



CANNABIS COMPLIANCE BOARD
STATE OF NEVADA

Website: ccb.nv.gov
Main Line: (775) 687-6299

License Renewal Form

(NCCR 5.095; NRS 678B.210; NRS 678B.250; NRS 678B.390)

INSTRUCTIONS: Please follow the steps below.

- Fees:** Make checks payable to State of Nevada. In the Memo section, write “Agency Code 270”. Do not include any reference to “cannabis” or “marijuana” on your payment or your payment may be returned. Send to the address below.

Renewal Type	Dispensary	Cultivation	Production	Laboratory	Distribution
Adult-Use	\$6,600.00	\$10,000.00	\$3,300.00	\$5,000.00	\$5,000.00
Medical	\$5,000.00	\$1,000.00	\$1,000.00	\$3,000.00	N/A

Payment Options:

- Standard Mail: CCB – RENEWALS, P.O. Box 1948, Carson City, NV 89701
- Express Courier: CCB – RENEWALS, 1550 College Parkway, Ste. 142, Carson City, NV 89706
- ACH payment through your Accela Customer Portal account

- Letter of Good Standing:** The Letter of Good Standing must include the Entity Name, Taxpayer Identification Number (“TID #”), a statement that the tax account is in good standing, and the letter must be dated within two (2) months of the license’s expiration date. When requesting this letter from **the Department of Taxation, cannabisinquiries@tax.state.nv.us**, provide the Entity Name and the entity TID #.
- Application Submission:** Contacts identified by the establishment to receive notifications through Accela will receive a renewal notice 60 days prior to expiration. At that time, the establishment must submit their renewal through Accela. Upload the Letter of Good Standing, this completed, notarized form and record of payment in the “Documents” section of the application.

I request that the Cannabis Compliance Board (“CCB”) renew the Cannabis Establishment (“CE”) license identified below.

Entity Name: _____

CE ID #: _____ CE License Number: _____

Point of Contact Name: _____

Signature: _____ Date: _____



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I, _____ (Name), being first duly sworn, deposes and states as follows:

I am the current Point of Contact on record with the CCB for:

Cannabis Entity Name: _____

CE ID #: _____ CE 20-digit license #: _____

I am legally authorized to act for and bind said cannabis establishment.

I have read the foregoing License Renewal Form and know the contents thereof. I hereby certify and affirm that all information contained in this form is true and correct and that this cannabis establishment hereby authorizes renewal of the License as set forth above.

Signature

Date

STATE OF

ss.

COUNTY OF

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____

Notary Public