



**WASHOE COUNTY
MEDICAL MARIJUANA
ESTABLISHMENT
BUSINESS LICENSE
APPLICATION**

1001 E. 9TH STREET, BUILDING A

P.O. BOX 11130

RENO, NEVADA 89520

(775) 328-3733

www.washoecounty.us

Washoe County
Medical Marijuana Establishment (MME)
BUSINESS LICENSE APPLICATION REQUIREMENTS



Washoe County Medical Marijuana Establishment (MME) business license applications must have the following items numbered 1 through 8 completed and returned together with:

- **The attached MME business license application form** (Each MME establishment type requires a separate business license application form and a separate Washoe County business license);
 - **The attached MME supplemental information and requirements ,to include items on checklist;**
 - **The first year licensing fee of \$77.75** (Checks are made payable to Washoe County Business License); **and,**
 - **A CD/DVD or a flash drive (memory stick) with the complete application material.**
1. **NEVADA PROVISIONAL REGISTRATION CERTIFICATE.** Applicant must submit a copy of the provisional registration certificate for the proposed medical marijuana establishment issued by the Nevada State Division of Public and Behavioral Health.
 2. **BUSINESS NAME DOCUMENTATION.**
 - a. If your business is a corporation, you must register your corporation with the Nevada Secretary of State's Office and provide a copy of the articles of incorporation or corporate seal with your medical marijuana establishment business license application. For corporation information call (775) 684-5708 or visit the Secretary of State's offices at 202 North Carson Street in Carson City. Their website is www.nvsos.gov.
 - b. If your business is utilizing a fictitious firm name (DBA), it must be registered with the Washoe County Clerk's Office. You must provide a copy of the current fictitious firm name certificate with your medical marijuana establishment business license application. The Washoe County Clerk's Office is at 1001 E. 9th St. Bldg A – 1st Floor in Reno. Their phone number is (775) 784-7287.
 3. **STATE BUSINESS REGISTRATION.** You must register with the Nevada Secretary of State's Office for the Nevada State business registration. You may register online at www.nvsilverflume.gov. You may also register with them in person at their office located at 202 North Carson Street in Carson City. Their phone number is (775) 684-5708. Proof of registration must be submitted with your medical marijuana establishment business license application.
 4. **NEVADA STATE TAXATION.** You must register with the Nevada Department of Taxation. You may complete the sales and use tax permit registration online at www.nvsilverflume.gov. You may also register with them in person at their office located at 4600 Kietzke Lane, Building "L", Suite 235 in Reno. Their phone number is (1) (866) 962-3707. Proof of registration (clearance letter, stamp, email, or bill) must be submitted with your medical marijuana establishment business license application.
 5. **STATE INDUSTRIAL INSURANCE.** You are required to complete a Nevada Division of Industrial Relations affirmation of compliance, even if you have no employees. You may obtain an affirmation of compliance online at www.nvsilverflume.gov. You may also complete the Nevada Division of Industrial Relations Insurance compliance form included with this application packet. If you have employees and have questions, you must contact the Nevada Division of Industrial Relations at 400 W. King Street, Suite 400 in Carson City or at (775) 684-7270. You must submit either the affidavit of compliance or the completed compliance form with your application.
 6. **STORM WATER DISCHARGE PERMITS.** Certain types of commercial and industrial businesses are required to obtain a storm water discharge permit from the Nevada Division of Environmental Protection (NDEP). All applicants are encouraged to contact NDEP at (775) 687-9417 to determine if the proposed business activity requires a storm water discharge permit.
 7. **FEDERAL OR STATE LICENSES.** Please provide proof of any required federal or other Nevada licenses with your application.
 8. **AFFIDAVIT OF PROPERTY OWNERSHIP/CONSENT FOR BUSINESS USE, RELEASE OF ALL CLAIMS/AUTHORIZATION TO RELEASE INFORMATION, CHILD SUPPORT COMPLIANCE OR EXEMPTION FORM.** Complete and sign the attached forms.
 9. **AGENCY REVIEW AND APPROVALS.** Business License staff will circulate your completed medical marijuana establishment business license application to various Washoe County agencies and other local jurisdictions for review. You may be required to pay separate inspection fees to one or more of the agencies or jurisdictions. You may also be required to obtain separate agency or jurisdiction licenses or permits prior to approval of your medical marijuana establishment business license. Agencies may recommend approval, approval with conditions, or denial of your medical marijuana establishment business license application.

