



Department of Business License

VINCENT V. QUEANO
DIRECTOR

500 SOUTH GRAND CENTRAL PKY, 3RD FLOOR
BOX 551810

LAS VEGAS, NEVADA 89155-1810

<http://www.clarkcountynv.gov/businesslicense>

Instructions for Cannabis Business License Applications

The Department is accepting applications for cannabis establishments. Cannabis establishments include Cannabis Stores, Cultivation and Production Facilities, Cannabis Testing Facilities and Cannabis Distributors.

Applicants for Cannabis Stores, Cultivation and Production Facilities and Cannabis Testing Facilities must have a valid license from the State of Nevada Cannabis Compliance Board and approval from the Clark County Department of Comprehensive Planning. Cannabis Distribution licenses need a valid State of Nevada Cannabis Compliance Board Distribution license.

The following instructions are intended to aid the Owner or Operator of the proposed Cannabis Establishment in completing the Application Form and providing required information and documents. Only one submittal of the Application Form and required information is required for all Cannabis Establishments are located at the same location in the County and have the exact same ownership.

Upon receipt of the application and information required and the required fees, the Department of Business License will begin processing your application by entering data into our system and requesting a review by the Current Planning Division (Zoning) for verification that a Special Use Permit has been approved for the location of the proposed Cannabis Establishment and the status of any conditions placed on the permit.

Once all public safety inspections have been performed and the applicable agencies have signed off that the applicant is in compliance with the Code and regulation, the Department will schedule a Code Conference with the applicant to review the requirements and provisions of the County Code that may affect the applicant and the operations of the cannabis establishment. At the Code Conference, the applicant must provide the Business Plan for the Cannabis Establishment for review by the Department. The Business Plan will not be retained by the Department. If you have any questions, please submit them to: CHAP@ClarkCountyNV.gov.

NOTICE: No business may be conducted until a Clark County Business License has been approved and issued by the Department.

FEES

Application Fee for Cannabis Establishment	\$1,500.00
Cannabis Distribution	\$250.00
Additional line of service	\$500.00

Example: Retail cannabis store, retail cannabis cultivation facility and a retail cannabis product manufacturing facility at the same location with the same ownership, the application fee will be \$2,500 (\$1,500.00+\$500.00+\$500.00)

