



CANNABIS COMPLIANCE BOARD STATE OF NEVADA

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

HON. MICHAEL DOUGLAS
Chair

STEVE SISOLAK
Governor

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

TYLER KLIMAS
Executive Director

License Renewal or Surrender (NCCR 5.095, NRS 678B.210; NRS 678B.250; NRS 678B.390)

INSTRUCTIONS: Please follow the steps below.

1. **Fees:** Make checks payable to State of Nevada. In the Memo section, write “Agency Code 270”. Do not include any reference to cannabis or marijuana on your payment or your payment may be returned. Send to the address below.

Renewal Type	Dispensary	Cultivation	Production	Laboratory	Distribution
Adult-use	\$6,600	\$10,000	\$3,300	\$5,000	\$5,000
Medical	\$5,000	\$1,000	\$1,000	\$3,000	N/A

Standard Mail	Express or Overnight Courier
CCB – Renewals P.O. Box 1948 Carson City, NV 89701	CCB-Renewals 1550 College Parkway, Suite 142 Carson City, NV 89706

2. **Letter of Good Standing:** This must include the Entity Name, Taxpayer Identification number (TID) and a statement that the tax account is in good standing. Request this letter from Brett Lundberg at the Nevada Department of Taxation, 702-486-6866, BLundberg@tax.state.nv.us.
3. **Application Submission:** Contacts identified by the establishment to receive notifications through Accela will receive a renewal notice 60-days prior to expiration. At that time, the establishment must submit their renewal through Accela. Upload the Letter of Good Standing, record of payment and this completed form in the “Documents” section of the application.

Date: _____ Point of Contact Name: _____

I respectfully request that the Cannabis Compliance Board:

_____ Accept the surrender of the license identified below.

_____ Renew the Cannabis Establishment License identified below.

Entity name: _____

Establishment ID: _____ License Number: _____

Signature: _____ Date: _____

I, _____ (**Name**), being first duly sworn, deposes and states as follows:

I am the current point of contact for the _____ (name of cannabis establishment) and am legally authorized to act for and bind said cannabis establishment.

I have read the foregoing License Renewal or Surrender and know the contents thereof. I hereby certify and affirm that all information contained in this form is true and correct and that this cannabis establishment hereby authorizes renewal or surrender to of the License as set forth above.

(Signature)

Date

STATE OF

ss. }

COUNTY OF

SUBSCRIBED AND SWORN to before me this day

of _____, _____.

Notary Public
