



Department of Business License

Instructions for Preliminary Review Form

for a Medical Marijuana Establishment

in Conjunction with an Application for a Special Use Permit

Prior to the filing of an application for a Special Use Permit for property located within unincorporated Clark County by the owner of property, the Owner or Operator of the proposed Medical Marijuana Establishment must complete the Preliminary Review Form and provide certain requested documents and information for preliminary review by the Department of Business License.

The following instructions are intended to aid the Owner or Operator of the proposed Medical Marijuana Establishment in completing the Preliminary Review Form and providing required information and documents.

The TWELVE (12) complete sets of the Preliminary Review Form and required information and documents MUST be submitted IN PERSON. If accepted, an Acknowledgement of Receipt with a control number will be issued by the Department to be filed with the application for a Special Use Permit. Preliminary Review Forms and required information and documents that are mailed to the Department will NOT be accepted and will be returned to the sender.

A separate submittal of TWELVE (12) complete sets of the Preliminary Review Form and required information and documents MUST be submitted for EACH medical marijuana establishment and for EACH type of medical marijuana establishment.

The Preliminary Review Forms and required information and documents will be accepted by the Department MONDAY through FRIDAY from 9:00 A.M. until 3:00 P.M. only.

If you have any questions please submit them to:

BLOutreach@clarkcountynv.gov

PRELIMINARY REVIEW FORM INSTRUCTIONS

1. Each Owner, Officer and Board Member of the proposed Medical Marijuana Establishment must submit a copy of their FBI Criminal History (Fingerprint) Background Report. **This may take several days to complete and obtaining the reports through an FBI-approved Channeler may reduce the processing time.** The County does not recommend or endorse any particular FBI-approved Channeler. Additional information regarding this process and a list of FBI-approved Channelers may be obtained at the following website: <http://www.fbi.gov/about-us/cjis/criminal-history-summary-checks>.
2. Complete the attached Preliminary Review Form, items 1 through 15, and provide any requested documents, statements or signed attestations. Please organize the documents and other attachments with numbered tabs that correspond to the numbered items requested in this Form to assist the review of information. Some numbered items may not require an attachment.
3. It is important that all documents that are required to be signed are signed by the appropriate person.
4. The attestation of the Preliminary Review Form on Page 5 must be signed by an Owner, Officer or Board Member who is authorized to sign for the proposed Medical Marijuana Establishment.
5. **TWELVE (12)** complete sets of the Preliminary Review Form and all required documents, statements and signed attestations must be submitted to the Department of Business License **no later than 3:00 PM on Tuesday, April 22, 2014**. Each complete set should include tabs that correspond to the numbered items that are listed on the Preliminary Review Form, including tabs for #16 and #17. **Double-sided printing is strongly encouraged and the individual sets of information and documents should be in standard three-ring loose-leaf binders and not be bound.**
6. Upon receipt of the TWELVE (12) copies of the Preliminary Review Form and all required documents, statements and signed attestations, the Department of Business License will issue an acknowledgement of receipt with a control number which acknowledgement of receipt is to be filed with the application for the Special Use Permit for the property location. Please retain this control number, because any required information submitted to the Department after April 22, 2014, **must** include the control number and name of the proposed medical marijuana establishment.

This acknowledgement of receipt should **NOT** be considered as verification that the Preliminary Review Form or the attachments are complete or accurate or that they have been reviewed. The Acknowledgement of Receipt merely provides evidence to be filed

with the application for a Special Use Permit that the Preliminary Review Form and attachments have been received by the Department of Business License.

7. **No later than May 9, 2014**, submit to the Department of Business License, **TWELVE (12)** copies of the recorded deed of ownership or long-term lease demonstrating property rights of operator(s) to the identified parcel and/or address of the proposed medical marijuana establishment and documentation of the right to use the property as a medical marijuana establishment.
8. **No later than May 9, 2014**, submit to the Department of Business License, **TWELVE (12)** copies of the FBI Criminal History (Fingerprint) Background Report for each Owner, Officer and Board Member of the proposed Medical Marijuana Establishment.

NOTICE: It is extremely important that the Preliminary Review Form be filled out completely and accurately and that all documents, statements and signed attestations be complete and accurate, as additions, deletions, revisions and corrections cannot be accepted once the Department of Business License receives the Preliminary Review Form along with the required information and documents, except for the submittals pursuant to #16 and #17 of the Preliminary Review Form.

