## **Small Business Impact Questionnaire**

## **Abuse of Alcohol and Drugs Proposed Regulation**

## Changes to Nevada Administrative Code (NAC) Chapter 458

The following questions pertain to how the changes in the Nevada Administrative Code presented in the enclosure will affect your business. If it is determined that the proposed regulation is likely to impose a direct and significant economic burden upon a small business; or directly restrict the formation, operation or expansion of a small business; then the agency will take any or all of the following actions:

- 1. Insofar as practicable, consult with owners and officers of affected small businesses;
- 2. Consider methods to reduce the impact of the proposed regulation; and
- 3. Prepare a small business impact statement, and make copies of the statement available to the public at the workshop conducted and the public hearing held pursuant to NRS 233B.061.

The proposed regulation included for your review and comments. Additional copies can be obtained by calling 775-684-4229.

Please answer each question that applies, and add any qualifying remarks that may help us to understand your position. By March 24, 2017, please mail, fax or email your completed form to:

Ruth Condray, Ph.D.

Nevada Department of Health and Human Services

Division of Public and Behavioral Health | Behavioral Health Wellness and Prevention

4126 Technology Way, Suite 200 | Carson City, NV 89706

TEL: 775-684-4229; FAX: 775-684-4185

Email: rcondray@health.nv.gov

Your Name	 	
Organization	 	 
Date		

NRS 233B.0382 "Small Business defined." "Small business" means a business conducted for profit, which employs fewer than 150 full-time or part-time employees.

1. How	many employe	es are currently employe	ed by your business?
•	questionnaire	50, you do not need to a to the above address. ), please continue with t	nswer the rest of the questions. Please MAIL or FAX he remaining questions.
estima	ted dollar amou		onomic effect upon your business? If so, please indicate the opted regulations will cost you over one calendar year with a brief alculated.
Yes		No	Explain: List each regulation and describe the impact. (Use additional sheets if necessary.)
believe applica	the adopted re	gulations will save you o	fect upon your business? If so, please include any cost savings you ever one calendar year with an estimated dollar amount, if Explain (use additional sheets if necessary):
4. Do	you anticipate a	ny indirect adverse effec	ts upon your business?
Yes		No	Explain (use additional sheets if necessary):
5. Do y	ou anticipate ar	ny indirect beneficial effe	ects upon your business?
Yes		No	Explain (use additional sheets if necessary):