

Checklist

Please provide the following:

- Most recent assessor's parcel map designating site
- Detailed and legible site plan with proposed Marijuana Establishment use designated. (11"x17")
- Building footprint with proposed Marijuana Establishment 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

Marijuana
Establishment



Application Form

Application Fee
\$180



Community Development and Services

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cityofhenderson.com



Distance Separation Analysis

Marijuana Establishment Application Form

Project Name: _____

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

Business Address: _____

Proposed square footage of medical marijuana establishment: _____

Marijuana Establishment 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	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 five working days.

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

Signature of Applicant _____ Print Name _____ Date _____

NOTARY	State of _____, County of _____
	This instrument was acknowledged before me by _____
	on _____.
	_____ Notary Public

Signature of Property Owner _____ Print Name _____ Date _____

NOTARY	State of _____, County of _____
	This instrument was acknowledged before me by _____
	on _____.
	_____ Notary Public

For Office Use Only									
CVTD#									
Accepted by									
Date									