



**STATE OF NEVADA
DEPARTMENT OF TAXATION**

Web Site: <https://tax.nv.gov>

1550 College Parkway, Suite 115
Carson City, Nevada 89706-7937
Phone: (775) 684-2000 Fax: (775) 684-2020

RENO OFFICE
4600 Kietzke Lane
Building L, Suite 235
Reno, Nevada 89502
Phone: (775) 687-9999
Fax: (775) 688-1303

BRIAN SANDOVAL
Governor

JAMES DEVOLLD
Chair, Nevada Tax Commission
DEONNE E. CONTINE
Executive Director

LAS VEGAS OFFICE

Grant Sawyer Office Building, Suite 1300
555 E. Washington Avenue
Las Vegas, Nevada 89101
Phone: (702) 486-2300 Fax: (702) 486-2373

HENDERSON OFFICE

2550 Paseo Verde Parkway, Suite 180
Henderson, Nevada 89074
Phone: (702) 486-2300
Fax: (702) 486-3377

NEVADA STATE MARIJUANA DISTRIBUTOR LICENSE APPLICATION

This application is for acquiring a license to transport marijuana within the State of Nevada between licensed marijuana establishments. All required documentation, a non-refundable application fee of \$5,000, and a \$15,000 license fee (pursuant to NRS 453D) must be submitted with this application.

The Distributor License permits the licensee only to transport marijuana and marijuana products between licensed marijuana establishments. The license does not permit the sale of marijuana.

1	Business Entity Type: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited-Liability Company <input type="checkbox"/> Association <input type="checkbox"/> Cooperative <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other: _____	Department of Taxation Identification Number:						
2	Corporate/Entity Name:	Federal Tax Identification Number:						
3	Nevada Name of Establishment (DBA):	Business Telephone:						
4	Physical Address of Marijuana Distribution Establishment:							
5	Mailing Address:							
6	Contact Name:	Email Address: Telephone Number:						
7	Agent Card Designee Name:	Email Address: Telephone Number:						
8	Affiliated Marijuana Establishment Form(s) Attached: <input type="checkbox"/>	9 Financial Institution Statement Attached: <input type="checkbox"/>						
10	Description of Organization Attached: <input type="checkbox"/>	11 Owner, Officer, and Board Member Information Form(s) Attached: <input type="checkbox"/>						
12	Owner, Officer, and Board Member Attestation Form(s) Attached: <input type="checkbox"/>	13 Child Support Verification Form(s) Attached: <input type="checkbox"/>						
14	Financial Plan Attached: <input type="checkbox"/>	15 Operations Plan Attached: <input type="checkbox"/>						
16	Request and Consent to Release Application Attached: <input type="checkbox"/>	17 Confirmation of Proper Registration with the Nevada Secretary of State Attached: <input type="checkbox"/>						
18	Driver Verification Form(s) Attached: <input type="checkbox"/>	19 Additional Information Form for Liquor Wholesalers Attached: <input type="checkbox"/>						
20	Marijuana Applicant Fingerprint Submission Form(s) Attached: <input type="checkbox"/> <i>For applicants who have not already undergone fingerprint/background check(s) with the Division of Public and Behavioral Health</i>	21 Is the marijuana establishment zoned by the local jurisdiction for retail marijuana? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, include written notice from the locality. If no, provide the anticipated approval date: _____						
22	<p align="center">* Signatures must be that of a responsible party *</p> <p align="center">I declare under penalty of perjury that the information provided is true, correct and complete to the best of my knowledge and belief and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing.</p> <table border="1"> <tr> <td>*Signature Responsible Party / Original</td> <td>Print Name And Title</td> <td>Date</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>		*Signature Responsible Party / Original	Print Name And Title	Date			
*Signature Responsible Party / Original	Print Name And Title	Date						

Please submit this application along with all required documents and payments to any Department of Taxation office on or before May 31, 2017.



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Affiliated Marijuana Establishment Form

A copy of this form must be filled out by every owner, officer, and board member.
Provide the name and physical address of any marijuana establishment you co-own or are otherwise affiliated with.

