

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

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Applicant (Entity name i	f applicable)					
Business Name (DBA)						
Current Business	Street:					
License Address	City:		State:		Zip:	
MJ License Number		Current Jurisdic	Primary tion			
New/Proposed	Street:					
Business Address (If applicable)	City:	State:		Zip:		
If providing notification of change of address, please provide appropriate date information.				Opening ation:	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 ess changes a required appli	required form re subject to ication proces	s which will be all applicable or ss and obtain ap	provided be dinances of proval for	oy that office. I furth if the jurisdictions; a any change of addre	her Ind ess
Printed Name			 Date			_
Participating jurisdictions and the cities of Henderso				evada: Unir	ncorporated Clark Cou	nty
For Official Use Only:						
Transfer of Primary Juri	sdiction Status	s to: Cur	rently Designated	l Non-prima	ary Jurisdiction(s):	
☐ City of Henderson			City of Henderson		City of Las Vegas	
☐ City of Las Vegas		City of North Las \	/egas □ (Clark County		
☐ City of North Las Vega				Unincorporated) NONE		
☐ Clark County (Unincom	porated)					
Primary Jurisdiction Status Verified		☐ Yes	Verified By:	Staff Initials	Date:	•
New Jurisdiction Verified		☐ Yes	Verified By:	Staff Initials	Date:	
New MJ License Issued	☐ Yes	☐ No	Issued By:	Stoff Initials	Date:	
MJ #		_		olali iliiliais		
Comment:						