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Department of Business License

PRELIMINARY REVIEW FORM

Required Information and Documentation for Preliminary Review for the Operation of a Medical Marijuana Establishment

in Conjunction with an Application for a Special Use Permit Pursuant to Chapter 30.16 of the Clark County Code

The Operator or Owner of a proposed Medical Marijuana Establishment that intends to operate such an Establishment on property located within unincorporated Clark County, which property is the intended subject of an application to Clark County Comprehensive Planning for a Special Use Permit, must submit the information and documents requested herein. All information and documentation must be submitted to the Department of Business License no later than 3:00 P.M. on April 22, 2014, in order to be considered.

IMPORTANT NOTICE: INFORMATION AND DOCUMENTATION REQUESTED FOR THIS PRELIMINARY REVIEW WILL BE ACCEPTED AS SUBMITTED AND, EXCEPT FOR THE SUBMITTALS FOR ITEMS #16 AND #17, NO AMENDMENTS, REVISIONS, ADDITIONS, OR DELETIONS WILL BE ACCEPTED OR CONSIDERED.

The following information and documents are required:

1. Type of medical marijuana establishment (check one):

- Independent Testing Laboratory
- Cultivation Facility _____ Number of square feet of cultivation area
- Facility for the Production of edible marijuana products or marijuana-infused products
- Medical Marijuana Dispensary

2. Legal name of the proposed medical marijuana establishment (as filed with the Nevada Secretary of State):

Fictitious Firm Name (D/B/A) (if applicable) (as filed with the Clark County Clerk's Office):

3. The type of business organization of the Owner or Operator of the proposed medical marijuana establishment (check one):

- Individual Corporation Partnership
- Limited Liability Company Association Cooperative
- Other business organization _____

(Description)

4. Nevada Secretary of State ID # _____

_____ Attach Articles of Incorporation, Articles of Organization, or Partnership or Joint Venture documents of the Owner or Operator of the proposed medical marijuana establishment.

_____ Attach any profit-sharing agreements made outside of the ownership structure.

5. The physical address where the proposed medical marijuana establishment will be located:

(Address) (City) (State) (Zip Code)

The physical address of any co-owned additional or otherwise associated medical marijuana establishments:

(Address) (City) (State) (Zip Code)

(Address) (City) (State) (Zip Code)

6. The name, mailing address, telephone number and electronic mail address of the Owner or Operator of the proposed medical marijuana establishment and, if applicable, the same information for the owner's/operator's designated representative:

(Name of Owner or Operator) ()
Telephone

(Address) (City) (State) (Zip Code)

(Electronic Mail Address)

(Name of Designated Representative) ()
Telephone

(Address) (City) (State) (Zip Code)

(Electronic Mail Address)

7. If Medical Marijuana Dispensary is checked in #1 above, enter the proposed hours of operation that the dispensary plans to be available to dispense medical marijuana to patients who hold valid registry identification cards or to the designated primary caregivers of such patients:

Proposed Operating Hours: _____ to _____ Day(s) of the Week
_____ to _____
_____ to _____
_____ to _____

8. _____ Attach documentation from a financial institution which demonstrates that the Owner or Operator of the proposed medical marijuana establishment has at least \$250,000 in liquid assets and the source of those liquid assets.

(Name of Financial Institution) (Address) (City) (State) (Zip Code)

9. _____ Attach evidence of the amount of taxes paid to, or other beneficial financial contributions made to, the State of Nevada or Clark County within the last five (5) years by the Owner or Operator or the persons who are proposed to be owners, officers or board members of the proposed medical marijuana establishment.

10. _____ Attach a description of the proposed organizational structure of the proposed medical marijuana establishment including, without limitation, the following:

- a. An organizational chart showing all owners, officers and board members of the medical marijuana establishment;
- b. A list of all owners, officers and board members of the medical marijuana establishment that contains the following information for each individual:
 - 1) Title of the individual;
 - 2) A short description of the role the individual will serve in for the organization and the responsibilities of the position of the individual;
 - 3) Whether the individual has in the past served or is currently serving as an owner, officer or board member for another medical marijuana establishment;
 - 4) Whether the individual has served as an owner, officer or board member for a medical marijuana establishment that has had its medical marijuana establishment registration certificate revoked;
 - 5) Whether the individual has previously had a medical marijuana establishment agent registration card revoked;
 - 6) Whether the individual is a physician currently providing written documentation for the issuance of registry identification cards;
 - 7) Whether the individual is a law enforcement officer;
 - 8) Whether the individual is currently an employee or contractor of Clark County; and
 - 9) Whether the individual has an ownership or financial investment interest in any other medical marijuana establishment.

11. _____ Attach for each owner, officer and board member of the proposed medical marijuana establishment:

- a. An attestation signed and dated by the owner, officer or board member that the owner, officer or board member has not been convicted of an excluded felony, as defined in N.R.S. 453A.104 (**USE THE FORM IN EXHIBIT A FOR EACH INDIVIDUAL OWNER, OFFICER AND BOARD MEMBER**);
- b. A narrative description, not to exceed 750 words, demonstrating:
 - 1) Past experience working with governmental agencies and highlighting past community involvement;
 - 2) Any previous experience at operating other businesses or non-profit organizations; and
 - 3) Any demonstrated knowledge or expertise with respect to the compassionate use of marijuana to treat medical conditions; and
- c. A resume.

12. _____ Attach a business plan of the proposed medical marijuana establishment.
13. _____ Attach financial statements and budgetary documentation showing the resources of the owner or operator and the ability to cover all expenses and costs of the first year of operation.
14. _____ Provide the following information or attach the following documents:
 - a. A list of all ownership interest in the proposed medical marijuana establishment showing name of owner and percent interest owned that totals 100%.
 - b. The site plan and rendering of the proposed medical marijuana establishment signed by the preparer(s);
 - c. List of license numbers for all business licenses issued within the last five (5) years by the Clark County Department of Business License to any owner, operator or board member of the proposed medical marijuana establishment; and
 - d. A description of the proposed operational team of the proposed medical marijuana establishment and a narrative, not to exceed 2,500 words, describing the knowledge and expertise of the team and past experience.
15. _____ Complete the attached Statements of Disclaimer by reading, initialing each statement and signing the Statements of Disclaimer. This must be signed by an Owner, Officer or Board Member of the proposed Medical Marijuana Establishment having the authority to sign for such Medical Marijuana Establishment.
16. _____ Submit **TWELVE (12)** copies of the recorded deed of ownership or long-term lease demonstrating property rights of operator(s) to the identified parcel and/or address of the proposed medical marijuana establishment and documentation of the right to use the property as a medical marijuana establishment. **(MUST BE SUBMITTED TO THE DEPARTMENT OF BUSINESS LICENSE NO LATER THAN 3:00 PM ON MAY 9, 2014 AND INCLUDE THE CONTROL NUMBER THAT WAS ISSUED BY THE DEPARTMENT AT THE TIME THE PRELIMINARY REVIEW FORMS AND REQUIRED INFORMATION AND DOCUMENTS WERE SUBMITTED.)**
17. _____ Submit, for each owner, officer, board member and manager of the proposed medical marijuana establishment, **TWELVE (12)** copies of their FBI Criminal History (Fingerprint) Background report. **(MUST BE SUBMITTED TO THE DEPARTMENT OF BUSINESS LICENSE NO LATER THAN 3:00 PM ON MAY 9, 2014 AND INCLUDE THE CONTROL NUMBER THAT WAS ISSUED BY THE DEPARTMENT AT THE TIME THE PRELIMINARY REVIEW FORMS AND REQUIRED INFORMATION AND DOCUMENTS WERE SUBMITTED.)**

For more information on how to obtain an FBI Criminal History (Fingerprint) Background report from the FBI or an FBI-approved Channeler go to the following website:

<http://www.fbi.gov/about-us/cjis/criminal-history-summary-checks>.

I, _____, hereby attest that the information provided and the
(Print Name)

documents submitted are true, accurate and complete to the best of my knowledge and that I am authorized to sign for the proposed medical marijuana establishment and I understand that any falsification, omission, or concealment of a material fact may be cause for disqualification from consideration for the proposed medical marijuana establishment.

(Signature) (Title) (Date)
(Must be signed by an Owner, Officer or Board Member of the proposed Medical Marijuana Establishment)

State of _____
County of _____

Signed and sworn to before me on (date) _____

by (name of person making statement) _____

(Notary Stamp)

(Signature of notarial officer)

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**DEPARTMENT OF BUSINESS LICENSE
STATEMENTS OF DISCLAIMER
PRELIMINARY REVIEW FORM – ITEM #15**

Initial each disclaimer and sign this document.

_____ I have read and I understand the above statement. I further acknowledge that I have obtained and examined a copy of Title 30 Development Code, as it pertains to Medical Marijuana Establishments, including Ordinance #4193 adopted by the Board of County Commissioners on March 19, 2014.

_____ I hereby authorize the release of any and all information of a confidential or privileged nature submitted to satisfy the requirements of this preliminary review, to Clark County Business License, the Clark County Commission, Metropolitan Police Department and the Division of Public and Behavioral Health of the Nevada Department of Health and Human Services and the agents of each respective entity.

