

Checklist

- Original Signed & Notarized Application
- Fee (\$10,000 non-refundable application fee, \$300 notification fee, additional \$1.00 per notice beyond 1,000 notices.) Only one notification fee is charged for multiple applications requiring notification for one project. See filing schedule.
- Copy of Deed
- Copy of Legal Description
- Copy of Most Recent Assessor's Parcel Map
- Site Plan (one legible 11"x 17" print) fully dimensioned
 - Property size, including dimensions of property
 - Building size by square footage of use
 - Setback (if applicable)
 - Number of parking spaces per use; required and provided
 - Vicinity map, date, north arrow & scale
 - Street access to site, including width of proposed driveways, street names, intersections, center line, and ultimate right-of-way dimensions
 - Zoning, Comprehensive Plan land use designation, and project name of abutting parcels
- Floor Plan (one legible 11"x17" print)
 - Provide square footage of tenant space.
 - Provide location within building
- Justification Letter (letter must address the following):
 - Explain proposed use, operating characteristics, number of employees, hours of operation, etc.
 - Justification to reduce/waive buffer and distance separation requirements (if applicable)

- Clearly describe how the use complies with all applicable Medical Marijuana Establishment provisions of the Development Code.
- Is the proposed use compatible with adjacent uses in terms of scale, site design, operating characteristics, hours of operation, traffic generation, lighting, noise, odor, dust, and other external impacts?
- Will public safety, transportation and utility facilities and services be available to serve the subject property while maintaining sufficient levels of service to existing Development?
- Will the proposed use exceed the capacity of public services that cannot be mitigated?
- List of all business partner(s), owner(s), operator(s), board member(s), and consultants for the proposed medical marijuana establishment.
- Copy of signed lease agreement
- Waiver request (if applicable)
- Original signed and notarized disclaimer for each business partner, owner, operator, consultant, or board member

Application decision subject to appeal period referenced in Section 19.6.6.A.

The City of Henderson

Conditional Use Permit Medical Marijuana Establishment



Application Form

Application Fee
\$10,000 non-refundable

Notification Fee
\$300*

*(Additional \$1.00 per notice
beyond 1,000 notices.)

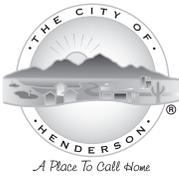
Community Development and Services

240 Water St.
P. O. Box 95050
Henderson, NV
89009-5050

Phone: 702-267-1500
Fax: 702-267-1501

cityofhenderson.com





The City of Henderson
Conditional Use Permit
 Medical Marijuana Establishment Application Form

Project Name _____

Project Location _____

Assessor's Parcel Number(s) _____ SAM # _____

Existing Zoning _____ Comprehensive Plan Land Use _____ Gross Acres _____

Intent of this Request _____

Related Applications _____

Property Owner	Name _____ Company _____	
	Address _____ City _____	
	State _____ Zip Code _____	Phone () _____ E-mail _____
Applicant	Name _____ Company _____	
	Address _____ City _____	
	State _____ Zip Code _____	Phone () _____ E-mail _____
Contact Person	Name _____ Company _____	
	Address _____ City _____	
	State _____ Zip Code _____	Phone () _____ E-mail _____
	Fax () _____ Alternate Phone () _____	
	<small>The person listed as contact will be contacted to attend staff reviews, answer questions regarding this application, provide additional information when necessary, and will receive a copy of the staff report prior to the Planning Commission meeting.</small>	
Ownership Disclosure	Please list all individuals and entities with an interest in the Applicant and the Owners. Said list should include, without limitation, any and all general partners, corporate officers and managers of limited liability companies with an interest in the Applicant and the Owner.	
	Name	Relationship/Position
		% of Ownership

By signing this document I acknowledge that to the best of my knowledge the above list includes the names of all owners, officers, general partners, managers of limited liability companies, and all other ownership interests in either the applicant or owner. Only original notary accepted.

Property Owner Signature _____

Print Name _____

N O T A R Y	State of _____, County of _____
	This instrument was acknowledged before me by _____
	on _____.

	Notary Public

For Office Use Only									
CCUP#									
Accepted by									
Date									