

STATE OF NEVADA

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
MEDICAL MARIJUANA PROGRAM
4150 Technology Way, Suite 106
Carson City, Nevada 89706
Telephone: (775) 684-3487 · Fax: (775) 684-4156
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Renewal Application Form for Medical Marijuana Establishment (MME) Registration Certificates

NRS 453A.322(5) states that a medical marijuana registration certificate expires 1 year after the date of its issuance:

5. *Except as otherwise provided in subsection 6, if an application for registration as a medical marijuana establishment satisfies the requirements of this section and the establishment is not disqualified from being registered as a medical marijuana establishment pursuant to this section or other applicable law, the Division shall issue to the establishment a medical marijuana establishment registration certificate. A medical marijuana establishment registration certificate expires 1 year after the date of issuance and may be renewed upon:*

- (a) *Resubmission of the information set forth in this section; and*
- (b) *Payment of the renewal fee set forth in NRS 453A.344.*

Instructions

Registration renewal application requirements:

1. Pay the renewal fee per NRS 453A.344. Mail a check or money order with the registration renewal packet.
2. Complete the Renewal Application Form for Medical Marijuana Establishment (MME) Registration Certificates (this form) per NRS 453A.322(3)(a)(2). Scan the form to a PDF document and name the file as follows:
MME ID#_renewal_app_MM_YYYY; where MME ID is the four digit code of the MME, and MM_YYYY is the two digit month and four digit year this renewal application is being submitted.
Example: D001_renewal_app_03_2016.pdf. Burn this PDF document to a renewal application CD-R disk.
3. Owners, Officers and Board members are required to submit fingerprints to DPS per NRS 453A.322(3)(a)(2)(V). Instructions for completing this requirement are

found at:

[http://dpbh.nv.gov/Reg/MME/dta/Forms/Medical_Marijuana_Establishments \(MME\) - Forms/](http://dpbh.nv.gov/Reg/MME/dta/Forms/Medical_Marijuana_Establishments_(MME)_-Forms/). MMEs will submit copies of each person's Fingerprint

Submission Form and Fingerprint Background Check Waiver Form with the renewal application packet. Scan the form to a PDF document and name the file as follows: MME ID#_fingerprints_MM_YYYY.pdf.

Example: D001_fingerprints_03_2016.pdf. Burn this PDF document to the renewal application CD-R disk.

4. Submit a copy of the MME's annual financial statement for the previous year per NAC 453A.328(2). Scan the statement to a PDF document and name the file as follows: MME ID#_financial_stmt_03_2016.pdf.

Example: D001_financial_stmt_03_2016.pdf. Burn this PDF document to the renewal application CD-R disk.

5. Submit a copy of the audit report per NAC 453A.328(3). Scan the report to a PDF document and name the file as follows:
MME ID#_audit_report_03_2016.pdf. Burn this PDF document to the renewal application CD-R.

6. Mail the renewal application CD-R to:

Division of Public and Behavioral Health
Medical Marijuana Program
4150 Technology Way, Suite 106
Carson City, NV 89706

MME application ID # (i.e. D001, C050, etc.): _____

MME 20-digit identification #: _____

MME entity legal name filed with the Nevada Secretary of State (not DBA name):

MME physical address: _____

MME local jurisdiction: _____

MME agent card designee (name of the person designated to submit applications for agent cards on behalf of the MME): _____

For MME dispensaries only – proposed hours of operation:

Pursuant to NAC 453A.328(1)(f)(1)-(5), for each owner, officer and board member of this MME, identify whether that person:

1. Has served as an owner, officer or board member for an MME that has had its registration certificate revoked. ☐ Yes ☐ No

If yes, list the name of the person and the MME.

2. Is an attending physician currently providing written documentation for the issuance of registry identification cards. ☐ Yes ☐ No

If yes, list the name of the person.

3. Is a law enforcement officer. ☐ Yes ☐ No

If yes, list the name of the person and the law enforcement agency.

4. Is an employee or contractor of the Division. ☐ Yes ☐ No

If yes, list the name of the person and the job title.

5. Has an ownership or financial investment interest in any other MME. ☐ Yes ☐ No

If yes, list the person, the other MME(s) and describe the interest.

MME Application ID # (i.e. D001, C050): _____

Name	Role (Owner, Officer, Board Member)	Date of Birth (MM-DD- YYYY)	Physical Address	Ownership % in this MME	Total # of Agent Cards issued to this person	List all other MMEs for which this person has been issued agent cards (List Application ID #s)
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[illegible]

MME contact name: _____

MME contact address: _____

MME contact phone: _____

MME contact email address: _____

Attestation: I attest the information provided to the Division to renew the MME's registration certificate is true and correct according to information known by the undersigned at the time of signing; and the signature of a natural person for the MME as described in subsection 1 of NAC 453A.300 and the date on which he or she signed the application.

MME contact signature/date: _____