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

Waiver Application for Cannabis Agent Registration Card

Requirement for Ownership Interest of Less Than 5%

(Pursuant to NRS 678A.450 and NCCR 5.125)

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 waiver WILL NOT BE EFFECTIVE until approved by the CCB. LICENSEE must complete SECTIONs I, II, AND III. Attach copies of all documents involved in 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: | | | |
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| 1. | SECTION II Explanation as to why the Board approval should be waived for cannabis agent registration card requirements for ownership interest of less than 5 percent: | | | |
| 1. | SECTION II Explanation as to why the Board approval should be waived for cannabis agent registration card | | | |
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SECTION III

1. List below all owners (Name/Address) of less than 5 percent of the licensed cannabis establishment that the WAIVER will apply to:

| Name / Address | SCHEDULE OF OWNERSHIP | % Held | No. of Shares/Units |
|--|--|--|--|
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| Total Number of Shares Number If there are more than 15 owner | er of Shares Issued: rs of less than 5 percent, please provide the li | st in searchable | Excel format. |
| I have read the foregoing SCHE and affirm that all persons listed exert control or hold a position who claim ownership in the can statements contained in this Wa I understand that the proposed | (Name), being first duly sworn, deposes a (Title and Position) for the a legally authorized to act for and bind said can EDULE OF OWNERSHIP and know the cold in Section III above who hold an ownership of authority over the cannabis establishment anabis establishment. I verify of my own person over Application are true and correct. waiver is not effective until approved by the d by the CCB. I further understand that the Cts discretion. | ontents thereof. It is interest of less and any of the conal knowledge | ment. I hereby certify than 5% do no other persons that the approved, will |
| (Signature | | Date | |
| STATE OF | | | |
| COUNTY OF | SS. | | |
| SUBSCRIBED AND SWORN ber | | | |
| Notary Public | | | |