



Cannabis Compliance Board

Cannabis Distributor

Temporary Storage Notice

For Dept. Use Only: TID _____

Request # _____

Location # _____

Assigned to: _____

Distributor Information

Please provide all the information you have about the distributor.

Legal Distributor Name: _____

CE ID#: _____

Distributor DBA Name: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Phone No: _____ Additional Phone No: _____

Website: _____

License No.: _____

Storage Information

Please provide details that you have of the incident, use additional sheet (page 2) if necessary.

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 **Accela Account** 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@ccb.nv.gov**.

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