



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
MEDICAL MARIJUANA PROGRAM  
4150 Technology Way, Suite 101  
Carson City, Nevada 89706  
Telephone: (775) 684-3487 · Fax: (775) 684-4156  
[medicalmarijuana@health.nv.gov](mailto:medicalmarijuana@health.nv.gov)

## Renewal Application Form for Medical Marijuana Establishment (MME) Provisional 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.*

All MMEs that were issued a provisional registration certificate on November 3, 2014, and that have not yet obtained a final registration certificate from the Division, must complete and **return this renewal application form to the Division by November 30, 2016.** If an MME does not respond to this renewal requirement, or if the renewal application is not received at the Division or postmarked by November 30, 2016, the MME's registration will be deemed expired and no longer valid. The Division is deferring collection of the renewal fee at this time.

MMEs will complete this form, then scan it to make a PDF file. The PDF file should be named as follows: MMEID\_provisional renewal Nov 2016.pdf, where MMEID is the four-digit code assigned to the MME (i.e. D001, L010, C130, etc.). Copy the PDF file to a CD-R or thumb drive and mail it to the Division. **DO NOT MAIL HARDCOPY DOCUMENTS.**

Mail the PDF renewal form to:

Division of Public and Behavioral Health  
Medical Marijuana Program  
4150 Technology Way, Suite 101  
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.

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

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

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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.

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MME Entity Name: \_\_\_\_\_

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

*Instructions: List all current owners, officers and board members for this MME. For Owner entities other than natural persons, annotate the entity name (i.e. LLC or trust), and identify ALL natural persons in the entity, and their corresponding ownership interest percentage (%) in this MME. Use a continuation page if you need more space.*

Name	Role (Owner, Officer, Board Member)	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 IDs)

Name	Role (Owner, Officer, Board Member)	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 IDs)

MME projected date to be fully operational: \_\_\_\_\_

MME progress details (please address the status of the following items at a minimum: local business license, certificate of occupancy, agent card status, facility construction, MME equipment, and status of MME operational policies and procedures):

1. Have you received a business license for this MME from the local jurisdiction?  
 Yes  No

If not, describe where in the process you currently are.

\_\_\_\_\_  
\_\_\_\_\_

2. Have you received a Certificate of Occupancy for this MME from the local jurisdiction?  Yes  No

If not, please explain and describe where in the process you currently are.

\_\_\_\_\_  
\_\_\_\_\_

3. Have you applied for and received required Special Use Permits and/or Conditional Use Permits for this MME from the local jurisdiction?  Yes  No

If not, please explain and describe where in the process you currently are.

\_\_\_\_\_  
\_\_\_\_\_

4. Are background checks and waivers complete and submitted for all owners, officers and board members of this MME?  Yes  No

If not, please explain and describe where in the process you currently are.

\_\_\_\_\_  
\_\_\_\_\_

5. Have all owners, officers, board members, employees and volunteers of this MME received agent cards?  Yes  No

If not, please explain and describe where in the process you currently are.

\_\_\_\_\_  
\_\_\_\_\_

6. Is all construction and finishing complete for this MME?  Yes  No

If not, please explain and describe where in the process you currently are.

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7. Is all required MME equipment on the premises and installed?  Yes  No

If not, please explain and describe where in the process you currently are.

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8. For facilities for the production of edible marijuana or marijuana infused products, has the production plan been reviewed and approved by the Division?

Yes  No

If not, please explain and describe where in the process you currently are.

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9. Have you received a letter of approval for logos and advertising?  Yes  No

If not, please explain and describe where in the process you currently are.

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10. MME barriers to completion: Please address issues your MME is facing that are beyond your ability to control or affect and are preventing or delaying you from becoming fully operational:

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**NAC 453A.324 Registration certificates: Revocation if establishment not fully operational within 18 months. (NRS 453A.370)**

1. If a medical marijuana establishment is not fully operational within 18 months after the date on which the Division issued the medical marijuana establishment registration certificate, the Division may revoke the medical marijuana establishment registration certificate. If the Division revokes a medical marijuana establishment registration certificate pursuant to this subsection, the applicable annual renewal fee paid by the establishment is not refundable.

2. If the Division revokes the medical marijuana establishment registration certificate of a medical marijuana establishment pursuant to subsection 1, the medical marijuana establishment may not reapply for a medical marijuana establishment registration certificate until at least 12 months after the date on which the previous medical marijuana establishment registration certificate was revoked.

**Please initial one of the following options:**

\_\_\_\_\_ I wish to surrender my MME’s provisional registration certificate. I understand that since I am voluntarily surrendering my MME’s registration certificate, my MME will be able to reapply for another registration certificate during the next open application period, regardless of when the application period opens.

\_\_\_\_\_ I do not wish to surrender my MME’s provisional registration certificate at this time. I understand that if the Division revokes the registration certificate, my MME will not be able to reapply for another registration certificate until at least 12 months after the revocation date have elapsed.

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 provisional 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: \_\_\_\_\_