



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 Change of Location of a Cannabis Establishment

In accordance with the Policy issued by the State of Nevada Cannabis Compliance Board, Changes of Location within a local jurisdiction are permitted for Cannabis Establishments, pending local jurisdiction approval. The following instructions are intended to aid the existing Owner or Operator of the cannabis establishment in providing required information and documents to the Department at:

Clark County Department of Business License

500 S Grand Central Pkwy

BOX 551810

Las Vegas, NV 89155-1810

Upon receipt of the Application and information required, the Department of Business License will begin processing your application.

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 regulations, 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 operation of the Cannabis Establishment. At the Code Conference, the applicant must make available for review by the Department the Business Plan for the Cannabis Establishment. The Business Plan will not be retained by the Department. If you have any questions, please submit them to: CCRMMI@clarkcountynv.gov.

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

All forms are available for download at:

https://www.clarkcountynv.gov/business/doing_business_with_clark_county/divisions/cannabis_establishments.php

FEES

Fee for Change of location of Cannabis Establishment: \$1,500.00

For each additional identical Change of Location: \$500.00

(e.g. a cultivation facility and a production facility moving from one location to the same new location = \$1500 + \$500=\$2000 total)

Cannabis Establishment Business License Checklist

Change of Location

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 letter
- COMPLETE CLARK COUNTY APPLICATION**
 - *Provide business license number, previous location address, new location address and business description.*
- PROVIDE A LETTER OF AUTHORIZATION OR POWER OF ATTORNEY IF APPLYING ON BEHALF OF AN APPLICANT(S)**
- PROVIDE DETAILED DESCRIPTION OF NEW PROPOSED CANNABIS ESTABLISHMENT LOCATION**
 - *Provide business license number, previous location address, new location address and business description.*
- PROVIDE UPDATED 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 total 100%. Each entity should have a separate sheet. Note: The information should mirror the Organization Flowchart.
- 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
- 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.*
- STATE OF NEVADA CANNABIS COMPLIANCE BOARD**
Provide proof of applying with [State of Nevada Cannabis Compliance Board](#)-Copy of application, receipt or approval letter for cannabis licensure.



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 & Public Information reports.</p> <p style="color: blue; margin: 0;">Use BLACK INK only! Any incomplete, illegible or altered applications will not be accepted for processing.</p> | | | | | | | |
| A | BUSINESS INFORMATION | | Fictitious Firm Name | | Classification or Category | | |
| | Business Name: | | Doing Business As: | | NAICS Code: | | |
| BUSINESS OWNERSHIP must total 100%. List all business owners and/or officers (Attach additional pages as needed). | | | | | | | |
| 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 | |
| | BUSINESS BASICS and CONTACT INFORMATION | | | | | | |
| 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 "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 | | |

| | | | |
|--|---|--|---------------------------|
| Describe all Business Activity: | | | |
| Date of purchase of business: | | | |
| C | 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 | |
| BUSINESS QUESTIONS | | | |
| D | Have you registered with the Nevada Secretary of State? | <input type="checkbox"/> Yes <input type="checkbox"/> No | NV Business ID (required) |
| <p align="center">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.</p> | | | |
| 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

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 no 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.