



# CBD Business License Checklist

Department of Business License

VINCENT V. QUEANO

DIRECTOR

500 SOUTH GRAND CENTRAL PKY, 3<sup>RD</sup> FLOOR

BOX 551810

LAS VEGAS, NEVADA 89155-1810

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

**Retail Sales-Health Food/Vitamin Sales**

(NAICS Code 446191)

\$70.00 (\$45.00 one-time application along with \$25.00 gross revenue license fee)

**Wholesale Sales-Health Food/Vitamin Sales**

(NAICS Code 424200)

\$70.00 (\$45.00 one-time application along with \$25.00 gross revenue license fee)

**Manufacturing (see below for additional requirements)**

(NAICS Code 310000)

Based upon number of employees (\$45.00 one-time application fee along with employee count)

**Agriculture-Crop Production (see below for additional requirements)**

(NAICS Code 111000)

\$70.00 (\$45.00 one-time application along with \$25.00 gross revenue license fee)

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](mailto:zoning@clarkcountynv.gov) Telephone: (702) 455-4314.

\*\*\*Please contact Zoning to ensure all services offered are permitted at the location address.\*\*\*

**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](http://www.nvsecretaryofstate.gov) website for more information. You may apply online at [nvsilverflume.gov](http://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](http://www.nvtaxation.gov) website or apply online at [nvsilverflume.gov](http://nvsilverflume.gov). Nevada Department of Taxation (1<sup>st</sup> 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](http://www.clarkcountynv.gov) Office. Telephone: (702) 455-4431.

**COMPLETE CLARK COUNTY APPLICATION**

**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 owed 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.*

**PROVIDE DETAILED DESCRIPTION OF THE PRODUCT AND SERVICES**

Product must not contain more than the legal limit of 0.03% THC

- *List the type of product you will be selling (retail or wholesale) or manufacturing.*
- *Provide the amount of THC in the product*
- *If manufacturing, are you handling the product and modifying?*
- *Will you be selling business to business or to the public?*
- *Will you be selling only online?*
- *What is the percentage of sales for CBD anticipated?*

## ADDITIONAL LICENSE REQUIREMENTS

**NEVADA DEPARTMENT OF AGRICULTURE**

**Hemp Handler license is required if handling/modifying the plant.**

**Hemp Grower Certificate is also obtained through the Department of Agriculture.**

- **Provide proof of compliance if handling/modifying the plant.**

Website: <http://agri.nv.gov>

Industrial Hemp Program Manager

Ashley Jeppson (Regulatory Official)

Contact: (775) 353-3675

email [ajeppson@agri.nv.gov](mailto:ajeppson@agri.nv.gov)



# 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.

<p style="color: blue; margin: 0;">Please be advised that the information provided may be subject to public records disclosure and will appear on the Business License public website &amp; Public Information reports.</p> <p style="color: blue; margin: 0;">Use <b>BLACK INK</b> only! Any incomplete, illegible or altered applications will not be accepted for processing.</p>						
A	<b>BUSINESS INFORMATION</b>		<b>Fictitious Firm Name</b>		<b>Classification or Category</b>	
	Business Name:		Doing Business As:		NAICS Code:	
<p style="color: blue; margin: 0;"><b>BUSINESS OWNERSHIP must total 100%. List all business owners and/or officers (Attach additional pages as needed).</b></p>						
B	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)  <i>(Attach additional pages as needed)</i>		Name: Last, First, MI, or Corporation/LLC		Title	
			Address Line 1		Address Line 2	
			City	State	Zip	% Owned
	<p style="color: blue; margin: 0;"><b>BUSINESS BASICS and CONTACT INFORMATION</b></p>					
C	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 <i>(If same as location, please indicate "location")</i>	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 <b>"Describe all business activity"</b> 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		

<b>Describe all Business Activity:</b>			
<b>Date of purchase of business:</b>			
<b>C</b>	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	
	<b>IF YOU PURCHASED THIS BUSINESS AND IT IS CURRENTLY OPERATING, COMPLETE THIS SECTION</b>		
	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	
<b>BUSINESS QUESTIONS</b>			
<b>D</b>	Have you registered with the Nevada Secretary of State?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NV Business ID (required)
<p align="center"><b>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.</b></p>			
Signature:		Print Name:	Date: