\_\_

Senior License Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Business License Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Fee Type	Amount	TN	Date Paid