



**Department of Business License
MEDICAL MARIJUANA ESTABLISHMENT
OWNERSHIP DISCLOSURE FORM**

Clark County Business License requires the disclosure of each individual owner of every business entity with an ownership interest in the Medical Marijuana Establishment.

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

Fictitious Firm Name (DBA, if applicable, as filed with the Clark County Clerk's Office):

Address of the Proposed Medical Marijuana Establishment:

Disclosure of Ownership of Medical Marijuana Establishment:

Business entities must list the names of all individual persons holding any ownership or financial interest for each business entity or having an ownership interest in the Medical Marijuana Establishment. "Business entities" include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations. Publicly traded corporations shall list all Corporate Officers and Board of Directors in lieu of disclosing the names of individuals with ownership or financial interest.

Please use the attached form to provide the requested information. **If a business entity is listed as an owner, please use a separate copy of the attached sheet to list all the individual owners of that business entity.** Continue using additional copies of the attached sheet for each business entity listed until each individual person is disclosed for every business entity.

I certify under penalty of perjury, that all of the information provided herein is current, complete and accurate. I also understand that the Board will not take any action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

Signature/Capacity

Print Name

Date