Cannabis Establishment Business License Checklist

Please provide copies of all documents upon submission

APPLICATION PACKET

- ☐ **ZONING (DETERMINE JURISDICTION AND LAND USE)**
To confirm if the business address is located within the unincorporated Clark County jurisdiction, the type of business activities permitted by zoning district, and for information regarding online land use application submittals; please visit <https://www.clarkcountynv.gov/comprehensive-planning/Pages/forms.aspx> or contact a planner at zoning@clarkcountynv.gov
Telephone: (702) 455-4314. *Provide copy of Special Use Permit Approval*
- ☐ **REGISTER/OBTAIN WITH THE NEVADA SECRETARY OF STATE:**
If you are a corporation, limited liability company, limited partnership, or limited-liability partnership, you must file (register) with the Nevada Secretary of State.
Please visit the [Nevada Secretary of State's](https://www.nvsecretaryofstate.gov) website for more information. You may apply online at nvsilverflume.gov, or apply in person at the Secretary of State located at 2250 N. Las Vegas Blvd, Suite 400 North Las Vegas, NV 89030. Telephone: (702) 486-2880
- ☐ **PROVIDE OPERATING AGREEMENT**
- ☐ **NEVADA DEPARTMENT OF TAXATION:**
You can now register online by visiting the [Nevada Department of Taxation](https://www.nvtax.com) website or apply online at nvsilverflume.gov.
Nevada Department of Taxation (1st Floor), located at 555 E. Washington Las Vegas, NV 89101. Telephone: (702) 486-2300
- ☐ **CLARK COUNTY CLERKS OFFICE**
REGISTER YOUR BUSINESS NAME (DBA): Businesses operating under a fictitious firm/doing business as (any name other than the business owner's legal name or the entity name registered with the Nevada Secretary of State) must file for a Fictitious Firm Name certificate with the [Clark County Clerk's](https://www.clarkcountynv.gov) Office. Telephone: (702) 455-4431.
- ☐ **COMPLETE CLARK COUNTY APPLICATION**
Please list any business affiliations with other Cannabis Establishments for each entity involved.
- ☐ **PROVIDE A LETTER OF AUTHORIZATION OR POWER OF ATTORNEY IF APPLYING ON BEHALF OF AN APPLICANT(S)**
- ☐ **PHYSICAL LOCATION REQUIRED: Proof of right to the business location.**
Complete copy of executed lease and the *Permitted Use* (type of category applied for/business activities) and signed by all parties. Ensure unit or suite number is listed. If applying as an LLC/Corp; Lessee must be listed in the entity name OR if Sole Proprietor/Individual(s), lessee must be listed in applicant(s) name.
 - *Subleasing: Include Master Lease; include a formal sublease and ensure all three signatures for approval are signed by all parties.*
 - *Landlord owner of property: Provide deed to the property if owned by license holder. A lease agreement will be required if deed/landlord/owner is leasing to their business as license holder in another entity name.*
- ☐ **CLARK COUNTY DEPARTMENT OF ENVIRONMENT AND SUSTAINABILITY (AIR QUALITY)**
Provide a completed Odor Control Plan certified by an industrial hygienist or professional engineer. The Odor Control Plan will be submitted to the Clark County Department of Environment and Sustainability. See the attached Odor Control Plan Template for information
For information, please visit https://www.clarkcountynv.gov/government/departments/environment_and_sustainability/index.php
Scott Jelinek, Air Quality Supervisor; (702) 455-1680; Jelinek@clarkcountynv.gov
- ☐ **STATE OF NEVADA CANNABIS COMPLIANCE BOARD**
Provide proof of applying with [State of Nevada Cannabis Board](https://www.nvcannabisboard.com)-Copy of application, receipt or approval letter for cannabis licensure.
- ☐ **PROVIDE DETAILED ORGANIZATIONAL FLOWCHART (Please provide a legible organizational chart)**
List officer(s) with percentages and titles
- ☐ **PROVIDE COPIES OF COMPLETED CLARK COUNTY OWNERSHIP DISCLOSURE FORMS**
Submission disclosing all individuals with ownership interests, listing percentages is required. Please start with license holder, use multiple Owner Disclosure sheets for each entity and list all officer(s)/ entities with percentages to equal 100%. Each entity should have a separate sheet. Note: The information should mirror the Organization Flowchart.
- ☐ **PROVIDE COPY OF PURCHASE AGREEMENT/TRANSFER OF INTEREST (applicable if purchased from another party)**
All applicants, as applicable, must obtain the Purchase agreement/Transfer of Interest agreement, confirmation of the sources of funds used to finance the purchase, expenses associated with the transfer of interest and the Annual/Quarterly/Significant Event filings of the Publicly Traded Company.
- ☐ **BACKGROUND INVESTIGATION**
Provide an FBI background check for any and all applicants for whom one has not already been conducted. State of Nevada Cannabis Agent card or temporary card may be used in lieu of an FBI background.

FINANCIAL PACKET

- ☐ **PRIVILEGED & REGULATED LICENSE FINANCIAL QUESTIONNAIRE PACKET (PRFQ)**
Complete the packet in black ink and initial each page
 - *Section 1 must be completed for the Cannabis Establishment related to this application*
 - *Section 2 must be completed for each individual owner, officer, or board member with an ownership percentage of 10% or higher, as well as other individuals as requested by the Department.*
 - *Section 3 is only required to be completed if a separate entity (non-individual) or business contributed capital for the business.*
- ☐ 1 Complete copy of owners last 3 years personal tax returns (both personal and business taxes for each owner)
- ☐ 1 Complete copy of Business last 3 months bank statements, all pages including blank pages (both personal and business accounts for each owner)



togetherforbetter

CLARK COUNTY BUSINESS LICENSE APPLICATION

500 S Grand Central Pkwy, 3rd Floor, Las Vegas NV 89155-1810

(702) 455-4252 • Toll Free: (800) 328-4813 • Fax (702) 386-2168

<http://www.clarkcountynv.gov/businesslicense>

Please be advised that the information provided may be subject to public records disclosure and will appear on the Business License public website & Public Information reports.

Use **BLACK INK** only! Any incomplete, illegible or altered applications will not be accepted for processing.

