



STEVE SISOLAK
Governor

STATE OF NEVADA CANNABIS COMPLIANCE BOARD

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HON. MICHAEL DOUGLAS
Chair

TYLER KLIMAS
Executive Director

Cannabis Establishment (CE) Change of Location Request Form

E-mail to CCBLicensing@ccb.nv.gov or mail to:

Cannabis Compliance Board

Attn: Licensing

P.O. Box 1948

Carson City, NV 89701

Date: _____ Establishment ID # (Example: D026): _____ License #: _____

Cannabis Establishment Name: _____

Point of Contact Name (POC): _____ Phone: _____

E-mail: _____ POC Signature: _____

Current Establishment Physical Address: _____

City: _____ State: _____ Zip: _____ Current Jurisdiction City: _____ County: _____

Proposed Physical Address: _____ City: _____ State: _____ Zip: _____

Assessor's Parcel Number (APN): _____

TAB	<u>CHECKLIST</u> – Please complete and submit with requested documents in all tabs.	Yes/No
I	Include required documentation from a public meeting in the local jurisdiction approving the location change. Agenda meeting & minutes are suggested.	
II	Professional survey demonstrating the location meets the statutorily-required distance from schools and community facilities (1000 feet from schools & 300 feet from community facilities/parks/etc.).	
III	Written & signed attestation: New address meets/exceeds merits of previous location.	
IV	Nevada Business Registration form and \$15 administrative fee. https://tax.nv.gov/uploadedFiles/taxnv.gov/Content/Forms/Nevada_Business_Registration(1).pdf	
V	Agent Cards current for owners, officers, board members. https://taxagentportal.nv.gov/	

Internal use only

Received by:	Received Date:
Jurisdiction check:	NBR submitted to Processing date:
TAS changed by:	Final Mailing List updated by: