



## **MARIJUANA ESTABLISHMENT (ME) APPLICATION CHECKLIST**

### **Business License Division - [www.reno.gov/businesslicense](http://www.reno.gov/businesslicense)**

Rev 06/2018

<b>Marijuana Establishment Type:</b> <input type="checkbox"/> Cultivation Facility <input type="checkbox"/> Distributor <input type="checkbox"/> Independent Testing Lab <b>(Only one type per application)</b> <input type="checkbox"/> Retail Marijuana Store <input type="checkbox"/> Production Facility	
<b>INCLUDED</b>	<b>REQUIRED</b>
	<b>Copy of Marijuana Establishment license for proposed ME from NV Department of Taxation (DoT)</b>
	<b>Proof of State of Nevada Business License</b>
	<b>Proof of Nevada Sales and Use Tax Permit</b>
	<b>Proof of Affidavit of Compliance with Industrial Relations Requirements</b>
	<b>Proof of Washoe County Fictitious Name Filing (dba)</b>
	<b>Copy of Annual Business License (if applicable)</b>
	<b>Completed Annual Business License Application</b>
	<b>Completed Business Review Form</b>
	<b>Completed Privileged Business License Application</b>
	<b>Copy of State application submitted to DoT pursuant to NRS 453D</b>
	<b>Site Plan to include:</b> A. Name of the ME B. Site Address and Assessor's Parcel Number (APN) C. City regulatory zoning verification letter for the parcel D. Proof of compliance with spacing requirements from NV licensed Surveyor (within 90 days of application) E. Elevation drawing or photographs of proposed building F. A detailed rendering of proposed signage
	<b>Name and Physical Address of:</b> A. Any other ME within Reno which is associated with licensee(s) B. Off-site ME-Cultivation Facility providing marijuana (if applicable) C. Marijuana testing laboratory providing service (if applicable)
	<b>Affidavit of Property Ownership to include:</b> A. A deed showing applicant as owner OR B. A lease together with the property owner's permission for the proposed use
	<b>Security Plan to include:</b> A. A depiction of the location and configuration of security cameras B. Proof of compliance as required by NRS 453D and the regulations C. Hours of Operation
	<b>Certificate of Insurance which meets minimum requirements set forth in RMC 5.22.012(8)(h)</b>
	<b>All applicable fees (call the license division at 775.334.2090 for accurate fee quote)</b>