A	BUSINESS INFORMATION		Fictitious Firm Name		Classification or Category		
	Business Name:		Doing Business As:		NAICS Code:		
B	BUSINESS OWNERSHIP must total 100%. List all business owners and/or officers (Attach additional pages as needed).						
	Type of Business Ownership (Please select one)		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership				
	Name and Address of Business Owner(s), Officer(s)/Director(s), or Member(s)/Manager(s)		Name: Last, First, MI, or Corporation/LLC		Title		
			Address Line 1		Address Line 2		
			City	State	Zip	% Owned	
	Name and Address of Business Owner(s), Officer(s)/Director(s), or Member(s)/Manager(s) (Attach additional pages as needed)		Name: Last, First, MI, or Corporation/LLC		Title		
			Address Line 1		Address Line 2		
			City	State	Zip	% Owned	
	C	BUSINESS BASICS and CONTACT INFORMATION					
		Business Location		Location Address Line 1		Location Address Line 2	
City				State	Zip Code	Country	
Email Address				Business Phone No.	Business Fax No.		
Mailing Address (If same as location, please indicate "location")		Mailing Address Line 1		Mailing Address Line 2			
		City	State	Zip Code	Country		
		Authorized Contact Info		Authorized Contact Last Name	Authorized Contact First Name	Auth. Contact MI	
		Email address	Primary Phone		Cell Phone		
Business Location Information		<input type="checkbox"/> Owned (If owned proceed to "Describe all business activity" at the top of the next page) <input type="checkbox"/> Leased (If leased please provide the following information for our records)					
		Lessor Name (Last, First, MI or Company Name)			Lessor Phone		
		Lessor Address Line 1		Lessor Address Line 2			
		City	State	Zip Code	Country		

C	Describe all Business Activity:		
	Date of purchase of business:		
	Have you complied with the provisions of NRS 244.33505 Industrial Insurance? (Please check with your worker's compensation carrier for additional information)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have you purchased a business currently operating in Clark County? Are you requesting a Temporary License?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	IF YOU PURCHASED THIS BUSINESS AND IT IS CURRENTLY OPERATING, COMPLETE THIS SECTION		
	Date Business Purchased:	Clark County Business License No.:	Owners Name:
		Number of Employees:	Square Footage of Premises:
	Does this business require a Professional or Occupational License issued by a State Board? (For example: Cosmetology, Medical or Massage Board; Real Estate or NV Financial Division) If your answer is "Yes" please provide Name of Board:		<input type="checkbox"/> Yes <input type="checkbox"/> No
	D	BUSINESS QUESTIONS	
Have you registered with the Nevada Secretary of State?		<input type="checkbox"/> Yes <input type="checkbox"/> No	NV Business ID (required)
	I certify the information provided herein and attached is true and accurate to the best of my knowledge. I understand that providing false, misleading or fraudulent statements on this application or supporting documentation may be grounds for denial of this license or later revocation, suspension or non-renewal.		
	Signature:	Print Name:	Date:



Department of Business License

CANNABIS ESTABLISHMENT OWNERSHIP DISCLOSURE FORM

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

Clark County Business License Number (if applicable) _____

Legal Entity name of the license holder for cannabis establishment (as filed with the Nevada Secretary of State):

Nevada Secretary of State License Number: _____

Address of the Cannabis Establishment:

Type of Cannabis Establishment:

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

District: _____

Disclosure of Ownership of the Cannabis 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 a Cannabis 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

ADDING ENTITIES/OWNER(S)

Legal Entity Name:

*Please start with license holder and use multiple Owner Disclosure sheets for each entity and list all officer(s)/entities with percentages to equal 100%. Each entity should have a separate sheet to correspond with the organizational chart. **If adding an entity or officer(s), mark "X".***

Address of Cannabis Establishment:

[illegible]

REMOVAL OF ENTITIES/OWNER(S) (If APPLICABLE)

Legal Entity Name:

Please start with license holder and use multiple Owner Disclosure sheets for each entity and list all officer(s)/entities with percentages to equal 100%. Each entity should have a separate sheet to correspond with the organizational chart. **If removing an entity or officer(s), mark "X".**

Address of Cannabis Establishment:

[illegible]



CLARK COUNTY DEPARTMENT OF BUSINESS LICENSE

Privileged & Regulated License Financial Questionnaire

The purpose of this questionnaire is to guide you through the process of disclosing all financial history information required by law in titles 2 through 8 of the Clark County Code. Pursuant to Clark County Code, each applicant for a privileged business license and certain applicants for a regulated business license are required to disclose personal and business financial information. Applicable Clark County Codes include, but are not limited to, the following:

CCC 2.03.020, in part, *...The responsibilities of the department shall be to: ... Investigate or refer applicants for regulated and privileged licenses to the LVMPD or other investigating authority...*

CCC 8.20.010, in part, *It is found and declared that the public health, safety, morals and welfare of the inhabitants of the county ..., require the regulation and control of all persons engaged in, associated with, or in control of, the business of liquor sales...*

This financial questionnaire is divided into three sections. Instructions for completing the questionnaire are located at the beginning of each section. Each subsection includes further guidance as necessary to assist you in responding to the questions therein. The three main sections are as follows:

1. Business Information

- This section covers the business applying for licensure.

