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 ESTABLISHMENT OWNER/KEY EMPLOYEE FORM

(This form must be typed or hand printed in **BLACK INK**)

I, _____ am applying as the key employee of _____
Owner/Key Employee Name *Establishment Name*

located at _____

	The intended hours of operation of the business are:	My scheduled work hours are:
Monday:	_____	_____
Tuesday:	_____	_____
Wednesday:	_____	_____
Thursday:	_____	_____
Friday:	_____	_____
Saturday:	_____	_____
Sunday:	_____	_____

I understand that since a written demonstration is required by Code, I will have to take an online MME educational test and pass with a percentage of 80% or higher. Please send a link for the test to this e-mail address: _____

_____

ACKNOWLEDGEMENTS

Signing this document signifies you have read and understood the following:

LVMC 6.95.110 - Medical marijuana establishments-General requirements and restrictions.
(B) At least one qualified person shall be on the premises of a medical marijuana dispensary at all times during the hours of operation. For purposes of the preceding sentence, a "qualified person" means a principal who has been approved for suitability pursuant to LVMC 6.06.06 or a key employee who has been approved for suitability pursuant to that Section.

LVMC 6.95.090 - Medical marijuana establishment - Licenses.
(D) Prior to issuance of a license, the licensee must designate one principal, all key employees and all management personnel to demonstrate competence in local regulations as evidenced by a written demonstration administered by the Director.

LVMC 6.95.120 - Security Requirements.
(E) A sign shall be posted at the entrance to the location containing the name and functioning telephone number of a twenty-four-hour on-call member engaged in the management of a medical marijuana establishment who will receive, log, and respond to complaints and other inquiries.

Printed Name: _____ Title: _____

Signature: _____ Date: _____