

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

## 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: <u>CCBLicensing@ccb.nv.gov</u>. 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	d:			

## **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	<u>SCHEDULE OF OWNERSHIP</u>	% Held	No. of Shares/Units
2. Total Number of Shares	s Number of Shares Issued:		
,	(Name), being first duly sworn, deposes an	nd states as follo	ows:
am the	(Title and Position) for the	1 1 1. 1	(name of
	d am legally authorized to act for and bind said can		
	CHEDULE OF OWNERSHIP and know the con listed in Section III above who hold an ownership		
	ition of authority over the cannabis establishment		
	e cannabis establishment. I verify of my own perso		
	s Waiver Application are true and correct.	inar hiro wreage	that the
	osed waiver is not effective until approved by the (	CCB and, once	approved, will
	cified by the CCB. I further understand that the C		
previously approved waive		5 5	5

previously approved waiver at its discretion.

(Signature)

STATE OF \_\_\_\_\_\_\_ss.

COUNTY OF \_\_\_\_\_

SUBSCRIBED AND SWORN before me this day

of \_\_\_\_\_, \_\_\_\_.

Notary Public

Date