



**CANNABIS COMPLIANCE BOARD**  
**STATE OF NEVADA**

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

**Application for Reinstatement of License**

**Instructions:** Pursuant to NCCR 4.100, this form must be completed by a cannabis establishment seeking to have its license reinstated subsequent to revocation. All sections must be completed. Additional information may be submitted on additional pages attached to this form. This form and supporting documents must be submitted for each license considered for reinstatement; multiple requests will not be considered on a single form. If additional space is needed to answer a question, please attach additional pages referencing the number of the response. Upon completion, the completed form and attachments must be submitted to:

*Email:* [CCBLicensing@ccb.nv.gov](mailto:CCBLicensing@ccb.nv.gov)

*Mail:* State of Nevada Cannabis Compliance Board, Attn: Agent Cards,  
P.O. Box 1948, Carson City, NV 89701

CCB staff may contact the point of contact for the requesting licensee to seek further clarification on the information provided and/or documents supporting this request. The CCB may require the requesting licensee to make an appearance before the CCB to answer further questions or provide additional information.

1. Name of requesting licensee:

2. Current address, email and telephone number of requesting licensee:

3. If the requesting licensee is represented by counsel, the name and contact information for the requesting licensee's attorney:

4. Name, address, email and telephone number of the requesting licensee's point of contact (this should be a single, natural person):

5. The name, contact information, and percentage of ownership of each person holding an ownership interest in the requesting licensee, with a designation of the percentage of ownership for each:



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- 6. License Number Prior to Revocation: \_\_\_\_\_
- 7. Type of License (medical or adult use): \_\_\_\_\_
- 8. Category of license (independent testing laboratory, cannabis cultivation facility, cannabis production facility, cannabis retail store, or cannabis distributor): \_\_\_\_\_
- 9. Date of Revocation: \_\_\_\_\_

10. Reason for Revocation (attach copies of the order of revocation and other pertinent documents regarding revocation):

11. Provide a narrative, with supporting documentation (including financial documents), demonstrating the licensee currently satisfies all the current requirements for the issuance of an initial license.

12. Provide a narrative, with supporting documentation, demonstrating the efforts and actions the licensee has undertaken to rehabilitate itself since the revocation.

13. Provide any additional information and/or supporting documents requesting licensee would like the CCB to consider in determining whether to grant this request for license reinstatement:



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The following statement must be executed under penalty of perjury by the majority owner, chairman of the Board, managing member, or other natural person authorized to act by the requesting licensee:

I, \_\_\_\_\_, have reviewed the foregoing Application for Reinstatement of License by \_\_\_\_\_ (requesting licensee). I declare that the statements contained herein and the attachments hereto are true and correct according to my own personal knowledge.

I further affirm and attest that this requesting licensee has not, during the period of revocation, violated any state or federal law relating to cannabis, and no criminal or civil action involving such a violation is pending against the requesting licensee; and that no other regulatory body has, during the period of revocation, taken disciplinary action against the requesting licensee, and no such disciplinary action is pending against the requesting licensee.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Executed on:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name and Title