Cannabis Compliance Board

Cannabis Distributor Temporary Storage Notice

For Dept. Use Only: TID _____

Request #_____

Location #_____

Assigned to: _____

Distributor Information

Please provide all the information you have about the distributor.

Legal Distributor Name: _____

_____

Distributor DBA Name: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Phone No: _____ Additional Phone No: _____

Website: _____

License No.: _____

Storage Information

Please provide details that you have of the incident, use additional sheet (page 2) if necessary.

Please describe the unusual or extreme facts of the situation or condition that requires you to temporarily store product in your facility: _____

Please specify the expected length of time the product will be stored: _____

Initial Storage Start Date: _____ End Date: _____

Establishment/Facility Storage Address: _____

_____

_____

_____

_____

Location phone no.: _____

Inventory of Product:
(Type and Quantity) _____

_____

_____

_____

_____

_____

_____

Please submit additional pages if needed.

Submit this form electronically, or print and forward with any additional documentation to:
Cannabis Compliance Board, Attn: Investigations, P.O. Box 1948, Carson City, NV 89701.
E-mail with any attachments to CCBInvestigations@CCB.nv.gov.

Cannabis Compliance Board
Cannabis Distributor
Temporary Storage Notice

Use this sheet to include additional information regarding the evidence of the incident.