

CARSON CITY BUSINESS LICENSE – CONVERSION APPLICATION FROM MEDICAL MARIJUANA ESTABLISHMENT TO MARIJUANA ESTABLISHMENT:

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

- A complete and accurate copy of the application and all accompanying documents filed with the Nevada Department of Taxation pursuant NRS and NAC 453D and LCB File No. T002-17 to apply for a Marijuana Establishment license (Electronic copy only in PDF format on a CD or Flash Drive).
- A copy of the current Carson City business license for the existing Medical Marijuana Establishment.

SUBMIT APPLICATION TO THE FOLLOWING ADDRESS:

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

HOURS OF OPERATION:

8:00 - 4:00 Monday – Friday
12:00 – 1:00 Closed
www.carson.org

Fees required for a **CONVERSION Business License** are as follows:

- **Application/Update Fee - \$25**
- **Fictitious Firm Name (DBA) Form - \$20, if applicable**
- **Type of Business**
Marijuana Cultivation Facility
Marijuana Product Manufacturing Facility

Quarterly Fee

3% of gross revenue*
3% of gross revenue*

*Due not later than 10 days after the end of each calendar quarter pursuant to CCMC 4.04.125. Quarterly calendar due dates are as follows:

- April 10 (First Quarter)
- July 10 (Second Quarter)
- October 10 (Third Quarter)
- January 10 (Fourth Quarter)

Business Licenses are prorated according to the month business is started:

January	100%	May	67%	September	33%
February	92%	June	58%	October	25%
March	83%	July	50%	November	17%
April	75%	August	42%	December	8%

For the purpose of quarterly fees due related to marijuana cultivation and product manufacturing facilities, the annual business license fee paid at the beginning 2017 for the entire 2017 calendar year will prorated beginning in the month the conversion license is issued. The prorated amount will apply to the first quarterly payment due following the issuance of the license.



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"/> Conversion from Medical Marijuana Establishment to Marijuana Establishment				
2	Type of License(s)	<input type="checkbox"/> Cultivation Facility		<input type="checkbox"/> Product Manufacturing Facility	
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:				

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.

- 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.

I hereby certify that ALL information, certifications and acknowledgments provided as a part of my previously issued Medical Marijuana Establishment license is correct and applicable to this Marijuana Establishment license. I hereby certify that the additional information provided in this license conversion application is correct to the best of my knowledge and belief. I understand that failure to complete this form truthfully is an act of perjury.

Applicant's Signature _____ Date _____

Notary:

State of Nevada
County of _____

This instrument was acknowledged before me on _____ by _____.

(Notarial Officer)

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:		