

CARSON CITY BUSINESS LICENSE – MEDICAL MARIJUANA APPLICATION:

THE FOLLOWING ITEMS MUST BE COMPLETED AND ACCOMPANY YOUR CARSON CITY LICENSE APPLICATION

- Copy of State Business Registration
Office of the Secretary of State
202 N. Carson St., Carson City, NV 89701
(775) 684-5708 www.nvsos.gov
- Carson City Sheriff’s Responsible Party Information Form
- D-25 Form (Industrial Insurance Compliance)
- Business Information Form
- A complete and accurate copy of the application and all accompanying documents filed with the Division of Public and Behavioral Health of the Department of Health and Human Services of the State of Nevada pursuant to NRS 453A.322 to apply for a Medical Marijuana Establishment certificate (Electronic copy only - PDF format on a CD).
- A copy of the provisional registration certificate issued by the Division of Public and Behavioral Health of the Department of Health and Human Services of the State of Nevada for operation of a Medical Marijuana Establishment.
- A copy of the Special Use Permit Notice of Decision with conditions of approval from the Community Development Department, Planning Division pursuant to Title 18.04 Use Districts, Sections 18.04.135, 18.04.140 and 18.04.150 and Title 18.16 Development Standards, Division 1.20 Medical Marijuana Establishments. This shall also include a letter outlining each condition of approval with a response addressing how each condition has been satisfied.
- A completed, signed and notarized acknowledgment statement from the licensee and the property owner that the licensee, and the owner of the property upon which the Medical Marijuana Establishment is located, understands 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 Carson City applicable thereto concerning the operation of a Medical Marijuana Establishment. The written statement shall also acknowledge that any violation of any laws of the State of Nevada or of Carson 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 permit and such license subject to immediate suspension or revocation.
- A completed, signed and notarized acknowledgment statement from the licensee that the licensee, and its owners, managers, agents and employees and affiliates jointly and severally agree to indemnify, defend and hold harmless Carson City, and any of its elected or appointed officers, agents, employees or attorneys from any and all claims, demands, actions, damages, decrees, judgments, attorney fees, costs and expenses which may be asserted against Carson City, or such elected or appointed officers, employees or attorneys arising out of or in any manner connected with the Medical Marijuana Establishment that is the subject of the license, including, without limitation, any injury, loss or damage, including claims arising from bodily injury, personal injury, sickness, disease, death, property loss of damage or any other loss of any kind whatsoever arising therefrom. The licensee’s duty to defend and indemnify Carson City hereunder shall apply regardless of Carson City’s active or passive fault. The licensee’s duty to defend Carson City is absolute and shall arise as soon as any demand or claim is asserted against Carson City and is not conditions upon a finding of fault of the licensee. Carson City is entitled to choose the attorney assigned to defend against the claims and the licensee shall immediately pay all defense fees and costs charged by the attorney selected by Carson City.
- A list with the names of all owners with at least a five percent interest in the business with the percentage of each person’s ownership listed. This list will be a part of the standard business license application and will be subject to public record review.

SUBMIT APPLICATION TO THE FOLLOWING ADDRESS:		HOURS OF OPERATION:	
Carson City Business License Division 108 E. Proctor St Carson City, NV 89701 (775) 887-2105		8:00 - 4:00 Monday – Friday 12:00 – 1:00 Closed www.carson.org	
Fees required for a NEW Business License are as follows: (Renewal fees billed annually)			
<ul style="list-style-type: none"> • Application/Update Fee - \$25 • Fictitious Firm Name (DBA) Form - \$20 • Type of Business 		Annual Fee	
Medical Marijuana Dispensary		\$25,000	
Medical Marijuana Cultivation Facility		\$20,000	
Medical Marijuana Production Facility		\$15,000	
Medical Marijuana Testing Laboratory		\$ 5,000	
Business Licenses are prorated according to the month business is started:			
January	100%	May	67%
February	92%	June	58%
March	83%	July	50%
April	75%	August	42%
September	33%	October	25%
November	17%	December	8%
<ul style="list-style-type: none"> • The approval process takes approximately 7 -10 business days assuming all the information necessary for processing is provided to our office by the applicant at time of submittal. 			