Washoe County
Medical Marijuana Establishment (MME)
SUPPLEMENTAL INFORMATION AND REQUIREMENTS



SUPPLEMENTAL INFORMATION

The attached MME business license application checklist will be used by Washoe County Business License staff to validate that all required forms and information are submitted as part of the MME business license application. Items on the checklist which are missing or incomplete will cause the rejection of the application until provided or complete.

Applications for new MME dispensaries shall not be accepted if the maximum number of dispensaries authorized by NRS 453A for unincorporated Washoe County have been licensed and remain active.

Other licenses or permits may be required prior to Washoe County issuing its MME business license. All required licenses or permits must be obtained prior to operation of the medical marijuana establishment. The applicant is responsible for all changes and additional time required to correct plans and/or obtain other required licenses or permits.

All materials submitted with this MME business license application will be retained as part of the permanent public record for this license. Public records requests for MME business license application information will be evaluated by the Washoe County Business License office and the Washoe County District Attorney's Office to determine if any of the information qualifies as a confidential record under State Law or County Codes. Information deemed to be a public record will be provided to fill the public records request.

The MME first year business license fee does not include other agency inspection or review fees, fingerprinting, photographing, and/or criminal history inquiry costs. The MME first year business license fee is in addition to any other license or permit fee imposed by this code or other governmental agencies.

All applicants on the Washoe County MME business license application must match the applicants listed on the Nevada Division of Public and Behavioral Health MME certificate application. No new applicants may be added to the Washoe County MME business license application without approval by the Nevada Division of Public and Behavioral Health.

If the applicant is not the property owner for the property on which the MME will be established, each property owner (to include general partners, officers and/or directors) must apply to the Washoe County Sheriff's Office for a criminal history inquiry. The MME business license will not be issued until all results from the inquiry are reported to the Washoe County Business License office. The application will be denied if an owner, partner, officer or director has been convicted of an excluded felony offense.

After Washoe County issues its MME business license, the applicant shall provide Washoe County Business License with a copy of the MME's registration certificate when issued by the Nevada Division of Public and Behavioral Health.

The MME business owner must provide a copy their valid, renewed Nevada registration certificate with the Washoe County renewal application. This registration certificate is in addition to information required by Washoe County on the business' preceding year's annual gross receipts.

REQUIREMENTS

SIGNAGE

A legible sign(s) containing the following warnings shall be posted in a conspicuous location in each medical marijuana dispensary:

- Diversion of marijuana for nonmedical purposes is a violation of state law.
- Use of medical marijuana may impair a person's ability to drive a motor vehicle or operate machinery. It is illegal under state law to drive a motor vehicle or to operate machinery when under the influence of or impaired by marijuana.
- The consumption or inhalation of marijuana on or within the premises of a medical marijuana dispensary is prohibited.
- Possession and distribution of marijuana is a violation of federal law.

A Washoe County Code Enforcement Officer shall inspect the premises prior to the business license being issued to insure appropriate signage is posted.

OPERATIONS

In addition to Nevada regulations on medical marijuana and medical marijuana establishments enforced by the Nevada Division of Public and Behavioral Health, the following are Washoe County operational regulations:

- Any employee, contractor or volunteer working at an MME must obtain and maintain a Washoe County Sheriff's Office registration card. This registration card must be displayed on the person at all times when working at the MME.
 - The registration card is obtained at the Washoe County Sheriff's Office. Applicants must provide a copy of a valid State MME agent registration card, complete a personal history form provided by the Sheriff's Office, have a photograph taken, and pay the proper fees as required by the Sheriff's Office.
 - The registration card is in addition to the State MME agent registration card.
- Medical marijuana dispensaries may only be open from 6:00 a.m. until 8:00 p.m., or the hours of operation approved by the Nevada Division of Public and Behavioral Health, whichever time frame is shorter. Hours of operation must be visible to people entering the dispensary.
- Any graffiti appearing on a medical marijuana establishment must be removed or covered. Such removal or coverage must happen within 48 hours after it is discovered or when notice is given by the Washoe County Sheriff's Office.
- Medical marijuana may not be smoked, eaten or consumed on the premises of a medical marijuana establishment.
- No person under 18 years of age may be in a medical marijuana establishment unless accompanied by a parent or guardian.
- Medical marijuana paraphernalia or other supplies may only be sold or given to patients with a valid medical marijuana registry identification card from Nevada or from another state which issues such a card, or to a designated primary caregiver of such a patient.
- Medical marijuana or associated paraphernalia cannot be visible from outside of the licensed medical marijuana establishment.
- The medical marijuana establishment must prominently display its current State registration certificate, its current Washoe County business license, and any other State or County permits or licenses required to operate the establishment.
- The medical marijuana establishment must maintain a valid industrial waste permit from the Environmental Health Services Division, Washoe County Health District.

- A medical marijuana establishment producing edible or drinkable medical marijuana products must maintain a valid commercial kitchen permit from the Environmental Health Services Division, Washoe County Health District.
- Issuance of a Washoe County MME business license constitutes permission for the Washoe County license division, Sheriff, Fire Marshal, and/or District Health Officer (or their designees) to inspect the licensed establishment. Inspections may be with or without notice, and include required annual inspections for business license, safety, health or sanitation. The business owner is responsible to pay any required inspection fees.

Washoe County
Medical Marijuana Establishment (MME)
BUSINESS LICENSE APPLICATION CHECKLIST



Submitted	Requirement
	Copy of Nevada Provisional Registration Certificate for the proposed MME
	Washoe County MME Business License Application
	First year's licensing fee (\$77.75)
	Business name documentation
	Articles of Incorporation or Corporate Seal from Nevada Secretary of State (if applicable)
	Fictitious Firm Name Certificate from Washoe County Clerk (if applicable)
	Nevada State Business Registration through the Nevada Secretary of State
	Nevada sales and use tax permit registration through the Nevada Department of Taxation
	Nevada Division of Industrial Relations affirmation of compliance (verification or completed form)
	Storm water discharge permit from Nevada Division of Environmental Protection (if applicable)
	List of federal or state licenses or permits required to operate the medical marijuana establishment
	Affidavit of Property Ownership/Consent for Business Use
	Release of all Claims/Authorization to Release Information
	Child Support Compliance or Exemption Form
	Copy of the facility's submitted Nevada State Division of Public and Behavioral Health application Do not include: <ul style="list-style-type: none"> a. Documentation on the amount and source of liquid assets b. Evidence of taxes or other financial contributions made to the State of Nevada or its political subdivisions c. A narrative of past working experience related to the compassionate use of marijuana d. Resumes e. Financial plan including available resources, funds, and budgets The security plan need only include the information required by the Washoe County Sheriff's Office as outlined in the attached <i>Medical Marijuana Security Checklist</i>
	A list of persons associated with the MME who have received, or will request, a medical marijuana establishment agent registration card from the Nevada State Division of Public and Behavioral Health
	Site Plan containing: <ul style="list-style-type: none"> a. Name of MME, MME type or combination of types, site address and assessor's parcel number b. Washoe County regulatory zone for the property c. Elevation drawings or photographs which demonstrate that the building is or will be consistent with the traditional style of pharmacies and medical offices of the adjacent community d. A copy of the State approved signage plan (with a minimum contents of name, logo, signs and advertisements). All signs must conform to WCC Chapter 110, Article 504, Sign Regulations, and may require a Washoe County building and/or sign permit. If within an exerted City sphere of influence, signs must conform to the City of Reno or the City of Sparks sign regulations, if codified in their land use codes.

BUSINESS LICENSE APPLICATION CHECKLIST (continued)

Submitted	Requirement (continued)
	<p>A signed and attested certificate demonstrating the distance requirements for MMEs of 1,000 feet from a public or private school and 300 feet from a community facility; certificate must identify the physical address and APN of each lot and the use or uses within each building or parcel within 1,000 feet of the building containing the proposed MME</p> <p>The certificate will supplement the professionally prepared survey submitted with the Nevada State Division of Public and Behavioral Health application to demonstrate the proposed MME facility satisfies all requirements of NRS 453A.322(3)(a)(2)(II)</p>
	<p>A description of all toxic, flammable or other materials regulated by a federal, state or local government that will be used or kept at the MME, the location of such materials, how they will be stored, and how they will be discarded.</p>
	<p>Air quality plan to prevent or control dust, fumes, vapors, or odor of marijuana off the premises for approval by the Washoe County Health District</p> <p>The Washoe County MME business license will not be issued until the Washoe County Air Quality Management Division approves the air quality plan</p>
	<p>Industrial waste disposal plan for approval by the Washoe County Health District</p> <p>The Washoe County MME business license will not be issued until the Washoe County Environmental Health Services Division issues its Industrial Waste Permit</p>
	<p>Commercial kitchen license application for the Washoe County Health District, if applicable</p> <p>The Washoe County MME business license will not be issued until the Washoe County Environmental Health Services Division issues its Commercial Kitchen Permit</p>
	<p>Copy of the lease, rental agreement, license or authorization letter for the proposed use of the property as an MME (only if the applicant is not the property owner)</p> <p>a. The name, mailing address, physical business address, business phone number of each property owner; If owner is a partnership or corporation, this information shall be required of each general partner, officer or director</p> <p>b. Each property owner is required to complete a criminal history inquiry through the Washoe County Sheriff's Office</p>

Washoe County
Medical Marijuana Establishment (MME)
AFFIDAVIT OF PROPERTY OWNERSHIP
CONSENT FOR BUSINESS USE



Date: _____

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

Proposed Medical Marijuana Establishment

Name: _____

Business Address: _____

I, _____ being duly sworn, depose, and say that I am a property owner (see **Note**) of the property shown below involved in this Medical Marijuana Establishment (MME) business license application. **By my signature, I consent and agree for the proposed medical marijuana establishment business to be established on my property.** I understand that all property owners who are not applicants for the MME business license are required to undergo a criminal history inquiry by the Washoe County Sheriff's Office before the business license application can be approved.

Assessor's Parcel Number: _____

Property Address: _____

Mailing Address: _____

Printed Name _____

Signed _____

Note: Property owner refers to the following. Please mark the appropriate box.

- Owner/Joint Owner (a separate Affidavit is required from each owner)
- Partnership (a separate Affidavit is required from each general partner)
- Corporation (a separate Affidavit is required from each officer and director)

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public in and for said county and state

My commission expires: _____

**Washoe County
Medical Marijuana Establishment (MME)**



RELEASE OF ALL CLAIMS

To be completed by the business license applicant.

Proposed Medical Marijuana Establishment

Name: _____

Business Address: _____

The undersigned has applied with Washoe County for a Medical Marijuana Establishment (MME) business license. No action will be taken on the MME business license application except after a deliberate, intensive and thorough investigation of the undersigned, associates, and finances. The undersigned does for himself, his heirs, executors, administrators, successors and assigns, hereby release, remise and forever discharge the County of Washoe, the Washoe County Board of County Commissioners, and any and all Washoe County agencies or departments charged with reviewing the business license application from all and all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which the undersigned ever had, now has or may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to the proposed MME business license application.

I, the undersigned, have read this release and understand all its terms; I execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I have executed this release at _____ on the _____ day
of _____, 20 _____.

Printed Name _____

Signed _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public in and for said county and state

My commission expires: _____

**Washoe County
Medical Marijuana Establishment (MME)**



CONSENT AND AUTHORIZATION TO RELEASE INFORMATION

To be completed by the business license applicant.

Proposed Medical Marijuana Establishment

Name: _____

Business Address: _____

As the duly authorized representative of the above named Washoe County MME business license application and applicant, I am required to furnish information for use in determining my qualifications to hold the license. I understand the confidentiality requirements of NRS 453A.700 that apply to the MME's application to the Nevada Division of Public and Behavioral Health (Division) for a Nevada Registration Certificate. I also understand that the MME is knowingly and willingly submitting information from that application to the Washoe County Business License Division as part of the Washoe County MME business license application. I further acknowledge and consent that all information submitted to the Washoe County Business License Division, to include information from the Division's application, is a public record and will be shared with the appropriate reviewing agencies for the Washoe County MME business license application. I also understand and consent that the Washoe County MME business license application information and information on any future Washoe County MME business licenses issued to, or renewed by, this MME will remain a public record.

I authorize release of any and all information pertaining to this application, to include any and all information of a confidential or privileged nature, to Washoe County and its reviewing agencies, and the public upon request. By signing this *Consent and Authorization to Release Information* form, I hereby acknowledge and agree that Washoe County, its subdivisions, including the Washoe County Business License Division and its employees are not responsible for any consequences, liability or damages related to the release of the information identified in this consent.

I, the undersigned, have read this release and understand all its terms; I execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I have executed this release at _____ on the _____ day
of _____, 20 _____.

Printed Name _____

Signed _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public in and for said county and state

My commission expires: _____

Washoe County
Medical Marijuana Establishment (MME)
CHILD SUPPORT COMPLIANCE OR EXEMPTION FORM



Note: A separate form is required from each Business Owner for non-exempt business structures.

Date: _____

Proposed Medical Marijuana Establishment

Name: _____

Business Address: _____

Business Owner: _____

The Welfare Reform Act, as implemented by SB 356 of the 1997 Nevada Legislature session, requires that professional and occupational licensing agencies add certain questions regarding child support to all applications for new licenses and renewals. Pursuant to this legislation, each owner of this Medical Marijuana Establishment (MME) business license application is required to complete a Child Support Compliance Statement or Exemption Form depending on the business structure. Failure to complete and return this form is good cause to deny your MME business license application.

