

**CANNABIS COMPLIANCE BOARD
STATE OF NEVADA**



JOE LOMBARDO
Governor

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HON. MICHAEL DOUGLAS
Chair

TYLER KLIMAS
Executive Director

Cannabis Establishment (CE) Point of Contact Change Request Form

Point of Contact (POC) is the individual authorized to receive information regarding the licensee from the Nevada Cannabis Compliance Board (CCB). Change of Designee for Agent Cards requires a different form.

Changes to the POC may be requested by the current POC, a majority owner, or a combination of owners that constitute a majority on record with the CCB. Attach a photocopy of a government-issued identification.

This form must be hand-signed. Electronic signatures will not be accepted. Submissions may be e-mailed; however, it is not recommended as email may not be secure: CCBLicensing@ccb.nv.gov

Hard copy submissions may be mailed to:

Cannabis Compliance Board, Attn: Licensing, P.O. Box 1948, Carson City, NV 89701

Cannabis Establishment ID #(s): _____ (Exp: D026) License #(s): _____

Cannabis Establishment Official Name: _____

Current Point of Contact Name: _____ Title: _____

Email Address: _____ Phone: _____

New Point of Contact Name: _____ Title: _____

Email Address: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

I approve changing the current Point of Contact to the new Point of Contact to receive communication from the CCB and disseminate information to the licensee for required action.

Licensee Current Point of Contact Name (Print): _____

Signature (hand-signed required): _____ Date: _____

If current POC is unavailable, majority owner/combination of owners constituting majority may request change:

1. Name (Print): _____ Signature: _____ Date: _____

2. Name (Print): _____ Signature: _____ Date: _____

3. Name (Print): _____ Signature: _____ Date: _____

4. Name (Print): _____ Signature: _____ Date: _____

5. Name (Print): _____ Signature: _____ Date: _____

I have attached required government-issued ID for all persons signing document.