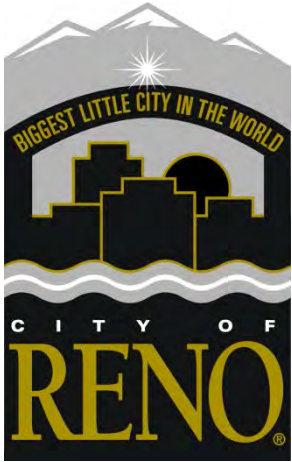


**CITY OF RENO**  
**APPLICATION FOR MEDICAL MARIJUANA ESTABLISHMENT (MME)**  
**ZONING VERIFICATION LETTER**



<b>For Community Development Department Use Only:</b>	
<b>CASE NUMBER:</b>	
<b>Date Received</b>	
<b>Time Received</b>	

BUSINESS NAME: \_\_\_\_\_

TYPE OF MME: \_\_\_\_\_ ASSESSOR'S PARCEL NO(S): \_\_\_\_\_

ADDRESS OF PROPOSED MME: \_\_\_\_\_

ZONING: \_\_\_\_\_ EXISTING LAND USE: \_\_\_\_\_

**PROPERTY OWNER(S)**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

ALTERNATE PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**APPLICANT/BUSINESS OWNER**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

ALTERNATE PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**PERSON TO CONTACT REGARDING APPLICATION:**

NAME: \_\_\_\_\_

(IF SAME AS OWNER OR APPLICANT, PLEASE INDICATE)

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

FAX NO: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

The City of Reno will direct all mail on this project to the contact person designated above.

**APPLICANT/BUSINESS OWNER**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

ALTERNATE PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**APPLICANT/BUSINESS OWNER**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

ALTERNATE PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**APPLICANT/BUSINESS OWNER**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

ALTERNATE PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**APPLICANT/BUSINESS OWNER**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

ALTERNATE PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**APPLICANT/BUSINESS OWNER**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

ALTERNATE PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**APPLICANT/BUSINESS OWNER**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

ALTERNATE PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**APPLICANT/BUSINESS OWNER**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

ALTERNATE PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**APPLICANT/BUSINESS OWNER**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

ALTERNATE PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**The Applicant Signature for this application shall be pursuant to Section 23 of the Adopted Regulation of the Division of Public and Behavioral Health of the Department of Health and Human Services, State of Nevada, for Medical Marijuana Establishments LCB File No. R004-14.**

1. The applicant hereby verifies that the proposed location of the MME complies with all spacing requirements set forth in 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 MME to the closest parcel line, as shown on the Washoe County Assessor's records, of any of the school or community facilities identified in NRS 453A.322. The City of Reno will not conduct an independent survey and is not liable for any incorrect information.

**Applicant Signature** \_\_\_\_\_

2. The applicant hereby verifies that the proposed MME 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 MME or any other type of facility/business.

**Applicant Signature** \_\_\_\_\_

3. The applicant hereby verifies that the proposed MME 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 an MME. Any MME 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 MME.

**Applicant Signature** \_\_\_\_\_

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

**Applicant Signature** \_\_\_\_\_