



City of North Las Vegas Business License Medical Marijuana Establishment Acknowledgement (Use this form for additional ownership)

ACKNOWLEDGEMENTS:

Initial each one below:

_____ 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 North Las Vegas applicable hereto, and that any violation of any such laws or regulations of the State of Nevada or of the City, 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 the license subject to immediate suspension or revocation.

_____ I will hold harmless, indemnify, and defend the City of North Las Vegas against all claims and litigation arising from the issuance of a 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 in the amount of \$250,000 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 North 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 North 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 privileged license and therefore the burden to provide qualifications to receive such a license is at all times on myself and I acknowledge that the granting of a license is at the discretion of the City Council and I agree to abide by that 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 I am the owner/applicant and I acknowledge the conditions of licensing and agree to all terms and acknowledgements.

Authorized Signature: _____ Print Name: _____

Date: _____ Phone: _____ Fax: _____ Email: _____