



**CANNABIS COMPLIANCE BOARD  
STATE OF NEVADA**

Website: [ccb.nv.gov](http://ccb.nv.gov)  
Main Line: (775) 687-6299

**For Dept. Use Only:** TID \_\_\_\_\_

Request # \_\_\_\_\_

Location # \_\_\_\_\_

Assigned to: \_\_\_\_\_

**Cannabis Distributor Temporary Storage Notice**

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 [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](mailto:auditinspections@ccb.nv.gov).