Table with 2 columns: Name, Physical Address. Multiple empty rows for data entry.

Table with 3 columns: *Signature Responsible Party / Original, Print Name And Title, Date.



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Place Financial Institution Statement Here

Provide a document from a financial institution in this state, or any other state or the District of Columbia, that demonstrates the applicant has unencumbered liquid assets sufficient to operate as a distributor, and the source of those assets.



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Place Description of Organization Here

Provide a description of the organizational structure of the entity and an organizational chart including all owners, officers, and board members.



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Owner, Officer, and Board Member Information Form

A copy of this form must be filled out by every owner, officer, and board member.

Individual is a(n): Owner <input type="checkbox"/> Officer <input type="checkbox"/> Board Member <input type="checkbox"/>		Title:		SSN:	
Last Name:		First Name:		MI:	Date of Birth:
Residential Address:					
City:		County:		State:	Zip:
A short description of the role the individual will serve in the organization and the responsibilities of the position of the individual:					
1) Has this individual ever served as an owner, officer, or board member of a medical marijuana establishment?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
2) Does this individual have any financial investment interest in a medical marijuana establishment?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
3) Has this individual ever served as an owner, officer, or board member of a medical marijuana establishment that had its registration certificate revoked or suspended?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
4) Has this individual ever had a medical marijuana establishment agent registration card revoked?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
5) Is this individual a law enforcement officer?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
6) Is this individual currently an employee or contractor of the Department of Taxation?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Individual's signed and notarized Owner, Officer and Board Member Attestation Form attached <input type="checkbox"/>					
Individual's signed and notarized Child Support Verification Form attached <input type="checkbox"/>					
A narrative description, not to exceed 750 words, demonstrating any previous experience operating other businesses or nonprofit organizations and any qualifications that are directly and demonstrably related to the operation of a marijuana establishment attached <input type="checkbox"/>					
A copy of the individual's resume attached <input type="checkbox"/>					



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Owner, Officer, and Board Member Attestation Form

This form must be notarized or signed in front of a Department of Taxation employee.
A copy of this form must be filled out by every owner, officer, and board member.

I, _____, attest that:
(Print Name)

I have not been convicted of an excluded felony offense; and,

I agree that the Department or the Division of Public and Behavioral Health may investigate my background information by any means feasible including, but not limited to, providing my fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigations for its report; and,

If required, I give authorization to the Department to obtain account information from the Division regarding fingerprints and background checks; and,

I will not divert marijuana to any individual or person who is not allowed to possess marijuana; and

I understand I am required to comply with all local government enacted zoning restrictions; and,

I understand and will comply with all applicable state and local laws, including but not limited to chapter NRS 453D; and,

All information provided in this application is true and correct.

Signature of Requestor/Applicant

Date Signed

State of Nevada

County of _____

Signed and sworn to (or affirmed) before me on _____ by _____
(Date) (Name of person making statement)

Notary Stamp

Signature Of [] Notary Or [] Dept. of Taxation Employee



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Child Support Verification Form

This form must be notarized or signed in front of a Department of Taxation employee.
A copy of this form must be filled out by every owner, officer, and board member.

Check the box that applies:

- I am not subject to a court order for the support of a child.
I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
I am subject to a court order for the support of one or more children and am not in compliance with the order of a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Name

Applicant's Social Security Number

Applicant's Signature

Date

State of Nevada

County of

Signed and sworn to (or affirmed) before me on by
(Date) (Name of person making statement)

Notary Stamp

Signature Of Notary Or Dept. of Taxation Employee



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Insert Financial Plan Here

Provide a financial plan for the proposed marijuana distributor. This must include: financial statements showing the resources of the applicant, evidence that any money being relied upon from an owner, officer, or board member is unconditionally committed, and proof that the applicant has adequate money to cover all expenses and costs of the first year of operation.