CARSON CITY LICENSE APPLICATION

Please type or print in black ink; Incomplete or illegible applications will not be accepted. Applications must bear an original signature

Business License #:

Submittal Date:

1	<input type="checkbox"/> New Business	<input type="checkbox"/> Change of Location/Mailing	<input type="checkbox"/> Change of Name	<input type="checkbox"/> Change of Corporate Officer	<input type="checkbox"/> Other	
	2 Type of License(s)		<input type="checkbox"/> Dispensary	<input type="checkbox"/> Cultivation	<input type="checkbox"/> Production	<input type="checkbox"/> Testing
3	Type of Entity	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Non-Profit
4	Entity Name			5	Business Opening Date	
6	Business Name (DBA)				7	EIN #
8	Business Address		City	State	Zip Code	
9	Mailing Address		City	State	Zip Code	
10	Corporate Phone	Business Phone	Cellular Phone	Business Fax		
11	E-mail Address		Business Website			
12	Owner(s), Manager(s), or other Principal(s) attach additional pages if required					
	Last, First, MI		Percent Owned	Title		
	Residence Address (Street)		City, State, Zip		Residence Telephone	
	Last, First, MI		Percent Owned	Title		
	Residence Address (Street)		City, State, Zip		Residence Telephone	
	Last, First, MI		Percent Owned	Title		
	Residence Address (Street)		City, State, Zip		Residence Telephone	
	Manager		<input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site	Contact Phone Number		
	Residence Address (Street)		City, State, Zip			
13	Describe in detail the activity of your business:					
	Type of Processes Performed Onsite					
14	<input type="checkbox"/> Plant Extraction	<input type="checkbox"/> LPG Storage/Use	<input type="checkbox"/> Compressed Gas Storage/Use	<input type="checkbox"/> Fumigation/Thermal Insecticide Fogging		
	<input type="checkbox"/> Pesticide Inventory Statement		<input type="checkbox"/> Flammable Liquid Storage/Use	<input type="checkbox"/> CO2 Enrichment System		
15	If this application is for a change of business name, location, or ownership, list the previous name, address, and owner below:					

Miscellaneous Information	Please answer this section if your business is <i>located</i> in Carson City. If you are unsure of your answer or are installing signage, contact the Planning Division at (775) 887-2180	
	Is your business location zoned for this type of business	Has a Special Use Permit been obtained for this business location
	Will you be installing any outdoor signs	Are there any existing signs of the property
	Will there be any outside storage (If yes, please explain items being stored and how being screened)	
	Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage)	
	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business	

Rules and Regulations	I, the undersigned understand that I cannot operate my business until my license is actually issued by this office indicating approval by all necessary city departments
	<ul style="list-style-type: none"> • If any changes are made after completing said license application this office must be notified immediately and an updated is required. • A business license, liquor license, and/or gaming license are issued to a given owner at a SPECIFIC LOCATION and are NON-TRANSFERRABLE to a different owner or different location. • Non-payment of annual and quarterly business license, liquor license, and/or gaming license fees by the due date will result in applied penalties and is grounds for the revocation of the license. • Any exception to any of the above is considered a violation of the Carson City Municipal Code and is subject to citation. <p>I hereby certify that the above information is correct to the best of my knowledge and belief. I understand that failure to complete this form truthfully is an act of perjury.</p> <p>Applicant's Signature _____ Date _____</p>

LICENSE TOTAL FEES	TOTAL FEES DUE:	
Business License Annual Fee:	Payment Type	
Business License Pro-rated Fee:		
Application Fee/Update Fee:	Received By	Date
Fictitious Name Fee:		

Certificate of Business: Fictitious Firm Name

Please Print or Type

The undersigned do hereby certify that _____
(Name of individual, corporation, partnership, or trust)

located at _____ is conducting business in Carson City,
(Street Address of Business or Residence)

Nevada, under the fictitious name of _____
(Fictitious Firm Name)

and that said firm is composed of the following person(s) whose name(s) and address(es) are as follows:
By signing below I do solemnly swear (or affirm), under penalty of perjury, that all statements made in this document are true.