2. Individual Applicants (owners/investors)

- This section covers individual owners/investors that are engaged in, associated with or in control of the business applying for licensure. Each individual required to submit an application for determination of suitability must complete section two.

3. Parent/Holding/Outside Company (if applicable)

- This section covers separate entities or businesses (besides the business applying for licensure) that contributed capital for the business. This section is only required if a separate entity (non-individual) or business contributed capital for the business.

When completing this form:

- ✓ You must make accurate statements and include all material facts.
- ✓ Answers must be complete and truthful.
- ✓ Any misrepresentation, or the failure to provide requested information, may result in the delay or denial of your application.
- ✓ All answers must be typed or printed in block lettering. If your application is not legible, it will delay your application and may result in denial of your license.
- ✓ If the space available is not sufficient to respond to a question, you must supply the required information on an attachment page and clearly identify which question you are answering.

Section 1. Business Information *(The business applying for privileged or regulated licensure)*

A. Business – General

Provide the following: Organizational chart of related/affiliated businesses showing percentage and nature of ownership, Financial statements for the company for the past three years, Income tax returns for the past 3 years or if less than 3 years since inception.

Business Name				
DBA (if different)				
Street Address			Suite #	
City		State		Zip Code
Contact Person		Telephone #		
Indicate Type of Business Organization				
<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Privately Held Corporation <input type="checkbox"/> Publicly Traded Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other				
State of company formation or incorporation			Date business was formed or incorporated	
Name and address of owner(s) of property where business will be conducted				

B. Business – Ownership

Provide information for all individuals or entities that have an ownership share in this business, including "silent" partners. The form must account for 100% of the capital invested in this business. If additional space is required, please use additional duplicate form. For entities with numerous minor investors, individual ownership interests of less than 3% may be grouped as one line item.

Provide stock certificate(s) or other legal proof of ownership for each entity or individual listed below.

	Name of Owner	Title	Ownership Percentage	Investment Amount
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
Total		 %	

C.1. Business – What were the sources of Start-Up funds for this business?

Indicate and provide information, including the applicable source bank account information, for all applicable sources of funds for the business. If additional space is required, use additional duplicate form.

☐ **Personal checking / savings accounts** (provide copies of bank statements that correspond with the dates of the withdrawals)

Name(s) on the Account	Account Number	Name of Financial Institution	Date of Withdrawal	Amount
Total:				

☐ **Cash flow from business operations** (provide copies of bank statements that correspond with the dates of the withdrawals)

Source of cash flow: ☐ This business ☐ Separate affiliated business ☐ Separate unaffiliated business

Name of business that generated the cash flow

Relationship of this business to applicant business

Name(s) on the Account	Account Number	Name of Business's Financial Institution	Date of Withdrawal	Amount
Total:				

☐ **Loan from lending institution** (provide copies of loan agreement and statements that correspond with the funding transactions)

Name of Lender		Type of Loan	
Account number		Date	Amount:

☐ **Loan from individual or business** (provide copies of loan agreement and bank statements that correspond with the dates of the withdrawals)

Lender name		Lender's relationship to borrower	
Name of Lender's Bank	Account Number	Account Holder(s)	Date of Withdrawal
			Amount

☐ **Gift** (provide copy of gift affidavit and bank statements that correspond with the dates of the withdrawals)

Gift contributor's name		Relationship to applicant	
Name of Gift Contributor's Financial Institution	Account Number	Account Holder(s)	Date of Withdrawal
			Amount

☐ **Liquidation of non-cash asset(s)**

Description		Sale date		Amount
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☐ **Reimbursed tenant improvements or construction allowance** (Must be included in lease)

Description		Amount
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☐ **Other**

Description		Amount
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Total Funds Available

C.2. Business – Where were the Start Up funds (from C.1.) deposited?

List and provide bank account information for significant deposits of Start Up capital into the business.

Name(s) on Business Account	Financial Institution	Account Number	
		Date of Deposit	Amount of Deposit
Name(s) on Second Business Account (if applicable)	Financial Institution	Account Number	
		Date of Deposit	Amount of Deposit
Total Start Up funds deposited into business account(s)			

C.3. Business – What were the Start Up funds (from C.2.) spent on?