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Insert Operations Plan Here

Provide evidence of a plan to staff, educate, and manage the proposed marijuana distributor. This must include: a detailed budget including preopening, construction, and first-year operating expenses; an operations manual that demonstrates compliance with NRS 453D; and a plan to provide education materials to staff.



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Request and Consent to Release Application Form for Marijuana Distributor License

This form must be signed by a responsible party of the proposed marijuana distributor and be notarized or signed in front of a Department of Taxation employee.

I, _____, am the duly authorized designee to represent
(Print Name)

_____ and interact with the Department of Taxation on all
(Business Name)

matters and questions in relation to the application for a Nevada State Marijuana Distributor License. I understand that all applications submitted to the Department are confidential, but that local government authorities, including but not limited to, the licensing or zoning departments of cities, towns, or counties may need to review this application in order to authorize the operation of an establishment under local requirements. Therefore, I consent to the release of this application to any local governmental authority in the jurisdiction where the address listed on this application is located.

By signing this Request and Consent to Release Application Form, I hereby acknowledge and agree that the State of Nevada and its subdivisions, including the Department of Taxation and its employees, are not responsible for any consequences related to the release of the information identified in this consent. I further acknowledge and agree that the State and its subdivisions cannot make any guarantees or be held liable related to the confidentiality and safe keeping of this information once it is released.

Signature of Requestor/Applicant

Date Signed

Form containing fields for State of Nevada, County of, signed and sworn to (or affirmed) before me on, Notary Stamp, and Signature Of Notary Or Dept. of Taxation Employee.



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Insert Confirmation of Proper Registration with the Nevada Secretary of State Here

Provide confirmation of registration as the appropriate type of business, and include any articles of incorporation, articles of organization or partnership, or joint venture documents, as applicable.



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Driver Verification Form

A copy of this form must be filled out for every employee that will be driving for the marijuana distributor.

Please include pictures of the vehicle this driver will be operating that show the storage compartment is fully enclosed and lockable.

Driver's Name:		Driver's License Number: <small>(copy of license attached)</small>	
Driver's Birth Date:		Vehicle's License Plate Number:	
Insurance Company Name:		Insurance Policy Number: <small>(copy of proof attached)</small>	
Proposed Times of Transport:	Monday:	Tuesday:	Wednesday:
Thursday:	Friday:	Saturday:	Sunday:

ADDITIONAL INFORMATION FORM FOR LIQUOR WHOLESALERS

A copy of this form must be filled out and provided with the application for marijuana distributor.

Please answer all questions to the best of your ability. Use additional sheets if needed.

1)	Please provide a brief description of your current progress on securing local zoning and/or special use permits to operate a marijuana establishment and include, with this page, any written notices you have received from the locality.
2)	Does your intended location comply with the distance requirements in NRS 453D.210.5(c)? Yes <input type="checkbox"/> No <input type="checkbox"/>
3)	Do you own the property at the physical address where you will operate your marijuana establishment? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, have you received written permission from the property owner where you will operate your marijuana establishment? Yes <input type="checkbox"/> No <input type="checkbox"/>
4)	Does your building comply with the security requirements of NRS 453D.300 and NAC 453A.420? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, have you consulted with a contractor about making the physical security modifications required to operate your marijuana establishment in compliance with statute? Yes <input type="checkbox"/> No <input type="checkbox"/> Will the necessary modifications be completed by July 1, 2017? Yes <input type="checkbox"/> No <input type="checkbox"/>
5)	Do you acknowledge that there is a conflict between state and federal law regarding marijuana sales and that being a licensed marijuana establishment may jeopardize your status as a federally licensed liquor wholesaler? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you prepared to enter the marijuana market despite the potential federal licensing issues? Yes <input type="checkbox"/> No <input type="checkbox"/>
6)	Have you developed staffing and training plans for your marijuana establishment to ensure compliance with NRS 453D? Yes <input type="checkbox"/> No <input type="checkbox"/>
7)	Explain whether you serve a variety of geographic markets as a liquor wholesaler and/or how you are prepared to serve different geographic markets in Nevada.
8)	Explain what experience you have in serving a variety of retailers as a liquor wholesaler.
9)	Please provide any additional information you believe shows that you are prepared to serve the marijuana establishment market on July 1, 2017.

