

Checklist

- Original signed and notarized application
- Fee (\$10,000 non-refundable application fee, \$300 notification fee, additional \$1 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, fully dimensioned (font must be legible in 11" x 17" format)
 - 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 (font must be legible in 11"x17" format)
 - Provide square footage of tenant space.
 - Provide location within building
- Justification letter, which must address the following:
 - Justification to reduce/waive buffer and distance separation requirements (if applicable)

- Clearly describe how the use complies with all applicable Marijuana Establishment provisions of the Development Code in 19.5.5.Y.
- 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 conditional lease commitment
- 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.

Submittal Process

Please email the completed application and required information to:

planner@cityofhenderson.com

- All files need to be legible and submitted in a PDF format.
- We can accept up to 25 MB per email.
- If your files are larger than that, email us and we can send you a link to the City's FTP site to upload the files for submittal.

Conditional Use Permit 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 S. Water St.
P. O. Box 95050
Henderson, NV
89009-5050

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

cityofhenderson.com





Conditional Use Permit

Marijuana Establishment Application Form

Project Name _____

Project Location _____

Assessor's Parcel Number(s) _____

Existing Zoning _____ Comprehensive Plan Land Use _____ Gross Acres _____

Intent of this Request _____

Related Applications _____

Property Owner	Name _____ Company _____	
	Address _____ City _____	
	State _____ ZIP Code _____ Phone () _____ Email _____	
Applicant	Name _____ Company _____	
	Address _____ City _____	
	State _____ ZIP Code _____ Phone () _____ Email _____	
Contact Person	Name _____ Company _____	
	Address _____ City _____	
	State _____ ZIP Code _____ Phone () _____ Alternate Phone () _____	
	Email _____	
	<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	
SAM #	