



STEVE SISOLAK
Governor

STATE OF NEVADA CANNABIS COMPLIANCE BOARD

www.ccb.nv.gov
1550 College Parkway, Suite 142
Carson City, Nevada 89706
Phone: (775) 687-6299

Grant Sawyer Office Building, Suite 4200
555 E. Washington Avenue
Las Vegas, Nevada 89101

HON. MICHAEL DOUGLAS
Chair

TYLER KLIMAS
Executive Director

Cannabis Establishment (CE) Point of Contact Change Request Form

Point of Contact (POC) is the individual authorized to receive information regarding the licensee from the Cannabis Compliance Board (CCB). Change of Designee for Agent Cards requires a different form.

*Changes to the POC may be requested by the current POC, a majority owner or a combination of owners that constitute a majority on record with the CCB. Attach a photocopy of government-issued identification. **This form must be hand-signed. Electronic signatures will not be accepted.** Submissions may be e-mailed, however it is not recommended as e-mail may not be secure.*

CCBLicensing@ccb.nv.gov Hard copy submissions may be mailed to: Cannabis Compliance Board, Attn: Licensing P.O. Box 1948, Carson City, NV 89701

Cannabis Establishment ID #: _____ (Example: D026) TID # _____

Cannabis Establishment Official Name: _____

Current Point of Contact Name: _____ Title: _____

E-mail Address: _____ Phone: _____

New Point of Contact Name: _____ Title: _____

E-mail Address: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

I APPROVE CHANGING THE CURRENT PONT OF CONTACT TO THE NEW POINT OF CONTACT TO RECEIVE COMMUNICATION FROM THE CANNABIS COMPLIANCE BOARD & DISSEMINATE INFORMATION TO THE LICENSEE FOR REQUIRED ACTION

LICENSEE CURRENT POINT OF CONTACT NAME (PRINT): _____

SIGNATURE (hand-signed required): _____ DATE _____

If current POC is unavailable, majority owner /combination of owners constituting majority may request change:

1. NAME(Print): _____ SIGNATURE: _____ DATE _____

2. NAME(Print): _____ SIGNATURE: _____ DATE _____

3. NAME(Print): _____ SIGNATURE: _____ DATE _____

4. NAME(Print): _____ SIGNATURE: _____ DATE _____

☐ I have attached required government-issued ID for all persons signing document.

Internal use only

Received by:	Received Date:
Added to ListServ by:	Current/New POC Verified by:
POC in TAS Changed by:	Approved (Program Manager):
POC in FML Changed by:	Change date:

When complete, e-file and hard-copy file in appropriate establishment folder.