



**STATE OF NEVADA  
CANNABIS COMPLIANCE BOARD  
1550 College Pkwy  
Suite 142  
Carson City, NV 89706**

**(775) 687-6299**



**Medical Cultivation License**

**Date Issued:** [REDACTED]

**Facility ID:** [REDACTED]

**Valid Until:** [REDACTED]

**PERMISSION IS HEREBY GRANTED TO:**

**Business Name - DBA:** [REDACTED]

**Business Address:** [REDACTED]

**License:** [REDACTED]

**License Holder:** [REDACTED]

THIS LICENSE:  
IS VOID IF ALTERED.  
IS NOT ISSUED IN LEIU OF ANY LOCALLY REQUIRED BUSINESS LICENSE, PERMIT OR REGISTRATION.  
IS VALID UNLESS CANCELLED OR REVOKED.

The Cannabis Compliance Board has forms, publications and information available via the internet at <https://ccb.nv.gov>.

By accepting this license, I certify that I understand that I am required to comply with all State of Nevada laws, including, but not limited to NRS 678A, B, C D, and NCCR, and that noncompliance may result in penalties, suspension or revocation of this license and criminal prosecution.

This Nevada Cannabis Facility License has been issued pursuant to an application or renewal duly filed and payment of prescribed fees and bond if applicable. This License shall be considered valid unless canceled, suspended or revoked for good cause in accordance with NRS 678A, B, C, D and NCCR.

**MUST BE DISPLAYED IN PUBLIC VIEW AT LICENSE LOCATION**