List and provide the requested information and documentation for all material expenditures incurred to start the business.

Description of Expenditures	Date(s)	Amount of Expenditure
Business purchase		
Land		
Construction / Repair / Remodeling		
Property lease payments & deposits		
Leasehold improvements		
Fixtures & equipment		
Inventory & supplies		
Prepaid expense (<i>insurance, etc.</i>)		
Legal, accounting & consulting expenses		
Advertising expense		
Salary expense		
Interest expense		
Governmental fees & taxes		
Other expenses: (<i>specify</i>)		
Total expenditures		

D. Business - Officers and Key Personnel

Provide information regarding all key personnel involved in the business, including all Corporate Officers, Managing Partners, Managers in LLC, etc. Individuals having significant management authority or decision-making roles in the operation of the business must be included regardless of title. Include any individual having the authority to hire or fire employees, obtain credit or take out loans, or enter into contracts and/or sign agreements on behalf of the business.

	Name	Title	Address	Phone
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

E. Business - Disclosure

Has this company's ownership interest, or any share of that interest, been assigned, pledged, or encumbered to any other person or business entity? *(If yes, furnish details on a separate page and provide copies of documents).*

☐ Yes

☐ No

Has this company entered into any agreement that could result in a transfer, pledging, or encumbrance of ownership interest in the future or does the company intend to enter into such an agreement in the future?

☐ Yes

☐ No

Has a tax lien ever been filed against this company by any government agency?

(If yes, provide details on a separate page. Provide any documentation regarding the lien. If the lien has been released, attach copy of the release).

☐ Yes

☐ No

Has this company ever filed for bankruptcy protection? *(If yes, furnish details on a separate page).*

☐ Yes

☐ No

Does the company own or control any assets or liabilities outside the United States?

(If yes, furnish details on a separate page).

☐ Yes

☐ No

Will the property owner participate in the business operations? *(If yes, please provide details on a separate sheet).*

☐ Yes

☐ No

Is the landlord or property owner of the business for whom the license is requested an affiliated entity?

(If yes, provide details of the affiliation).

☐ Yes

☐ No

Is this company contingently liable to any other party in a matter that is yet to be resolved? *(Example: the company has guaranteed another party's debt and would be responsible for payment in the event that party defaults. If yes, provide a complete description of the matter in which the company is contingently liable).*

☐ Yes

☐ No

Has the business entered into any revenue sharing, profit sharing or consulting agreements? *(If yes, then provide a copy of the agreements).*

☐ Yes

☐ No

If a "gift" (as per section 1.d) was used to fund the business in part or in full, is the gift donor entitled to share in the profits of the business? *(If yes, provide a complete description of the arrangement).*

☐ Yes

☐ No

☐ NA

Section 2. Applicant *(This section will guide you through the disclosure of your personal financial history. This section must be completed for each individual owner with an effective ownership percentage of 10% or higher and other individuals as requested by the Department. Make as many additional copies of Section 2 as necessary so that each required individual completes and submits this portion of the questionnaire. Each individual completing Section 2 of this form must provide three months of personal bank statements and the most recent three years of personal federal income tax returns. Additional bank statements or any other financial documents that evidence personal funds investment in the business must accompany this questionnaire).*

A. Applicant - General Information					
Last Name		First Name		Middle Name	
Title				Date of Birth	
Street Address					
City		State		Zip Code	
Investment in the Business		Percentage of Ownership			

B. Applicant - Disclosure					
1. Do you anticipate active participation in the management and operation of the business?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
2. Have you entered into any agreement that could result in a transfer, pledging, or encumbrance of ownership interest or do you intend to enter into such an agreement in the future? If yes, furnish details on a separate page and provide copies of documents).					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
3. Has your Federal Income Tax return ever been audited or adjusted? (If yes, provide details on separate pages).					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
4. Do you own or control any assets or liabilities outside the United States? (If yes, furnish details on a separate page).					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
5. Do you hold any assets in a trust that were used, or will be used, in conjunction with the business? <i>(If yes, provide a copy of the trust agreement and a description of the assets in the trusts, if a description is not set forth in the trust agreements).</i>					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
6. Do you control, manage, or hold in trust any assets and/or liabilities for any other person or entity? <i>(If yes, furnish details on a separate page and provide a copy of the trust agreement and a description of the assets in the trust, if a description is not set forth in the trust agreement).</i>					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
7. When was last income tax return filed? <i>(Furnish Income tax returns for the past three years).</i>		for the year		At <i>(city/state)</i>	

