CITY OF LAS VEGAS
DEPARTMENT OF PLANNING
BUSINESS LICENSING DIVISION
333 N. Rancho Dr., 6th Floor
Las Vegas, NV 89106

Fax (702) 382-6642
TDD (702) 386-9108
E-mail us at mme@lasvegasnevada.gov

Print Form

Medical Marijuana Permit Application Personal Financial Questionnaire Schedules

SCHEDULE A - Cash In Financial Institutions

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

List below all accounts, foreign and domestic, maintained by you, your spouse and your dependents. Also, provide statements for the last three (3) months for all accounts listed.

NOTE: Average Monthly Income from interest and/or dividends should be included in the Statement of Monthly Household Income & Expense on Page 3 of Personal Financial Questionnaire.

Name and Address of Financial Institution	Account Number	Type of Account (Checking, Savings, Money Market, etc)	Names of Persons Appearing on Account	Current Balance
			Total to page 4 of Personal Financial Questionnaire	

Applicant/Preparer Initials _____/_____

SCHEDULE B - Notes Receivable

List below all notes receivable held by you, your spouse and your dependents. Indicate by means of an asterisk (*) in the first column notes receivable held by your spouse or dependents to which you are not a party

NOTE: Average Monthly payments and interest received on notes in the Statement of Monthly Household Income & Expense on Page 3 of Personal Financial Questionnaire.

Name, Address & Telephone Number of Debtor	Date Incurred	Purpose	Original Amount	Payment Period	Maturity Date	Interest Rate	Collateral, if any	Unpaid Balance
							Total to page 4 of Personal Financial Questionnaire	

SCHEDULE C - Marketable Securities

List below all marketable securities held or controlled by you, your spouse and dependents. Include all stocks, bonds, mutual funds, stock options, and similar assets. Investments and securities held in any form of trust to which you, your spouse or dependents are a party must also be included below. Indicate by means of an asterisk (*) in the first column, securities held by your spouse or dependents. *(If more room is required, please attach a separate page or list below the amounts held by individual brokerage houses and provide broker's statements for each brokerage indicated).*

NOTE: Average Monthly Income from Marketable Securities should be included in the Statement of Monthly Household Income & Expense on Page 3 of Personal Financial Questionnaire.

Description of Security (Issuer & # of shares, etc. Include brokerage name and account number	Type (Describe)	No. of Shares or Units	Purchase Price	Date of Purchase	Name in which Held	Current Market Value
						Total to page 4 of Personal Financial Questionnaire

Applicant/Preparer Initials _____/_____

SCHEDULE D - Business Investments

List below any business investments in which any direct, indirect, vested, or contingent interest is held by you, your spouse or dependents, along with the names of individuals or entities who share a direct, indirect, vested, or contingent interest in the entity. This should include, but not be limited to, sole proprietorships, partnerships, corporations, limited liability companies, trusts and joint ventures.

NOTE: Average Monthly Income from Business Investments should be included in the Statement of Monthly Household Income & Expense on Page 3 of Personal Financial Questionnaire.

Entity Name	Type of Entity	No. of Shares or Units Held	Percent of Ownership	Purchase Price	Date of Purchase	Name in Which Held	Individuals or Entities sharing ownership and percentage of ownership	Current Market Value
							Total to page 4 of Personal Financial Questionnaire	

SCHEDULE E - Real Property

List below the information requested regarding any real property (residence, land, buildings) in which any direct, indirect, vested or contingent interest is held by you, your spouse or your dependents, along with the names of all individuals or entities who share a direct, indirect, vested or contingent interest therein.

NOTE: Average Monthly Income from real property should be included on the Statement of Monthly Household Income & Expense on Page 3 of Personal Financial Questionnaire.

Address/Location (Include County, State, Country)	Type & Size	Date of Purchase	Purchase Price	Amount of Down Payment	Source of Down Payment	Value of Improve-ments at cost	If Shared, Ownership, Percent of Ownership	Other Owners & Relationship to you	Current Market Value
								Total to page 4 of Personal Financial Questionnaire	

Applicant/Preparer Initials _____/_____

SCHEDULE F - Personal Property & Other Assets

List information below for all other personal property held by you, your spouse, dependents and/or in trusts. Include personal property items such as automobiles, recreational vehicles, jewelry, cash surrender value life insurance policies, value of pension plans, etc.

Type of Asset (Include Year, Make, Model of Vehicles)	Location of Property	Date of Purchase	Purchase Price	Ownership Percentage	Other Owners/Relationship to You	Current Market Value
					Total to page 4 of Personal Financial Questionnaire	

SCHEDULE G - Notes Payable

List below the information for all notes payable (loans) for which you, your spouse or your dependents are obligated. Indicate by means of an asterisk (*) in the first column those notes for which your spouse or dependents are obligated. Include all loans for personal property items, including vehicles, etc.

Include monthly payments and interest on Statement of Monthly Household Income and Expense on page 3 of Personal Financial Questionnaire and provide copies of all notes payable.

Name and Address of Creditor	Date Incurred	Original Amount	Payment/ Period	Interest Rates	Maturity Date	Purpose of Loan	Collateral	Unpaid Principal Balance
Total to page 4 of Personal Financial Questionnaire							**Total to page 4 of Personal Financial Questionnaire**	

Applicant/Preparer Initials _____/_____

SCHEDULE H - Mortgages Payable

List below the information for all mortgages or liens payable for which you, your spouse or your dependents are obligated. Indicate by means of an asterisk (*) in the first column those notes for which your spouse or dependents are obligated.

Include monthly payments and interest on Statement of Monthly Household Income and Expense on page 3 of Personal Financial Questionnaire and provide copies of mortgages.

Name and Address of Creditor	Date Incurred	Original Amount	Payment/ Period	Interest Rates	Maturity Date	Position of Mortgage or Lien	Description & Address of Property	Unpaid Principal Balance
Total to page 4 of Personal Financial Questionnaire							**Total to page 4 of Personal Financial Questionnaire**	

SCHEDULE I - Other Liabilities

List below any other debts for which you, your spouse or your dependents are obligated. Include any other consumer debt, including balances on credit cards, outstanding lines of credit, etc. Indicate by means of an asterisk (*) in the first column any indebtedness for which your spouse or dependents are obligated.

Include monthly payments and interest on Statement of Monthly Household Income and Expense on page 3 of Personal Financial Questionnaire.

Address/Location (Include County, State, Country)	Description of Liability	Purpose	Date Incurred	Original Amount	Payment Period	Interest Rate	Maturity Date	Collateral	Unpaid Principal Balance
Total to page 4 of Personal Financial Questionnaire								**Total to page 4 of Personal Financial Questionnaire**	

Applicant/Preparer Initials _____/_____

STATE OF _____)
)
)
COUNTY OF _____)

I, _____, being duly sworn, depose and say that the above statements and supporting schedules are true and correct to the best of my knowledge and belief and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a privileged license by a municipality or by a county or by the State of Nevada. Further, that I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the revocation of a privileged license.

I agree to advise the Business Licensing Division of any changes in financing, additional loans or investors or capital investment that may occur during the tenure of this/these license(s).

_____
Signature of Applicant

SUBSCRIBED AND SWORN TO, BEFORE ME

THIS _____ DAY OF _____, 20_____

_____
Notary Public in and for said county and state

Applicant/Preparer Initials _____/_____