1. _____
 Full Name and Title _____ Signature _____ Date _____
 Street Address _____ City, State, Zip _____
 Mailing Address, if different from above _____ City, State, Zip _____

2. _____
 Full Name and Title _____ Signature _____ Date _____
 Street Address _____ City, State, Zip _____
 Mailing Address, if different from above _____ City, State, Zip _____

3. _____
 Full Name and Title _____ Signature _____ Date _____
 Street Address _____ City, State, Zip _____
 Mailing Address, if different from above _____ City, State, Zip _____

4. _____
 Full Name and Title _____ Signature _____ Date _____
 Street Address _____ City, State, Zip _____
 Mailing Address, if different from above _____ City, State, Zip _____

State of _____
County of _____

On this _____ day of _____, 20 ____, before me personally appeared: _____

known to me to be the person(s) described in and who executed the foregoing instrument, who acknowledged to me that he/she/they has (have) executed the same freely and voluntarily and for the uses and purposes therein stated. In Witness whereof, I have hereunto set my hand and affixed my official seal this _____ day of _____ 20__.

Notary Public/Deputy County Clerk
Carson City, Nevada

RECEIVED AND FILED

Date

Deputy County Clerk



**Carson City
Business License Division
108 E. Proctor St.
Carson City, Nevada 89701
(775) 887-2105**

Medical Marijuana Business License

Federal Law Acknowledgment Agreement

The licensee, and the owner of the property upon which the Medical Marijuana Establishment is located, understands 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 Carson City applicable thereto concerning the operation of a Medical Marijuana Establishment. Any violation of any laws of the State of Nevada or of Carson 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 permit and such license subject to immediate suspension or revocation.

Please indicate your acceptance of the foregoing by signing and printing your name in the space provided below.

Business Name: _____

Business Address: _____

Licensee Printed Name: _____

Licensee Signature: _____ Date: _____

State of Nevada
County of _____

This instrument was acknowledged before me on _____ by _____

(Notarial Officer)

Property Owner Printed Name: _____

Property Owner Signature: _____ Date: _____

State of Nevada
County of _____

This instrument was acknowledged before me on _____ by _____

(Notarial Officer)



**Carson City
Business License Division
108 E. Proctor St.
Carson City, Nevada 89701
(775) 887-2105**

Medical Marijuana Business License

Hold Harmless Acknowledgment Agreement

The licensee, and its owners, managers, agents and employees and affiliates jointly and severally agree to indemnify, defend and hold harmless Carson City, and any of its elected or appointed officers, agents, employees or attorneys from any and all claims, demands, actions, damages, decrees, judgments, attorney fees, costs and expenses which may be asserted against Carson City, or such elected or appointed officers, employees or attorneys arising out of or in any manner connected with the Medical Marijuana Establishment that is the subject of the license, including, without limitation, any injury, loss or damage, including claims arising from bodily injury, personal injury, sickness, disease, death, property loss of damage or any other loss of any kind whatsoever arising therefrom. The licensee's duty to defend and indemnify Carson City hereunder shall apply regardless of Carson City's active or passive fault. The licensee's duty to defend Carson City is absolute and shall arise as soon as any demand or claim is asserted against Carson City and is not conditions upon a finding of fault of the licensee. Carson City is entitled to choose the attorney assigned to defend against the claims and the licensee shall immediately pay all defense fees and costs charged by the attorney selected by Carson City.

Please indicate your acceptance of the foregoing by signing and printing your name in the space provided below.

