



City of North Las Vegas
Medical Marijuana Establishment (MME) Business License Application
 2250 N. Las Vegas Boulevard, Suite 110, North Las Vegas, NV, 89030 (702-633-1520)

SECTION I - BUSINESS INFORMATION

1) Check one:

MME Type: Independent Testing Laboratory Cultivation Facility Production Facility Dispensary

2) Check one:

Organization Type: Sole Proprietor Partnership Corporation Trust Limited Liability Company (LLC) Non-Profit Other _____
(please describe)

3) Applicant Name: (LLC/Corp) _____

4) Business Trade Name: (Doing Business As) _____

5) 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. **Ownership Interest** means any principal, person, beneficial owner and individual persons holding any ownership or financial interest in the 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.*

Name & Title of Owner/Officer	% owned	Home Address	DOB	Tel. Number (s) Home/Cell

6) Proposed Business Opening Date: _____ 7) Proposed Hours of Operation: _____

8) Proposed Business Physical Address: _____ 9) Business Mailing Address: _____

10) Business Email Address: _____ 11) Business Phone No.: _____

12) Business Web Site: _____ 13) Business Fax No.: _____

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

15) On-Site Community Relations Staff Person (key employee): Name _____ Phone _____

16) Gross Revenue Declaration: (If applicable to classification) _____ Fax # _____

SECTION II - OTHER PERMITS / LICENSES

17) 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. 5 above for each person).

Type of License	Held by (Name of Business)	Address	Date Issued or Date Applied	Jurisdiction (State/County/City)

ACKNOWLEDGMENTS:

All Owners, Officers, Board Members, or any individual with an ownership interest of the proposed Medical Marijuana Establishment must complete a separate Medical Marijuana Acknowledgement form.

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.

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_____ 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: _____

Authorized Agent: _____ Phone: _____ Fax: _____ Email: _____

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

Office Use Only:

Date Processed: _____

License Number _____