



Cannabis Compliance Board
Cannabis Distributor
Temporary Storage Notice

For Dept. Use Only: TID _____
Request # _____
Location # _____
Assigned to: _____

Distributor Information	<i>Please provide all the information you have about the distributor.</i>
Legal Distributor Name:	_____
CE ID#:	_____
Distributor DBA Name:	_____
Contact Person:	_____
Address:	_____
City, State, Zip:	_____
Phone No:	_____ Additional Phone No: _____
Website:	_____
License No.:	_____

Storage Information	<i>Please provide details that you have of the incident, use additional sheet (page 2) if necessary.</i>
Please describe the unusual or extreme facts of the situation or condition that requires you to temporarily store product in your facility: _____	
Please specify the expected length of time the product will be stored: _____	
Initial Storage Start Date:	_____ End Date: _____
Establishment/Facility Storage Address: _____	

Location phone no.:	_____
Inventory of Product: (Type and Quantity)	_____

Please submit additional pages if needed.	

This request should be submitted through the facility's **AcclaAccount** as a notice.
These requests will not be processed via email for established accounts.
If you do not have an established account, you may email this form to **Auditinspections@ccbnv.gov**.