Business Name: _____

Business Address: _____

Licensee Printed Name: _____

Licensee Signature: _____ Date: _____

State of Nevada
County of _____

This instrument was acknowledged before me on _____ by _____

(Notarial Officer)



CARSON CITY SHERIFF'S OFFICE RESPONSIBLE PARTY INFORMATION

Kenneth Furlong
Sheriff

DATE

BUSINESS NAME	
BUSINESS ADDRESS	
BUSINESS PHONE	
BUSINESS MANAGER	
AFTER HOURS CONTACTS	
NAME:	PHONE:
NAME:	PHONE:
NAME:	PHONE:
NAME:	PHONE:
NAME:	PHONE:
ALARM COMPANY	
NAME:	PHONE:
ADDRESS:	PHONE:

Manager's Signature

Date

STATE OF NEVADA, DIVISION OF INDUSTRIAL RELATIONS
AFFIRMATION OF COMPLIANCE
WITH MANDATORY INDUSTRIAL INSURANCE REQUIREMENTS
(Instructions with Definitions are located on reverse side)

Business Name (Include any name doing business as)	Type of Business	Business Telephone Number	
Business Address	City	State	Zip Code
Federal Identification No.	Social Security No.	Contractor's Board License No.	
Name of Principal Owner (Please Print)		Principal Owner's Telephone No.	
Principal Owner's Address	City	State	Zip Code

Identified as: (Complete one section only)

() That the above identified business has obtained industrial workers' compensation insurance as required by Chapter 616A to D, inclusive, of the Nevada Revised Statutes (NRS):

Effective Date of Coverage	Account Number
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() That the above identified business is not subject to the provisions of Chapter 616A to D, inclusive, of the Nevada Revised Statutes, due to a statutory exemption or as a business which has no employees nor hires any independent contractor or subcontractor.

() That the above identified business has a valid certificate of self-insurance pursuant to Chapter 616A to D, inclusive, of Nevada Revised Statutes.

Effective Date	Certificate Number
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I declare that I have the authority to act on behalf of the above described business, and am applying for a license to operate said business as a(n): () Individual () Sole Proprietor () Partnership () Corporation

Name of Applicant (Please Print)	Applicant's Telephone No.
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Applicant's Residence Address	City	State	Zip Code
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I do hereby affirm that the above information is true and correct.

DATED this _____ day of _____, 20_____.

Signature of Applicant (To be signed in the presence of the business license office employee)	Applicant's Title
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Witness Signature - (Business License Office Employee)	Name of City or County
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If unable to sign this document in the presence of a Business License Employee, the Applicant's signature must be notarized.

SUBSCRIBED and SWORN to before me on this _____ day of _____, 20_____.

 NOTARY PUBLIC

INSTRUCTIONS

The provisions of Chapter 616A to D, inclusive, of the Nevada Revised Statutes require every person, firm, voluntary association, and private corporation, including any public service corporation, which has any person, subcontractor, or independent contractor, under contract of hire, to obtain industrial insurance coverage in Nevada or obtain a certificate of self-insurance from the Nevada Commissioner of Insurance. **Subcontractors and independent contractors engaged in the same trade, business, profession or occupation as the hiring person or business, are by law considered to be employees.** One exception to the requirement for industrial insurance is if you or your business hires no employees, subcontractors or independent contractors. You are not required to obtain industrial insurance coverage for the following employees: theatrical or stage performers; casual musicians; household domestics, farm, dairy, agricultural or horticultural laborers, or persons engaged in stock or poultry raising; voluntary ski patrolman; real estate brokers and/or salesmen; direct sellers; or clergy. Businesses which elect to obtain industrial insurance coverage for such persons, gain valuable rights and significantly reduce liabilities for injuries to these persons. **A business which hires persons who are exempt from the provisions of Chapter 616A to 617, inclusive, of the Nevada Revised Statutes may be held liable in tort for injuries to those persons.** A business which hires exempt persons may elect to obtain industrial insurance, including sole proprietor coverage and partnerships.

IMPORTANT NOTICE: Pursuant to the provisions of NRS 616D.200(1): Any employer within the provisions of NRS 616B.633 who fails to provide, secure or maintain compensation as required by the terms of this chapter, is: (a) for the first offense, guilty of a **misdemeanor** and (b) for a second or subsequent offense committed within 7 years after the previous offense, guilty of a **category D felony**.

Definitions for Purposes of this Affirmation:

"Applicant" is the person executing this document.

"Business Name" is the name under which the business will operate, including the identification of any other names under which the entity will do business.

"Corporation" is a business which is incorporated in the state of Nevada or in any other state, and which is recognized as an active corporation by the Secretary of State for the State of Nevada.

A Type of Business@ means the nature of business . . .

"Individual" is a person who operates a business which hires no employees, subcontractors or independent contractors.

"Partnership" is a business which is owned and operated by two or more individuals who share ownership rights to the net profits of the business and who share in all the liabilities of that business. A limited partnership is included in the term partnership if the limited partners are investors only, and do not perform services for the business.

"Principal Owner" is the owner, sole operator, designated general partner, or resident agent for the corporation.

"Sole proprietor" is a self-employed owner of an unincorporated business and includes working partners and members of working associations which may or may not hire employees.



FOR ASSESSOR OFFICE USE ONLY

ACCOUNT NUMBER: _____

TAX DISTRICT: _____

BUSINESS TYPE: _____

BUSINESS INFORMATION FORM

(Please Print)

New Business Change of Location/Mailing Name Change Purchase Business

TYPE OF ENTITY: Sole Proprietor Corporation Partnership Limited Liability Comp. Non-profit

BUSINESS NAME (DBA): _____ BUSINESS PHONE: _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____

DESCRIPTION OF BUSINESS: _____

DATE OPENED OR ANTICIPATED OPENING: _____

OWNER OR CONTRACT PERSON: _____ Title: _____

EMAIL ADDRESS: _____ PHONE (if different than above): _____

WAS THIS A CHANGE TO AN EXISTING BUSINESS? YES _____ NO _____
(If yes, please indicate previous name of business _____)

PREVIOUS LOCATION, IF APPLICABLE _____

ARE THERE ADDITIONAL LOCATION FOR THIS BUSINESS? YES _____ NO _____
(If yes, please list additional locations and attach to form)

DID YOU PURCHASE THE BUSINESS? YES _____ NO _____
(If yes, did the purchase include the equipment? YES _____ NO _____)

** In July of each year, the Carson City Assessor's Office will be sending you a Statement of Business Equipment and Assets Form that will be due on July 31st. If you have any questions regarding the assessment, please contact our office at:

201 N. Carson St. Ste. 6
Carson City, NV 89701
775-887-2130

SIGNATURE: _____ DATE: _____

-N O T I C E-
To all Carson City Business Owners

**Business equipment and assets
are subject to Nevada personal property tax.**

The Carson City Assessor's Office will send you an annual Statement of Personal Property every July 1, for equipment owned as of July 1 of the current year. Per Nevada Revised Statute 361.265, use the statement to report the date and cost of all equipment and assets used to operate/conduct your business.

Your original costs also include:

- Transportation costs
- Installation/set up cost necessary to make the equipment operational

Your Statement of Personal Property should include, but is not limited to the following:

- Assets fully depreciated out for IRS purposes but still in your possession
- Computers, laptops, printers, software/hardware upgrades, mainframe, plotters, scanners
- Fax, copiers, postage machines, security equipment, etc
- Calculators, safes, cash registers, credit card machines, etc
- Telephones/telephone system, music system, public address system, etc
- Furnishings & fixtures: furniture, computer furniture, display racks, showcases
- Signs: indoor, outdoor, free standing, wall mounted, etc
- Leasehold equipment: modifications made to the building to accommodate your business
- Machinery or equipment specific to your type of business
- Items given to you or purchased used(estimate market value as of date you acquired)
- Equipment/assets, regardless of age, not previously reported
- Equipment that is leased, loaned, stored, or held in our possession

Do not include:

- Inventory held for resale
- Vehicles licensed through the Department of Motor Vehicles
- Consumables: pens, paper, cash register tape, cleaning supplies, etc

**The Assessor's Office
is located at 201 N. Carson St #6.
Please call or stop by for an informational booklet.**

Questions-contact Caron at (775) 887-2130 or email cmachado@carson.org