

Date:_____

STATE OF NEVADA CANNABIS COMPLIANCE BOARD

www.ccb.nv.gov

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

LAS VEGAS OFFICE 700 East Warm Springs Road Suite, 100 Las Vegas, Nevada 89119 ADRIANA GUZMÁN FRALICK Chair

TYLER KLIMAS

Executive Director

Cannabis Establishment (CE) Request to Dispense Edible Cannabis Products

CE ID Number(example: D901):_____

This request should be submitted through the facility's <u>Accela Account</u> as an amendment.

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 <u>AuditInspections@ccb.nv.gov</u>.

Dispensary Name:				
Dispensary Address:				
Person Requesting:_				
Email:				Phone:
Additional Information				
Proposed Supplier(s)	:			
			•	e sold or dispensed according to the applicable
law. The establishn with final certification letter at the dispens	nent may only dis n from the Cann ary/retail store a	stribute nabis Co nt all tin	e edible cannabis produc ompliance Board. The es mes for review upon requ	ets obtained from a production establishment tablishment must maintain this authorization uest.
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