CITY OF LAS VEGAS
DEPARTMENT OF PLANNING
BUSINESS LICENSING DIVISION
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Las Vegas, NV 89106

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Print Form

MARIJUANA LICENSE ACKNOWLEDGEMENT

Date: _____

Name of Business: _____

Address: _____

License Number: _____

Initial _____ I, (name), an authorized agent or owner of the above mentioned business, understand applicable federal laws, U.S. Department of Justice guidance or directives, the laws of the State of Nevada, and the applicable laws and regulations of the City concerning the operation of a medical marijuana establishment.

Initial _____ I acknowledge that at all times throughout the term of this license, it is my responsibility to be aware of any and all changes to federal, State of Nevada, and City laws, regulations, and guidance or directives concerning the operation of a medical marijuana establishment.

Initial _____ I acknowledge that any violation of any laws or regulations of the State of Nevada, or of the City, or any activity in violation of U.S. Department of Justice guidance or directives, in the above mentioned business, or in connection therewith may render this license subject to immediate suspension or revocation.

Initial _____ I acknowledge that the commencement of any legal proceeding relating to the above mentioned medical marijuana establishment by federal authorities may render this license subject to immediate suspension or revocation.

Initial _____ I have provided the City with a two hundred fifty thousand dollar bond or cash to secure this obligation, and I attest that the bond shall remain in force throughout the term of the license, or have been granted a waiver.

Initial _____ I have secured a certificate of insurance in the amounts and terms set forth in Las Vegas Municipal Code 6.95.090(F). I will maintain this insurance throughout the term of the license. I acknowledge that any failure to maintain this insurance coverage or provide proof of insurance shall be grounds for suspension of this license.

Initial _____ Pursuant to Las Vegas Municipal Code 6.95.090(D), The following principal was designated to take the Director's Medical Marijuana written test and received a passing score: _____
(name)

In addition to the above, all of the conditions placed on my license have been explained to me. I understand that failure to abide by these conditions or with Las Vegas Municipal Code Chapter 6.95 may result in immediate suspension of my license by the Director pursuant to Las Vegas Municipal Code 6.95.220.

_____ _____
Signature of Business Owner or Agent Date

_____ _____
Witness (City Representative) Date