

Development Services

Cannabis Zoning Verification Application

General Information and Process

What is a Cannabis Zoning Verification?

A zoning verification letter is required from the zoning authority for which a cannabis facility is being proposed. This letter is an acknowledgement of zoning compliance and provides confirmation that the proposed facility is allowed to go in a particular location based on zoning and applicable distance requirements. This application is used for medical and adult-use cannabis establishments including cultivation, production, testing, and retail facilities.

What is the Process and How Long Will It Take?

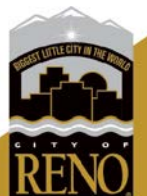
Applications are accepted on any business day during business hours. A review for completeness will be conducted within three days of the application submittal. Incomplete applications will be returned to the applicant and will not be issued a letter. Cannabis Zoning Verification applications are typically reviewed within 30 days.



Application Checklist

Applicants must provide all forms, documents, information, and materials listed in the checklist below in digital format. The submission packets must be in the same order as the checklist. Review materials and check the boxes within the column on the left-hand side of the page to confirm submission.

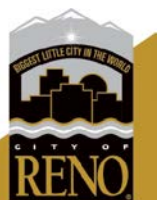
- City of Reno Development Application
- Owner's Affidavit and Applicant's Affidavit
- Supplemental Information
- Ownership List – Provide a list of names, addresses, and contact information for all individual owners of the businesses.
- Project Narrative – Submit a written description of the request that includes project details, historical background, and existing uses and improvements on site.
- Certification Letter from Surveyor – Provide a stamped and signed certification letter acknowledging the applicable distancing requirements per the additional use regulations for each facility per RMC 18.03 Article 3. This letter must note that resources were used from the Washoe County School District and the Washoe County Human Services Agency for current schools and child care facilities.
- Survey – Provide a stamped and signed survey prepared by a State of Nevada licensed surveyor demonstrating compliance with all applicable distancing requirements per the additional use regulations for each facility type per RMC 18.03 Article 3. For an adult-use cannabis retail store or medical cannabis dispensary, provide the location and distance from the nearest cannabis dispensaries, including those in Washoe County, the City of Sparks, and trust land granted to the Reno-Sparks Indian Colony.
- List of Active Dispensaries – For the establishment of an adult-use cannabis retail store or medical cannabis dispensary, provide a list of all active dispensaries and retail stores within city limits.



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Submittal Guidelines

- Combine all necessary items in the checklist into one electronic document (aside from GIS files if applicable).
- If submitting in person, submit one USB drive with all completed forms, materials, reports, and supplemental information.
- If submitting online, create an account on the permitting portal at OneNV.us and submit through the online form.
- Payment of application fees is required within three days of the application being accepted.



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City of Reno Development Application

Project Name: _____

Project Description: _____

The project description should be concise in describing the reason for the application including the specific application triggers, other applications submitted concurrent with this application, and a general description of the proposed use, site improvement, or project.

Pre-Application Meeting Date: _____

Project Address: _____

Assessor's Parcel Number(s): _____

Master Plan: _____ **Zoning:** _____

Site Size: _____ acres

Property Owner Information

Name: _____

Mailing Address: _____

Phone: _____

Email: _____

Applicant Information

Name: _____

Mailing Address: _____

Phone: _____

Email: _____

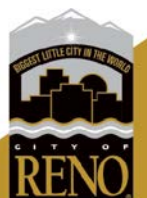
Agent and Contact Information (The person listed as contact will be contacted to attend staff/applicant meetings, answer questions regarding this application, provide additional information when necessary and will receive a copy of the staff report and decision letter.)

Name: _____

Mailing Address: _____

Phone: _____

Email: _____



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Supplemental Information for Cannabis Zoning Verification Applications

The applicant or duly authorized agent of the applicant requests that the Administrator of the City of Reno issue a zoning verification letter for a property described herein.

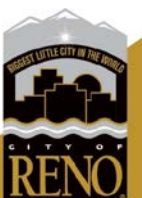
Application Type

1) Product Category

- Medical Facility
- Adult-Use Facility

2) Facility Type

- Dispensary or Retail Store
- Cultivation Facility
- Production Facility
- Testing Laboratory



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Cannabis Acknowledgement

The Applicant Signature for this application shall be pursuant to Title 56 Nevada Revised Statutes 678A-D and the adopted regulations of the Cannabis Compliance Board of the State of Nevada.

1. The applicant hereby verifies that the proposed location of the cannabis establishment complies with all spacing requirements set forth in the Reno Municipal Code (RMC) and Nevada Revised Statutes (NRS) and the applicant has attached an independent verification from a State of Nevada licensed surveyor that the proposed location meets all required spacing criteria measured in a straight line from the front door of the cannabis establishment to the closest parcel line, as shown on the Washoe County Assessor's records, of any school or community facility identified in NRS 678B.250, or licensed gaming establishment identified in NRS 463.0177. The City of Reno will not conduct an independent survey and is not liable for any incorrect information.

Applicant Signature _____

2. If this request is for a medical cannabis facility, the applicant hereby verifies that the proposed facility is located in a separate building from any other facility. This may include two facilities separated by a fire wall with no shared facilities, other than parking. This includes any other medical cannabis establishment or any other type of facility/business.

Applicant Signature _____

3. The applicant hereby verifies that the proposed cannabis establishment is not located on a parcel which is located adjacent to residentially zoned property and is not located on a parcel owned by the federal government.

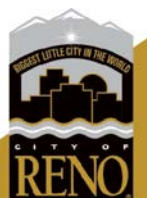
Applicant Signature _____

4. The applicant hereby verifies and understands that this application is only to receive zoning and spacing verification required for an application to the State of Nevada for a cannabis establishment. Any cannabis establishment Zoning Verification Letter provided by the City of Reno does not provide approval of any building permit, sign permit, business license or any approval of a cannabis establishment.

Applicant Signature _____

5. The applicant hereby verifies and understands that the use, cultivation, distribution, production, possession and transportation of cannabis remains illegal under Federal law and marijuana (cannabis) remains classified as a Schedule I Controlled Substance. Those involved with cannabis establishments may still be prosecuted under the Federal Controlled Substance Act (CSA) regardless of whether the cannabis establishment is in compliance with NRS or has received a license to operate a cannabis establishment in the City of Reno. The City of Reno does not have the authority and a cannabis establishment Zoning Verification letter does nothing to authorize, to promote, to condone or to aid the production, distribution, or possession of cannabis in violation of any applicable law including, without limitation, the CSA.

Applicant Signature _____



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Ownership List

If more business owners are associated with this application than there are spaces provided, provide additional sheets of this form.

Business Owner No. ____

Name: _____

Address: _____

Phone: _____

Email: _____

Business Owner No. ____

Name: _____

Address: _____

Phone: _____

Email: _____

Business Owner No. ____

Name: _____

Address: _____

Phone: _____

Email: _____

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