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

***Notice to Applicants**: Please read this form carefully and furnish all related documents. **Answers must be complete and truthful. Do not leave any spaces blank. Applicants should answer "N/A" to any question that is not applicable. Failure to properly complete the form or provide required accompanying documents WILL result in permit denial.**. The Department reserves the right to request additional documents as necessary in order to conduct a background investigation of the applicant.*

Last Name | First Name | Middle Name | Date

Residence Address (Number & Street Name) | City | State | Zip Code

SUBMITTED IN CONNECTION WITH AN APPLICATION FOR MEDICAL MARIJUANA COMPLIANCE PERMIT

Business Name

Business Address (Number & Street Name) | City | State | Zip Code

1) Total amount that **you** have invested or will be investing to set up this business? $ _____

2) Percentage of your ownership? _____ %

(NOTE: The answers provided on lines 1 and 2 above, should correspond to the ownership information provided on other forms and attachments.)

3) Has your ownership interest, or any share of your interest, been assigned, pledged, or encumbered to any other person or business entity? *(If yes, furnish details on a separate page and provide copy of documents).*

☐ Yes ☐ No

4) Have you entered into any agreement that could result in a transfer, pledging, or encumbrance of ownership interest or do you intend to enter into such an agreement in the future? *(If yes, furnish details on a separate page and provide copy of documents).*

☐ Yes ☐ No

5) Last Federal Income Tax was filed on (date) _____ for the year of _____ at (City/State) _____.

Attach the last three (3) years of income tax return filings.

6) Have you ever filed bankruptcy? *(If yes, furnish details on a separate page).*

☐ Yes ☐ No

7) Do you own or control any assets or liabilities outside the United States? *(If yes, furnish details on a separate page).*

☐ Yes ☐ No

Applicant/Preparer Initials _____/_____

8) Do you hold any assets in a trust? *(If yes, provide details on a separate page and provide copy of the trust agreement and a description of the assets in the trust, if a description is not set forth in the trust agreement).*

☐ Yes ☐ No

9) Do you control, manage or hold in trust any assets and/or liabilities for any other person or entity? *(If yes, provide details on a separate page and provide copy of the trust agreement and a description of the assets in the trust, if a description is not set forth in the trust agreement).*

☐ Yes ☐ No

10) Have you been a party to any litigation over the past three (3) years? *(If yes, provide copy of summons, complaint, and a motion disposing of the matter, if resolved. Include date filed, name and address of court, and docket or case number).*

☐ Yes ☐ No

11) Have you ever filed for an application for a business, professional license, or permit in any jurisdiction, or have you ever had a business, professional license, or permit in any jurisdiction? *(include even if in process). (If yes, provide details on a separate page).*

☐ Yes ☐ No

12) Have you ever filed for and been denied, or withdrawn an application for a business or professional license in any jurisdiction, or have you ever had a business or professional license revoked or suspended? *(If yes, provide details on a separate page).*

☐ Yes ☐ No

13) Are you, your spouse, or your dependents contingently liable to any other third party in any matter that is yet to be resolved? (Examples: Co-signing on a loan or guaranteeing another individual's promise to pay on a lease or other financial obligation).

(If yes, provide a complete description of the nature of the matter in which you or your spouse are contingently liable. Describe the circumstances that would result in the establishment of an actual liability, provide a high and low estimate of the liability that would be established in the event these circumstances occurred, and estimate the likelihood that such a circumstance will occur).

☐ Yes ☐ No

*****SEE NEXT PAGE*****

Applicant/Preparer Initials _____/_____

15) **Statement of Monthly Household Income and Expense**

(Complete the following information per household. Income and expense should include any child support and/or alimony that you receive and/or that you or your spouse must pay.

Monthly Income	Applicant	
Salary	$	$
Interest & Dividends		
Income from Rental Property		
Income from Business Investments		
Other (Describe)		
Total Income:	(1)	$

Monthly Expense	Applicant	Spouse
Mortgage (or rent)	$	$
Vehicle (include car payment, fuel, insurance)		
Utilities		
Groceries/Other household expense		
Other (include liabilities) (Describe)		
Total Expense:	(2)	$
Net Income (Expense):	(1) minus (2)	$

Applicant/Preparer Initials _____/_____

15) **Statement of Applicant's Household Net Worth as of** _____
(date)

(Complete the following statement including total for self, spouse, and household dependents. Each amount listed on the summary schedule below must be supported on a supplemental schedule included in the following pages).

ASSETS *(List all assets, whether tangible or intangible)*	**Schedule**	**Original Cost/ Investment**	**Current Market Value**
Cash on Hand		**$**	**$**
Cash in Financial Institutions	**A**		
Notes Receivable	**B**		
Marketable Securities	**C**		
Business Investments	**D**		
Real Property	**E**		
Personal Property	**F**		
Other Assets not included on supporting schedules (Describe):			
Total Assets:	**(3)**	**$**	
LIABILITIES *(List all liabilities for self, spouse and dependents)*	**Schedule**	**Original Balance**	**Present Balance**
Notes Payable	**G**	**$**	**$**
Mortgages Payable	**H**		
Other Liabilities	**I**		
Taxes Payable			
Other Liabilities not included on supporting schedules (Describe):			
Total Liabilities:	**(4)**	**$**	
Net Worth (Liability):	**(3) minus (4)**	**$**	

Applicant/Preparer Initials _____/_____