

**CANNABIS COMPLIANCE BOARD
STATE OF NEVADA**



STEVE SISOLAK
Governor

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

HON. MICHAEL DOUGLAS
Chair

TYLER KLIMAS
Executive Director

Notice of Transfer of Interest

Instructions: Complete the checklist and all required information. Incomplete applications will be returned. TRANSFEREE must complete SECTION I; TRANSFEROR must complete SECTIONS II AND III. Attach copies of all documents involved in the proposed transfer of interest, i.e., notes, agreements, corporate minutes, etc. (If additional space is necessary, attach a separate schedule.) The proposed transfer MAY NOT BE EFFECTED until approved by the Cannabis Compliance Board. The Board may request additional information. Questions: CCBLicensing@CCB.nv.gov.

Submission: E-mail documents to CCBLicensing@ccb.nv.gov. Hard copies or thumb drives may be mailed to: CCB Attn: Licensing
P.O. Box 1948, Carson City, NV 89701

Tab	Please include establishment ID, name and date of request on all documents.	✓
I	Complete Notice of Transfer of Interest documents in this packet. Current ownership percentages in Section III, Sub. 1, "Prior to Transfers" must match ownership percentages on record with the Board. Proposed ownership percentages in Section III, Sub 1, "Subsequent to Transfer" must total 100%.	
II	If one individual/entity has authority to legally act on behalf of all owners, include documentation signed by all owners authorizing transfer of authority to that one individual.	
III	Agent cards & background checks up to date for owners, officers and board members. Each officer and board member must have current agent cards. Owners with over 5% interest must have agent cards. Owners with less than 5% must have background checks within the past 5 years but do not need agent cards. For background checks, complete appropriate Agent Card Application pages. Application is available at https://aca-prod.accela.com/nvccb/	
IV	Original, notarized signatures of current and proposed owners.	
V	Organizational chart of new ownership structure including officers and board members. Ownership percentages must be specified in the organizational chart and equal 100 percent.	
VI	Proof that all business entity information matches registration with Nevada Secretary of State.	
VII	Ensure all transferors and transferees are in compliance with CCB and Department of Taxation rules and regulations, including but not limited to, returns, liabilities and debts.	
VIII	Nevada Business Registration form for each establishment making change. If fees are required, CCB agents will contact the entity (NRS372.125-372.135).	
IX	If changing point of contact, include form from www.ccb.nv.gov . If not, write N/A.	
X	Include a "No Monopoly Attestation Letter" drafted by the applicant and signed by all the proposed owners stating that the proposed transfer will not result in any one person, group or entity owning more than 10% of the marijuana establishments allocable in the jurisdiction	
XI	100% ownership transfers must include proof of \$250,000 liquid assets. If not, write N/A.	
XII	Include all legal contracts/agreements detailing ownership transaction(s).	

For Internal Use Only

Received by/date:	Approved: Yes / No
E-filed & hard copy in establishment folder: Yes/No	Approval/Denial date:
Inspection Required: Yes / No	CCB Agent Signature:

Section I: Transferee Information

INSTRUCTIONS: To be completed by Transferee. Include all establishment 20-digit license numbers to which this transfer applies. Attach multiple copies of this form if necessary.

20-Digit License/Certificate Number	Company Name Establishment	Code (example C901)

Check one:

<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Other
1. Name of Company:				
2. City/County business license numbers:				
3. Secretary of State business registration number:				
4. State business license number:				
5. Full name(s) of Transferee (to whom interest will transfer):				
6. Residence address:			Contact Phone:	
7. Percentage to be acquired:			No. of Shares/Units:	

Section II: Transferor Information

To Be Completed by Transferor

1. Full name of TRANSFEROR (from whom interest will transfer):	
2. Residence address:	Contact Phone:
3. Percentage to be transferred:	No. of Shares/Units:
4. Upon consummation of proposed Transfer of Interest, state your position and responsibilities:	
5. Briefly explain the reason for the transfer:	

Section III: Schedule of Ownership

1. List below the ownership of the licensed business as it is BEFORE and will be After the proposed Transfer of Interest is effected (if additional space is needed, please use a continuation page):

Prior to Transfer:

Name	% Held	No. of Shares/Units
TOTAL:		

Subsequent to Transfer:

Name	% Held	No. of Shares/Units
TOTAL:		

2. Total number of Shares Authorized: _____ Number of Shares Issued _____

Section IV: Notary

_____, being first duly sworn, depose and say:
(Printed name of TRANSFEREE)

I have read the foregoing document entitled NOTICE OF TRANSFER OF INTEREST and know the contents thereof, and that the information contained in this application is true of my own knowledge and information. I affirm and certify that I am legally authorized to act for and bind TRANSFEREE.

TRANSFEREE (Signature) Date

STATE OF _____

COUNTY OF _____

Subscribed and Sworn to before me this _____ day
of _____

Notary Public

_____, being first duly sworn, depose and say:
(Printed name of TRANSFEROR)

I have read the foregoing document entitled NOTICE OF TRANSFER OF INTEREST and know the contents thereof, and that the information contained in this application is true of my own knowledge and information. I affirm and certify that I am legally authorized to act for and bind TRANSFEROR.

TRANSFEROR (Signature) Date

STATE OF _____

COUNTY OF _____

Subscribed and Sworn to before me this _____ day
of _____

Notary Public