

CLARK COUNTY DEPARTMENT OF COMPREHENSIVE PLANNING

OWNERSHIP/APPLICANT DISCLOSURE FORM

Application # _____

Individual

Type of Business: Partnership Limited Liability Company Corporation Trust Other

Business Name (include d.b.a., if applicable): _____

Address: _____

Telephone: _____

Disclosure of Ownership:

Except as noted below, business entities must list the names of individuals holding more than five percent (5%) ownership or financial interest in the business entity appearing before the Board. "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. **The disclosure requirement, as applied to land-use transactions, extends to the applicant and the landowner.**

Medical Marijuana Establishments:

In addition to the requirements above, the Medical Marijuana Establishment business owner as well as all individuals (regardless of ownership percentage) appearing before the Board of County Commissioners shall be listed below.

Full Name	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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