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CANNABIS COMPLIANCE BOARD STATE OF NEVADA

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ADRIANA GUZMÁN FRALICK
Chair

TYLER KLIMAS
Executive Director

WAIVER APPLICATION FOR TRANSFER OF A PORTION OF OWNERSHIP INTEREST OF LESS THAN 5% (Pursuant to NRS 678B.380 and NCCR 5.112)

INSTRUCTIONS: This form MUST BE TYPEWRITTEN OR PRINTED LEGIBLY and submitted to the NEVADA CANNABIS COMPLIANCE BOARD (CCB) via email: CCBLicensing@ccb.nv.gov. The proposed transfer MAY NOT BE EFFECTIVE until approved by the CCB. LICENSEE must complete SECTIONS I, II, AND III. Attach copies of all documents involved for the proposed WAIVER, i.e., notes, agreements, corporate minutes, etc. (If additional space is necessary, attach a separate schedule.)

SECTION I

- Partnership
- Corporation
- Limited Liability Company
- Limited Partnership
- Public Entity
- Other: _____

1. Name of entity: _____
2. Establishment ID #s: _____
3. Person Submitting Request: _____
4. Email: _____ Contact Phone #: _____
5. Length of time WAIVER is requested: _____

SECTION II

1. Explanation as to why Board approval should be waived for a transfer of ownership interest of less than 5 percent:

SECTION III

- 1. List below all owners (Name/Address) of the licensed business s of the date of the Waiver Application (attach a spreadsheet, if additional space is needed):

SCHEDULE OF OWNERSHIP

Name / Address % Held No. of Shares/Units

Table with 3 columns: Name / Address, % Held, No. of Shares/Units. Contains 10 empty rows for data entry.

- 2. Total Number of Shares Number of Shares Issued: _____

I, _____ (Name), being first duly sworn, deposes and states as follows: I am the _____ (Title and Position) for the _____ (name of cannabis establishment) and am legally authorized to act for and bind said cannabis establishment. I have read the foregoing SCHEDULE OF OWNERSHIP and know the contents thereof. I hereby certify and affirm that all persons listed in Section III above who hold an ownership interest of less than 5% do not exert control or hold a position of authority over the cannabis establishment and any of the other persons who claim ownership in the cannabis establishment. I verify of my own personal knowledge that the statements contained in this Waiver Application are true and correct. I understand that the proposed waiver is not effective until approved by the CCB and, once approved, will be valid only for a time specified by the CCB. I further understand that the CCB may deny or rescind any previously approved waiver at its discretion.

(Signature) Date

STATE OF _____
ss.
COUNTY OF _____

SUBSCRIBED AND SWORN before me this day
of _____, _____.

Notary Public