STATE OF NEVADA

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RICHARD WHITLEY, MS
Director, DHHS



CODY L. PHINNEY, MPH
Administrator, DPBH

JOHN DIMURO, D.O., MBA
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

MARIJUANA APPLICANT FINGERPRINT SUBMISSION FORM

Provide this form to the fingerprint technician at the time fingerprints are taken and return the stamped version of this form to the Department of Taxation.

Note: Electronic Submission to DPS is REQUIRED.

Fingerprint technician: please ensure that you see a photo ID for identity verification purposes prior to fingerprinting. Also, please enter the required information in the grey box below and return this form to the applicant.

Applicant Name (Last, First, MI): _____

Address: _____

City, State, Zip: _____ Phone: _____

Date of Birth: _____ Place of Birth: _____

SSN: _____ Citizenship: _____

Sex: _____ Race: _____ Hgt.: _____ Wgt.: _____ Eyes: _____ Hair: _____

Reason Fingerprinted: NRS 453D
Miscellaneous MNU#: 150078 (aka account #)
ORI: NV0131700

The above-named individual was fingerprinted and said prints have been electronically submitted to the Central Repository for Nevada Records of Criminal History on behalf of the Medical Marijuana Program, Division of Public and Behavioral Health.

Fingerprint Agency Stamp
Fingerprint Representative Signature
TCN #: _____
Date: _____

MARIJUANA APPLICANT FINGERPRINT SUBMISSION FORM INSTRUCTIONS

Please follow these step-by-step procedures to ensure an accurate and efficient processing of your fingerprints.

1. Complete and print a Fingerprint Request form to bring to your fingerprinting site. The fingerprint technician will fill in the grey box and return the form to you.
2. Select a fingerprinting site (Nevada).
 - Lists of Law Enforcement Fingerprinting Sites and Private Fingerprinting Sites in Nevada are posted on the DPS Website. <http://gsd.nv.gov/FeesForms/Fingerprints/>.
3. It is recommended that you contact your fingerprint location ahead of time to ensure they can file your fingerprints electronically and to determine the method of payment they require. Please check with the Department of Public Safety regarding their current fee. This is separate from any fees charged by a fingerprinting business.
4. Return the completed Marijuana Applicant Fingerprint Submission Form to the Department of Taxation.

If any of the required information is missing or incomplete, the request will not be processed by DPS and will cause delays or rejection of your application.



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NEVADA STATE MARIJUANA DISTRIBUTOR LICENSE APPLICATION INSTRUCTIONS

The Department of Taxation must receive this application no later than May 31, 2017.

Line-by-line instructions:

- 1. Business Entity Type/ Department of Taxation Identification Number:** Indicate entity type as filed with the Secretary of State. Include the entity's Department of Taxation Identification number (TID).
- 2. Corporate/Entity Name/ Federal Tax Identification Number:** Enter the name as registered with the Secretary of State for the State Business License. Include your Federal Tax Identification Number (FEIN). If your FEIN changes, you must complete a new Nevada Business Registration.
- 3. Nevada Name of Establishment (DBA)/ Business Telephone:** Enter the name of the distributor as it is known to the public. Include a business telephone number.
- 4. Physical Address of Marijuana Distribution Establishment:** Enter the physical location of the business including suite numbers, apartment numbers, and street direction (N, S, E, and W).
- 5. Mailing Address:** This address will be used to mail licenses, reports, tax returns, and any correspondence.
- 6. Contact Name/ Email Address/ Telephone Number:** Enter the name, email address, and telephone number of a responsible contact for the business.
- 7. Agent Card Designee Name/Email Address/Telephone Number:** Enter the name, email address, and telephone number of the individual authorized to sign Agent Card applications.
- 8. Affiliated Marijuana Establishment Form(s) Attached:** Check this box indicating the required document is attached.
- 9. Financial Institution Statement Attached:** Check this box indicating the required document is attached.
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- 16. Request and Consent to Release Application Attached:** Check this box indicating the required document is attached.
- 17. Confirmation of Proper Registration with the Nevada Secretary of State Attached:** Check this box indicating the required document is attached.
- 18. Driver Verification Form(s) Attached:** Check this box indicating the required document is attached.
- 19. Additional Information Form for Liquor Wholesalers Attached:** For applicants who are liquor wholesalers only. Check this box indicating the required document is attached.
- 20. Marijuana Applicant Fingerprint Submission Form(s) Attached:** This must be completed by Distributor License applicants who have not already undergone a fingerprint/background check with the Division of Public and Behavioral Health. Each owner, officer, and board member must complete this process. To initiate the fingerprint/background check process, follow the instructions on the form. Once your prints have been taken, return completed form(s) to the Department.
- 21. Is the Marijuana Establishment properly zoned:** Check "yes" if the establishment is properly zoned in compliance with NRS 453D.210(5)(a)-(c) and NRS 453D.210(5)(e) and include written notice from the locality. If "no" is checked, provide the anticipated approval date from the applicable local government.
- 22. Signature Required:** Legal signatures include: sole proprietor-owner, corporate officer, managing member, and partners.



STATE OF NEVADA
DEPARTMENT OF TAXATION

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1550 College Parkway, Suite 115
Carson City, Nevada 89706-7937
Phone: (775) 684-2000 Fax: (775) 684-2020

RENO OFFICE
4600 Kietzke Lane
Building L, Suite 235
Reno, Nevada 89502
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BRIAN SANDOVAL
Governor
JAMES DEVOLLD
Chair, Nevada Tax Commission
DEONNE E. CONTINE
Executive Director

LAS VEGAS OFFICE
Grant Sawyer Office Building, Suite 1300
555 E. Washington Avenue
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Phone: (702) 486-2300 Fax: (702) 486-2373

HENDERSON OFFICE
2550 Paseo Verde Parkway, Suite 180
Henderson, Nevada 89074
Phone: (702) 486-2300
Fax: (702) 486-3377

INSTRUCTIONS FOR SUPPLEMENTAL FORMS

Owner, Officer, and Board Member Information Form

Complete a copy of this form for every owner, officer, and/or board member.

Individual is a(n): Check the box that applies to the individual.

Title: Enter the business title of the individual.

SSN: Enter the Social Security Number of the individual.

Last Name/First Name/MI/Date of Birth: Enter the last name, first name, middle initial, and date of birth of the individual.

Residential Address: Enter the home street address of the individual.

City/County/State/Zip: Enter the City, County, State, and ZIP code of the place of residence of the individual.

Short Description: Provide a brief explanation of the individual's responsibilities.

Questions 1 through 6: Select "yes" or "no" for each question as they pertain to the individual.

Individual's signed and notarized Owner, Officer, and Board Member Attestation Form attached: Check this box indicating the required document is attached.

Individual's signed and notarized Child Support Verification Form attached: Check this box indicating the required document is attached.

A narrative description, not to exceed 750 words, demonstrating any previous experience operating other businesses or nonprofit organizations and any qualifications that are directly and demonstrably related to the operation of a marijuana establishment attached: Check this box indicating the required document is attached.

A copy of the individual's resume attached: Check this box indicating the required document is attached.

Driver Verification Form

Complete a copy of this form for every driver.

Driver's Name: Enter the full name of the driver being verified.

Driver's License Number: Enter the individual's driver's license number and include a copy of the license with this form.

Driver's Birth Date: Provide the driver's birth date.

Vehicle's License Plate Number: Enter the license plate number of the vehicle the driver will operate.

Insurance Company Name: Enter the name of the insurance company insuring the driver/vehicle.

Insurance Policy Number: Enter the policy number of the insurance policy and include a copy of the proof of insurance with this form.

Proposed Times of Transport: Enter the hours that the driver is expected to be transporting marijuana for each day of the week.