

**CANNABIS COMPLIANCE BOARD
STATE OF NEVADA**



STEVE SISOLAK
Governor

ccb.nv.gov
CARSON CITY OFFICE
1550 College Parkway, Suite 142
Carson City, Nevada 89706
Main Line: (775) 687-6299

LAS VEGAS OFFICE
700 East Warm Springs Road, Suite 100
Las Vegas, Nevada 89119

HON. MICHAEL DOUGLAS
Chair

TYLER KLIMAS
Executive Director

License Renewal Form

(NCCR 5.095; NRS 678B.210; NRS 678B.250; NRS 678B.390)

INSTRUCTIONS: Please follow the steps below.

- 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	\$6,600.00	\$10,000.00	\$3,300.00	\$5,000.00	\$5,000.00
Medical	\$5,000.00	\$1,000.00	\$1,000.00	\$3,000.00	N/A

Payment Options:

- Standard Mail: CCB – RENEWALS, P.O. Box 1948, Carson City, NV 89701
- Express Courier: CCB – RENEWALS, 1550 College Parkway, Ste. 142, Carson City, NV 89706
- ACH payment through your Accela Customer Portal account

- Letter of Good Standing:** The Letter of Good Standing must include the Entity Name, Taxpayer Identification Number (“TID #”), a statement that the tax account is in good standing, and the letter must be dated within two (2) months of the license’s expiration date. When requesting this letter from **Judy Herrera at the Department of Taxation, 702-486-2350, herrera@tax.state.nv.us**, provide her with the Entity Name and the entity TID #.
- 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, this completed, notarized form and record of payment in the “Documents” section of the application.

I request that the Cannabis Compliance Board (“CCB”) renew the Cannabis Establishment (“CE”) license identified below.

Entity Name: _____

CE ID #: _____ CE License Number: _____

Point of Contact Name: _____

Signature: _____ Date: _____