C. Applicant - Annual Income & Expenses				
Description		Applicant	Spouse	Total
Income				
Salary				
Interest & Dividends				
Income from Rental Property				
Income from Business Investments				
Other (Describe):				
Total Annual Income				
Expenses				
Living Expenses				
Short Term Debt (five years or less)				
Long Term Debt (five plus years)				
Other (Describe):				
Total Annual Expenses				
Net Annual Income (income minus expenses)				

D. Applicant – Net Worth		
Complete the following worksheet for self and spouse combined. Each amount listed on the summary schedule below must be supported on supplemental schedules (A – F) below.		
Description	From Schedule	Current Value
Assets		
Cash on Hand		
Cash in Financial Institutions	A	
Notes Receivable		
Marketable Securities	B	
Business Investments	C	
Real Property	D	
Personal Property		
Other Assets (Describe):		
Total Assets		
Liabilities		
Notes Payable & Other Liabilities	E	
Mortgages Payable	F	
Taxes Payable		
Total Liabilities		
Net Worth (Assets minus Liabilities)		

E. Applicant – Asset & Liability Schedules**SCHEDULE A****Cash In Financial Institutions**

List below all accounts, foreign and domestic, maintained by the applicant.

Also, provide statements for the last three months for all accounts listed.

Name and Address of Financial Institution	Account Number	Type of Account (Checking, Savings, etc.)	Names of Persons Appearing on Account	Current Balance
Total				

SCHEDULE B**Marketable Securities (stocks, bonds, etc.)**

List the information requested for all marketable securities held by the applicant; Specify all forms of securities held or list the amounts held by individual brokerage houses and provide broker's statements for each brokerage indicated.

If more room is required, please attach a separate page.

Name of Security	Brokerage Name and Account Number	No. of Shares or Units	Purchase Price	Date of Purchase	Names of Persons Appearing on Account	Current Market Value
Total						

SCHEDULE C**Business Investments**

List below any business investments in which the applicant has a direct or indirect interest, along with the names of individuals or other entities that share a direct or indirect interest in the investment. Specify the relationship of other entities or individuals sharing an ownership interest and specify ownership percentages.

Entity Name	Type of Entity	Number of Shares or Units Held	Percent of Ownership	Purchase Price	Date of Purchase	Name in Which Held	Individuals or Entities sharing ownership and percentage of ownership	Current Market Value
Total								

SCHEDULE D**Real Property**

List below all real property in which any direct or indirect interest is held by the applicant, along with the names of all individuals or entities who share a direct or indirect interest.

Type & Size	Date of Purchase	Purchase Price	Amount of Down Payment	If Shared Ownership, Percent of Ownership	Other Owners & Relationship to the applicant	Current Market Value
Total						

SCHEDULE E

Notes Payable & Other Liabilities

Name and Address of Creditor	Date Incurred	Original Amount	Payment / Period	Interest Rate	Maturity Date	Purpose	Description of Collateral	Unpaid Principal Balance
Total								

SCHEDULE F

Mortgages Payable

Name and Address of Creditor	Date Incurred	Original Amount	Payment / Period	Interest Rate	Maturity Date	Description & Address of Property	Unpaid Principal Balance
Total							

Section 3. Parent/Holding/Outside Company *(This section will guide you through the disclosure of financing received from any business entity from within, or outside, the ownership structure of the applicant business. For example, if the applicant business is owned by a Parent Company that provided financing to the operating entity level, this section must be completed for the Parent company. Publicly traded companies may submit a copy of the most recent SEC filing in lieu of the following).*

A. Parent Company – Required Documentation

Name of Entity	
1.	File-stamped copies of Articles of Incorporation or Articles of Organization and any applicable amendments.
2.	Operating or partnership agreement.
3.	Current list of officers and managers and their addresses.
4.	List of all owners or members and their respective ownership share percentages and investment amounts.
5.	Income tax returns for the past three years or since inception.
6.	Organizational chart of related/affiliated businesses, showing percentage and nature of ownership.
7.	Copy of filings with the Nevada Secretary of State.

B. Parent Company - Balance Sheet

Financial statements may be substituted.