_____ I hereby release Clark County, its officers, elected officials, employees, attorneys, and agents from any liability or damage which may result from furnishing the information requested.

_____ I further certify the facts contained within this Preliminary Review Form and accompanying documents are true and correct and I understand that any falsification, misrepresentation or deliberate omission will affect this preliminary review.

_____ I understand and acknowledge that this preliminary review shall in no way permit any activity contrary to Clark County Code or any activity which is in violation of any applicable state laws.

_____ I understand that the owners, operators and employees of the medical marijuana establishment may be subject to prosecution under federal marijuana laws.

_____ I understand that the County accepts no legal liability in connection with the approval and subsequent operation of the proposed medical marijuana establishment.

_____ I understand that by submitting this Preliminary Review Form and attached documents pursuant to Title 30 of the Clark County Code, the Owners and Operators of the proposed medical marijuana establishment agree to release the County, its officers, elected officials, employees, attorneys, and agents from any liability for injuries, damages, or liabilities of any kind that result from any arrest or prosecution of establishment owners, operators, employees, clients or customers for a violation of state or federal laws, rules or regulations.

_____ I understand that by submitting this Preliminary Review Form and attached documents pursuant to Title 30 of the Clark County Code, the Owners and Operators of the proposed medical marijuana establishment, jointly and severally if more than one, agree to indemnify and defend the County, its officers, elected officials, employees, attorneys, agents, insurers, and self-insurance pool against all liability, claims, and demands, on account of injury, loss, or damage, including, without limitation, claims arising from bodily injury, personal injury, sickness, disease, death, property loss or damage, or any other loss of any kind whatsoever, which arise out of or are in any manner connected with the operation of the medical marijuana establishment that is the subject of this preliminary review. The Owners and Operators of the proposed medical marijuana establishment further agree to investigate, handle, respond to, and to provide defense for and defend against, any such liability, claims, or demands at its expense, and to bear all other costs and expenses related thereto, including court costs and attorney fees.

_____ I certify that I understand that this preliminary review for a medical marijuana establishment in conjunction with a land use application for a special use permit does not confer any right or approve an Owner or Officer of a proposed medical marijuana establishment to operate such an establishment.

_____ I certify that I understand that the Clark County Business License preliminary review is in conjunction with the special use permit requirement pursuant to Title 30 and it does not preclude an owner of the proposed medical marijuana establishment from applying with the Nevada Department of Health and Human Services for a certificate pursuant to NRS 453A, nor does this Business License preliminary review or land use permit guarantee that the State will grant a medical marijuana establishment registration certificate or that Clark County will issue a business license to the owner of the proposed medical marijuana establishment.

Print or Type Name

(Signature) (Title) (Date)
(Must be signed by an Owner, Officer or Board Member of the proposed Medical Marijuana Establishment having the authority to sign for such Medical Marijuana Establishment)



PRELIMINARY REVIEW FORM - EXHIBIT A

**CLARK COUNTY DEPARTMENT OF BUSINESS LICENSE
ATTESTATION REGARDING EXCLUDED FELONY OFFENSES
OWNERS, OFFICERS AND BOARD MEMBERS OF THE
PROPOSED MEDICAL MARIJUANA ESTABLISHMENT**

This form must be completed and signed by each Owner, Officer and Board Member of the proposed Medical Marijuana Establishment and attached for Item #11A of the Preliminary Review Form.

I, _____ hereby attest that I have not been convicted of any
(Print Name)

excluded felony offenses as defined in NRS 453A.104 (see below) and I understand that any falsification, omission, or concealment of a material fact may be cause for disqualification from consideration for the proposed medical marijuana establishment.

(Signature)

(Title)

(Date)

NRS 453A.104 "Excluded felony offense" defined. [Effective April 1, 2014.]

1. "Excluded felony offense" means:

- (a) A crime of violence; or
- (b) A violation of a state or federal law pertaining to controlled substances, if the law was punishable as a felony in the jurisdiction where the person was convicted.

2. The term does not include:

- (a) A criminal offense for which the sentence, including any term of probation, incarceration or supervised release, was completed more than 10 years before; or
- (b) An offense involving conduct that would be immune from arrest, prosecution or penalty pursuant to [NRS 453A.320](#) to [453A.370](#), inclusive, except that the conduct occurred before April 1, 2014, or was prosecuted by an authority other than the State of Nevada.

(Added to NRS by [2013, 3701](#), effective April 1, 2014)