



# MEDICAL MARIJUANA ESTABLISHMENT LAND USE APPLICATION

## CLARK COUNTY COMPREHENSIVE PLANNING DEPARTMENT

SEE SUBMITTAL REQUIREMENTS ON REVERSE FOR MORE INFORMATION

<b>APPLICATION TYPE</b>  <input type="checkbox"/> USE PERMIT MEDICAL MARIJUANA ESTABLISHMENT (MME)  <input type="checkbox"/> CULTIVATION FACILITY  <input type="checkbox"/> DISPENSARY  <input type="checkbox"/> INDEPENDENT TESTING LABORATORY  <input type="checkbox"/> PRODUCTION FACILITY  <input type="checkbox"/> EXTENSION OF TIME (ET)  _____ (ORIGINAL APPLICATION #)	<b>STAFF</b>	DATE FILED: _____ APP. NUMBER: _____ PLANNER ASSIGNED: _____ BCC MEETING DATE: _____ ACCEPTED BY: _____ ZONE / AE / RNP: _____ FEE: _____ PLANNED LAND USE: _____ CHECK #: _____ NOTIFICATION RADIUS: _____ COMMISSIONER: _____ TRAILS? Y / N PFNA? Y / N OVERLAY(S)? _____ NOTES: _____
		<b>PROPERTY OWNER</b>

<b>BUSINESS OWNER</b>	NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: _____ FAX: _____ CELL: _____ E-MAIL: _____
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<b>CORRESPONDENT</b>	NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: _____ FAX: _____ CELL: _____ E-MAIL: _____
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ASSESSOR'S PARCEL NUMBER(S): \_\_\_\_\_

PROPERTY ADDRESS and/or CROSS STREETS: \_\_\_\_\_

PROJECT DESCRIPTION: \_\_\_\_\_

(I, We) the undersigned swear and say that (I am, We are) the owner(s) of record on the Tax Rolls of the property involved in this application, or (am, are) otherwise qualified to initiate this application under Clark County Code; that the information on the attached legal description, all plans, and drawings attached hereto, and all the statements and answers contained herein are in all respects true and correct to the best of my knowledge and belief, and the undersigned understands that this application must be complete and accurate before a hearing can be conducted. (I, We) also authorize the Clark County Comprehensive Planning Department, or its designee, to enter the premises and to install any required signs on said property for the purpose of advising the public of the proposed application.

\_\_\_\_\_  
Property Owner (Signature)\*

\_\_\_\_\_  
Property Owner (Print)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME ON \_\_\_\_\_ (DATE)

By \_\_\_\_\_

NOTARY PUBLIC: \_\_\_\_\_

\*NOTE: Corporate declaration of authority (or equivalent), power of attorney, or signature documentation is required if the applicant and/or property owner is a corporation, partnership, trust, or provides signature in a representative capacity.

# Medical Marijuana Establishment Submittal Requirements

<ul style="list-style-type: none"> <li>Refer to Title 30 for more information</li> <li>Numbers represent the required copies</li> <li>These are the official requirements per the Zoning Administrator but additional requirements may apply</li> </ul>	Application <sup>A</sup>	Disclosure Form <sup>A</sup>	Fire Permit Survey Form <sup>A</sup>	Assessor's Map <sup>B</sup>	Deed <sup>C</sup>	Legal Description	Justification Letter	Site Plans <sup>N</sup>	Floor Plans <sup>N</sup>	Elevations <sup>N</sup>	Business License Dept. Verification <sup>F</sup>	Crime Report <sup>G</sup>	Security Plan <sup>H</sup>	Transportation Plan <sup>I</sup>	Location Analysis <sup>J</sup>	Certified Evidence of Separation <sup>M, N</sup>	Fees <sup>O</sup>	
	<b>Use Permit</b> <sup>D, E, K, L</sup>	1	1	1	2	1	2	3	3	2	2	1	1	1	1	1	1	✓
	<b>Extension of Time</b> <sup>D, E, K, L</sup>	1	1	1		1		3				1	1	1	1	1	1	✓

**FOOTNOTES:**

- A. Forms available from the Comprehensive Planning Department online or in person.
- B. Available from the Assessor's Office online or in person.
- C. Deeds recorded 9/15/1999 to present are available from the Assessor's Office online. Deeds without a watermark or recorded prior to 9/15/1999 are available from the Recorder's Office in person or online for a fee.
- D. Appointment required. All applications for Medical Marijuana Establishments shall be considered at a single public hearing held by the Board. Upon direction of the Board, the Zoning Administrator shall schedule the public hearing date to consider Medical Marijuana Establishment applications and set a filing period of not less than 14 calendar days.
- E. Applications for Dispensaries shall not be accepted if the maximum number of Dispensaries permitted by NRS Chapter 453A have been approved by the Board and remain active.
- F. Written verification from the Business License Department that the Medical Marijuana Establishment business owner has submitted the required forms and documents to the Business License Department to conduct a review for the proposed use.
- G. A crime report that analyzes the area within a 1 mile radius from the Medical Marijuana Establishment for a period of approximately 60 days prior to the date of the application.
- H. A security plan that addresses patron and employee safety and product and building security. The security plan will be kept confidential.
- I. A transportation plan that addresses the secure transport of medical marijuana from seed to sale. The transportation plan will be kept confidential.
- J. A location analysis that indicates whether the proposed location is proximately located to medical offices, pharmacies, neighborhood services or similar facilities, including by way of public transportation, such that patrons of a Dispensary may conveniently access other facilities serving their medical needs.
- K. Any special use permit approved by the Board shall be specific to the Medical Marijuana Establishment business owner. A new special use permit shall be required when there is a change in the Medical Marijuana Establishment business owner.
- L. Additional submittal requirements may be needed for projects within the Overlay Districts per 30.48.
- M. Evidence certified by a professional land surveyor licensed in the State of Nevada that demonstrates conformity with the separation requirements.
- N. All plans or maps must be accurate and drawn to scale. Please fold plans for submittal (rolled plans will not be accepted).
- O. See Table 30.16-4. Each Medical Marijuana Establishment requires a separate filing fee. Exact payment only in the form of cash, check, or money order. Make payable to "Clark County". Additional notice fees may be required after submittal.

**CLARK COUNTY COMPREHENSIVE PLANNING**  
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[www.ClarkCountyNV.gov](http://www.ClarkCountyNV.gov)