Description	Schedule	Current Value
Assets		
Checking Accounts	A	
Accounts Receivable		
Notes Receivable		
Marketable Securities	B	
Business Investments	C	
Real Property	D	
Fixed Assets		
Other Assets <i>(Describe)</i>		
Other Assets <i>(Describe)</i>		
Total Assets		
Liabilities		
Accounts Payable		
Other Short Term Debt		
Notes Payable	E	
Taxes Payable		
Other Liabilities <i>(Describe)</i>		
Total Liabilities		
Owner's Equity <i>(Assets minus Liabilities)</i>		

C. Parent Company – Asset & Liability Schedules

Financial statements are only acceptable in lieu of these schedules if same information is included therein.

SCHEDULE A**Cash In Financial Institutions**

List below all accounts, foreign and domestic, maintained by the parent company.

Also, provide statements for the last three months for all accounts listed and copies of latest bank reconciliation for each account.

Name and Address of Financial Institution	Account Number	Type of Account (Checking, Savings, etc.)	Names of Persons Appearing on Account	Current Balance
Total				

SCHEDULE B**Marketable Securities**

List the information requested for all marketable securities held by the parent company; Specify all forms of securities held or list the amounts held by individual brokerage houses and provide broker's statements for each brokerage indicated.

If more room is required, please attach a separate page.

Name of Security	Brokerage Name and Account Number	No. of Shares or Units	Purchase Price	Date of Purchase	Names of Persons Appearing on Account	Current Market Value
Total						

SCHEDULE C

Business Investments

List below any business investments in which the parent company has a direct or indirect interest, along with the names of individuals or other entities that share a direct or indirect interest in the investment. Specify the relationship of other entities or individuals sharing an ownership interest and specify ownership percentages.

Entity Name	Type of Entity	Number of Shares or Units Held	Percent of Ownership	Purchase Price	Date of Purchase	Name in Which Held	Individuals or Entities sharing ownership and percentage of ownership	Current Market Value
Total								

SCHEDULE D

Real Property

List below all real property in which any direct or indirect interest is held by the parent company, along with the names of all individuals or entities who share a direct or indirect interest therein.

Type & Size	Date of Purchase	Purchase Price	Amount of Down Payment	If Shared Ownership, Percent of Ownership	Other Owners & Relationship to you	Current Market Value
Total						

SCHEDULE E

Notes Payable & Other Liabilities

List all notes payable and other liabilities for the parent company. Indicate with an asterisk (*) all liabilities that are payable to related parties and describe relationship with that party in column 1.

Name and Address of Creditor	Date Incurred	Original Amount	Payment / Period	Interest Rate	Maturity Date	Purpose	Description of Collateral	Unpaid Principal Balance
Total								

Clark County Department of Environment and Sustainability (Air Quality)
ODOR CONTROL PLAN TEMPLATE
For Cannabis Businesses

1. TABLE OF CONTENTS

2. FACILITY INFORMATION

- a. Name of facility
- b. Name, phone number, and email of facility owner
- c. Name, phone number, and email of facility operator or licensee, and any authorized designees
- d. Facility physical address
- e. Facility mailing address (if different from physical address)
- f. Facility type
- g. Facility hours of operation
- h. Description of facility operations
- i. Emergency contact information
- j. Business license application number(s) and/or business file number(s) (if applicable)
- k. Air permit and permit number (if applicable)

3. FACILITY ODOR EMISSIONS INFORMATION

- a. Facility floor plan

This section should include a facility floor plan, with locations of odor-emitting activity(ies) and emissions specified. Relevant information may include, but is not limited to the location of doors, windows, ventilation systems, and odor sources. If a facility has already provided the locations of specific odor-emitting activities and emissions in its business license application floor plan, it may instead reference the facility's business file number(s) and the relevant sections within such application where the floor plan is located.

- b. Specific odor-emitting activity(ies)

This section should describe the odor-emitting activities or processes that take place at the facility, the source(s) of those odors, and the location(s) from which they are emitted.

- c. Phases (timing, length, etc.) of odor-emitting activities

This section should describe the phases of the odor-emitting activities that take place at the facility, with what frequency they take place (e.g., every two weeks on Tuesdays), and for how long they last (e.g., 48 hours).

4. ODOR MITIGATION PRACTICES (all based on industry-specific best control technologies and best management practices)

For each odor-emitting source/process outlined in Section 3(b) of the Odor Control Plan, specify the administrative and engineering controls the facility implements or will implement to control odors.