CHILD SUPPORT COMPLIANCE

- _____ 1. I am not subject to a court order for the support of a child.
- _____ 2. I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for repayment of the amount owed pursuant to the order.
- _____ 3. I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

EXEMPTION. The business structure applying for this MME business license is a:

- _____ 1. Multiple Shareholder Corporation.
- _____ 2. Limited Liability Company.
- _____ 3. Partnership registered with the State of Nevada.

Printed Name _____

Signed _____

**Washoe County
Medical Marijuana Establishment (MME)
BUSINESS LICENSE FINGERPRINT WORKSHEET
For Medical Marijuana Establishment Property Owners**



Name of Business: _____

Business Address: _____
Street Address City Zip Code

NOTE TO APPLICANT:

Signatures of each owner, officer, or director on this worksheet constitutes that person's written permission authorizing the Washoe County Sheriff's Office to forward their fingerprint impressions to the appropriate law enforcement agency for a criminal history background inquiry.

Records Division:

Sheriff's Office:

Please retain a copy as proof of compliance with Washoe County Code Section 25.700(4) and (5).

The following people must have fingerprints taken:

Property owner, partner, officer and/or director	Title	Date fingerprints taken	Employee's initials
_____	_____	_____	_____
Print Name			
_____	_____	_____	_____
Signature			
_____	_____	_____	_____
Print Name			
_____	_____	_____	_____
Signature			
_____	_____	_____	_____
Print Name			
_____	_____	_____	_____
Signature			

APPLICANT:

Please return this form back to Washoe County Business License once all the fingerprints have been taken.

You will need to contact the Washoe County Sheriff's Office, Records Division, to determine appropriate fees for fingerprinting and any charges levied by the State of Nevada or the Federal Bureau of Investigation to complete the criminal history check [WCC 25.700(5)(a)].

Reno Office
 911 Parr Blvd.
 (775) 328-3017

Incline Office
 625 Mount Rose Hwy.
 (775) 832-4107

Washoe County
Medical Marijuana Establishment (MME)
MEDICAL MARIJUANA SECURITY CHECKLIST



NOTE TO APPLICANT:

Information must be provided as part of the Washoe County MME business license application in sufficient detail to enable the Washoe County Sheriff's Office to evaluate the application specific to each item shown below. Additional information may be requested by the Washoe County Sheriff's Office, and must be provided by the applicant, as part of their review of the business license application.

Information required pursuant to Nevada Administrative Code 453A.420, Security:

- Security equipment** to deter and prevent unauthorized entrance into limited access areas to include:
 - Devices to detect unauthorized intrusion;
 - Exterior lighting to facilitate surveillance;
 - Electronic monitoring, including, without limitation:
 - At least one call-up monitor that is 19 inches or more;
 - A video printer capable of immediately producing a clear still photo from any video camera; and,
 - Video cameras of at least 704 x 480 resolution which:
 - provide coverage of all entrances to and exits from limited access areas;
 - provide coverage of all entrances to and exits from the building; and,
 - are capable of identifying any activity occurring in or adjacent to the building.
 - A video camera at each point-of-sale location which allows identification of any person purchasing medical marijuana;
 - A low light video camera in each grow room which is capable of identifying activity;
 - A method for storing video recordings from the video cameras for at least 30 calendar days;
 - A system failure notification with audible and visual notification; and,
 - Battery backup for video cameras and recording equipment to support at least 5 minutes.
 - Immediate automatic or electronic notification to alert local law enforcement agencies of an unauthorized breach of security at the medical marijuana establishment in the interior of each building of the medical marijuana establishment.

- Policies and procedures:**
 - That restrict access to the areas of the medical marijuana establishment that contain medical marijuana to persons authorized to be in those areas only;
 - That provide for the identification of persons authorized to be in the areas of the establishment that contain medical marijuana;
 - That prevent loitering;
 - For conducting electronic monitoring; and
 - For the use of the automatic or electronic notification to alert local law enforcement agencies of an unauthorized breach of security at the medical marijuana establishment.

Medical Marijuana Security Checklist (continued)

Information required pursuant to NRS 453.362, *Requirements concerning storage and removal of medical marijuana*:

- Medical marijuana must be stored only in an enclosed, locked facility.
 - Medical marijuana must be stored in a secure, locked device, display case, cabinet or room within the enclosed, locked facility, protected by a lock or locking mechanism that meets at least the security rating established by Underwriters Laboratories for key locks.