CANNABIS COMPLIANCE BOARD
STATE OF NEVADA

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

Cannabis Establishment (CE) Point of Contact Change Request Form

Point of Contact (POC) is the individual authorized to receive information regarding the licensee from the Nevada Cannabis Compliance Board (CCB). Change of Designee for Agent Cards requires a different form. Changes to the POC may be requested by the current POC, a majority owner, or a combination of owners that constitute a majority on record with the CCB. Attach a photocopy of a government-issued identification. **This form must be hand-signed. Electronic signatures will not be accepted.** Submissions may be e-mailed; however, it is not recommended as email may not be secure: CCBLicensing@ccb.nv.gov.
Hard copy submissions may be mailed to:
Cannabis Compliance Board, Attn: Licensing, P.O. Box 20099, Carson City, NV 89721

If this POC change is in regard to a license or licenses for which a Transfer of Interest (TOI) has been submitted, **DO NOT** email the form and government issued identification to CCBLicensing@ccb.nv.gov. Rather, provide directly to the Compliance/Audit Investigator you are working with on the TOI.

Cannabis Establishment ID #(s):_____(Exp: D026) 20-Digit License #(s): _____

Cannabis Establishment Official Name: _____

Current Point of Contact Name: _____ Title: _____

Email Address: _____Phone: _____

New Point of Contact Name: _____ Title: _____

Email Address: _____Phone: _____

Mailing Address: _____ City:_____State: _____ Zip: _____

I approve changing the current Point of Contact to the new Point of Contact to receive communication from the CCB and disseminate information to the licensee for required action.

Licensee Current Point of Contact Name (Print): _____

Signature (hand-signed required):_____ Date:

If current POC is unavailable, majority owner/combination of owners constituting majority may request change:

1. Name (Print): _____ Signature: _____ Date: _____
2. Name (Print): _____ Signature: _____ Date: _____
3. Name (Print): _____ Signature: _____ Date: _____
4. Name (Print): _____ Signature: _____ Date: _____
5. Name (Print): _____ Signature: _____ Date: _____

☐ I have attached required government-issued ID for all persons signing document.