NOTE that descriptions of ‘administrative controls’ and ‘engineering controls’ shall include, but are not limited to, the following sections:

a. Administrative Controls

i. Procedural activities

This section should describe activities such as building management responsibilities (e.g. isolating odor-emitting activities from other areas of the buildings through closing doors and windows).

ii. Staff training procedures

This section should describe the organizational responsibility(ies) and the role/title(s) of the staff members who will be trained about odor control; the specific administrative and engineering activities that the training will encompass; and the frequency, duration, and format of the training (e.g., 60 minute in-person training of X staff, including the importance of closing doors and windows and ensuring exhaust and filtration systems are running as required).

iii. Recordkeeping systems and forms

This section should include a description of the records that will be maintained (e.g., records of purchases of replacement carbon, performed maintenance tracking, documentation and notification of malfunctions, scheduled and performed training sessions, and monitoring of administrative and engineering controls).

Any examples of facility recordkeeping forms should be included as appendices to the OCP.

b. Engineering Controls

i. The best control technology for marijuana facilities is carbon filtration.

ii. For existing facilities with engineering controls for all odor sources on the date of rule adoption:

- 1) Evidence that engineering controls for all odor sources were installed and operational on the date of ordinance adoption**
- 2) Evidence that engineering controls are sufficient to effectively mitigate odors for all odor sources**

This section should include evidence that Engineering Controls meet the following:

- A) Are consistent with accepted and available industry-specific best control technologies designed to effectively mitigate odors for all sources.**

- B) ***Have been reviewed and certified by a Professional Engineer or a Certified Industrial Hygienist as sufficient to effectively mitigate odors for all odor sources.***

3) Components of engineering controls

This section shall include, but is not limited to, technical system design, a description of technical process(es), and an equipment maintenance plan.

A) System design

The system design should describe the odor control technologies that are installed and operational at the facility (e.g., carbon filtration) and to which odor-emitting activities, sources, and locations they are applied.

B) Operational processes

This section should describe the activities being undertaken to ensure the odor mitigation system remains functional, the frequency with which such activities are being performed, and the role/title(s) of the personnel responsible for such activities.

C) Maintenance plan

The maintenance plan should include a description of the maintenance activities that are performed, the frequency with which such activities are performed, and the role/title(s) of the personnel responsible for maintenance activities. The activities should serve to maintain the odor mitigation systems and optimize performance (e.g., change carbon filter, every 6 months, carried out by the facility manager).

iii. For new facilities and existing facilities without engineering controls for all odor sources on the date of ordinance adoption

- 1) **The engineering control system and all components shall be reviewed and certified by a Professional Engineer or a Certified Industrial Hygienist as meeting professional expectations of competency and as sufficient to effectively mitigate odors for all odor sources.**

This section shall include, but is not limited to, technical system design, a description of technical process(es), and equipment an equipment maintenance plan.

A) System design

The system design should describe the odor control technologies to be installed and implemented at the facility (e.g., carbon filtration) and to which odor-emitting activities, sources, and locations they will be applied (e.g. bud room exhaust). It should describe critical design factors and criteria, with supporting calculations presented as appropriate (e.g., desired air exchanges per hour required to treat odorous air from specific areas, odor capture mechanisms, exhaust flow rates, rates of carbon adsorption consumption, etc.).

B) Operational processes

This section should describe the activities that will be undertaken to ensure the odor mitigation system remains functional, the frequency with which such activities will be performed, and the title/role(s) of the personnel responsible for such activities (e.g., when trimming activities are conducted, X personnel are responsible for isolating the trim room from non-odorous areas of the facility and for ensuring the exhaust system is operational and routed through odor mitigation systems).

C) Maintenance plan

The maintenance plan should include a description of the maintenance activities that will be performed, the frequency with which such activities will be performed, and the role/title(s) of the personnel responsible for maintenance activities. The activities should serve to maintain the odor mitigation system and optimize performance (e.g., change carbon filter, every 6 months, carried out by the facility manager).

c. Timeline for implementation of odor mitigation practices

The timeline should begin upon receipt of acceptance from the Department of Air Quality, and should include a comprehensive timeline for the design, review process, installation, and operation of the various odor mitigation practices outlined in Section 4 of the Odor Control Plan. In general, a timeline should consist of, but is not limited to, the following:

- i. Issuance of license by Clark County
- ii. Purchase and installation of engineering control
- iii. Testing and balancing of odor control system
- iv. Maintenance milestones

d. Complaint tracking system

This section may include, but is not limited to, the mechanism for, and the responsible staff involved in, receiving odor-related complaints, how and by whom such complaints will be addressed, and how the odor complaint and response will be recorded (e.g. logbook, complaint report).

5. APPENDICES

- a. Any recordkeeping forms from Section 4.a.iii.
- b. Odor complaint and response tracking form from Section 4.d.