

Checklist

Please provide the following:

- Most recent assessor's parcel map designating site
- Detailed and legible site plan with proposed MME use designated. (11"x17")
- Building footprint with proposed MME location clearly defined. (11"x17")
- Application fee of \$180
- Original signed and notarized application
- Complete signed and notarized disclaimer forms (each owner, operator, and board member must complete and submit at time of DSA application)

Distance Separation Analysis

Medical Marijuana
Establishment



Application Form

Application Fee
\$180



Community Development

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

Phone: 702-267-1500

Fax: 702-267-1501

cityofhenderson.com



Distance Separation Analysis

Medical Marijuana Establishment Application Form

Project Name: _____

Assessor's Parcel Number(s): _____ Existing Zoning: _____

Business Address: _____

Proposed square footage of medical marijuana establishment: _____

Medical Marijuana Establishment (MME) Category (please circle): dispensary; cultivation; manufacturing/infusion; laboratory

The subject analysis is valid for 120 days.

Applicant	Company/Firm Name: _____ Contact Name: _____ Address: _____ ZIP Code: _____ Phone: (_____) _____ Fax: (_____) _____ Email: (required) _____
Property Owner	Name: _____ Address: _____ City: _____ State _____ ZIP Code: _____ Phone (_____) _____ Email _____
Contact Person	Name _____ Company _____ Address _____ City _____ State _____ ZIP Code: _____ Phone (_____) _____ Email _____ 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>

Distance Separation Analysis results will be available within 5 working days.

This application does not guarantee approval of a Conditional Use Permit or a Privileged Business License for a medical marijuana establishment.

Signature of Applicant _____ Print Name _____ Date _____

NOTARY	State of _____, County of _____ This instrument was acknowledged before me by _____ on _____. _____ Notary Public
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Signature of Property Owner _____ Print Name _____ Date _____

NOTARY	State of _____, County of _____ This instrument was acknowledged before me by _____ on _____. _____ Notary Public
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For Office Use Only												
CVTD#												
Accepted by												
Date												