

## Multi-Jurisdictional License Notification and Acknowledgement of Transfer of Primary Jurisdiction

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Applicant (Entity name i	if applicable)				•	
Business Name (DBA)						
Current Business	Street:					
License Address	City:		State:		Zip:	
MJ License Number		Curren Jurisdio	t Primary ction			
New/Proposed	Street:		•			
Business Address (If applicable)	City:		State:		Zip:	
If providing notification of change of address, please provide appropriate date information.				d Opening cation:	Date Operations Began at Location:	
of primary jurisdiction. I identified below in additional acknowledge that address failure to complete the noted above may result license.	ition to other ress changes arequired applic	equired form e subject to cation proces	ns which will be all applicable or as and obtain ap	provided of the provided of the provided of the proved of the proved of the proved of the proved of the provided of the provid	by that office. I ful of the jurisdictions; any change of add	rther and Iress
Signature			litie			
Printed Name			Date			—
Participating jurisdictions and the cities of Henderso				evada: Uni	ncorporated Clark Co	ounty
For Official Use Only:						
Transfer of Primary Juri	sdiction Status	to: Cur	rently Designate	d Non-prim	nary Jurisdiction(s):	
☐ City of Henderson			City of Henderson	n 🗆	City of Las Vegas	
☐ City of Las Vegas ☐ C			City of North Las	_	Clark County	
☐ City of North Las Vega				(Unincorporated) NONE		
☐ Clark County (Unincom	rporated)					
Primary Jurisdiction Statu	s Verified	☐ Yes	Verified By:	Staff Initials	Date:	_
New Jurisdiction Verified		☐ Yes	Verified By:	Staff Initials	Date:	_
New MJ License Issued	☐ Yes	☐ No	Issued By:	Otaff Initials	Date:	
MJ #				Stait initials		
Comment:						