

CITY OF ELY
BUSINESS LICENSE APPLICATION
501 Mill Street, Ely, Nevada 89301 - (775) 289-2430 & Fax (775) 289-163

RECEIVED
FEB 27 2018

Business License # (Issued by City of Ely) _____ Date Applied 2/26/18
FULL NAME OF APPLICANT: Aceres Dispensary, LLC BY: [Signature]
BUSINESS NAME OR TRADE NAME: Aceres Dispensary
BUSINESS STREET ADDRESS: 440 E. Aultman Street Ely NV 89301
MAILING ADDRESS: 2325 Western Ave. Ste 12 LV NV 89102
BUSINESS PHONE #: 702 399-4200 RESIDENCE PHONE #: _____
EMAIL ADDRESS: john@aceres.com
Corporation # E0084362018-6 Sales Tax ID # _____
Contractor # N/A Fed ID / SSN # _____

DESCRIPTION: PEDDLER: WHOLESALE: PROFESSIONAL: RETAIL: TEMPORARY:
CATERER: CIVIC: SERVICE: HOME OCCUPATION: COMPANY REP.:
NATURE OF BUSINESS: Dispensary

FILL IN ONLY THOSE THAT APPLY: Start Date 5/1/18
Number of full time employees 4 Number of part time employees 3
Business frontage in feet 115 Hours in operation 9:00am - 9pm
Non-resident contractor Peddler Hotel/Motel
Applying for a liquor license? Yes No Note for non-resident license holders: There will be a landfill

fee of \$48.99 assessed monthly. Cancel the Business License after job(s) are completed and landfill fee will be cancelled. _____ Initials

Certification: I hereby certify that the information supplied above is true and correct to the best of my knowledge and belief.

Signature of Applicant: _____

HEALTH INSPECTOR, BUILDING INSPECTOR AND FIRE MARSHALL

Health permit required: Yes No Date health permit issued: _____ Health Inspector: _____
Building Inspector: _____ Date: _____ Fire Marshall: _____ Date: _____

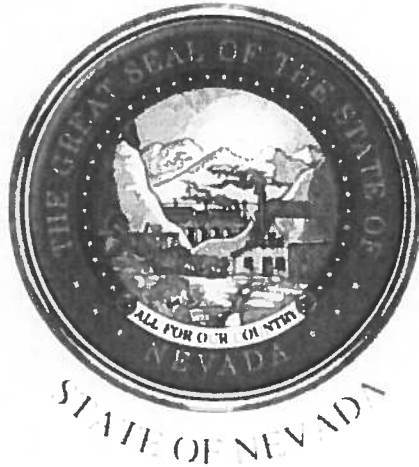
CLASSIFICATION: (FOR OFFICIAL USE ONLY)

Classification	<u>500</u>	Non-resident	_____
Business frontage in feet	<u>3000</u>	Peddler	_____
Average employees	<u>1000</u>	Trailer (spaces)	_____
Part-time employees	_____	Hotel (rooms)	_____
Hours in operation	<u>400</u>	Rental (homes)	_____
Months in operation	_____	Boarding (units)	_____
Zone location	<u>500</u>	Motel (rooms)	_____
TOTAL POINT VALUES	_____	Apartment (units)	_____
LICENSE FEE:	<u>5000⁰⁰</u>	Temporary (Days)	_____

NRS 453A 330 Dispensary

CERTIFICATE: The above statements are hereby certified to be correct to the best knowledge and belief of the undersigned that is authorized to sign this application.
Signature: [Signature] City Administrator Date: 2/27/18

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

ACRES DISPENSARY LLC

Nevada Business Identification # NV20181121052

Expiration Date: February 28, 2019

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 19, 2018

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

You may verify this license at www.nvsos.gov under the Nevada Business Search.

License must be cancelled on or before its expiration date if business activity ceases.
Failure to do so will result in late fees or penalties which by law cannot be waived.

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State



KIMBERLEY PERONDI
Deputy Secretary
for Commercial Recordings

OFFICE OF THE
SECRETARY OF STATE

Certified Copy

February 19, 2018

Job Number: C20180219-0271
Reference Number:
Expedite:
Through Date:

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

Document Number(s)	Description	Number of Pages
20180075573-88	Articles of Organization	1 Pages/1 Copies



Respectfully,
Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Certified By: Electronic Filing
Certificate Number: C20180219-0271
You may verify this certificate
online at <http://www.nvsos.gov/>

Commercial Recording Division
202 N. Carson Street
Carson City, Nevada 89701-4201
Telephone (775) 684-5708
Fax (775) 684-7138



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov



050106

**Articles of Organization
 Limited-Liability Company**
 (PURSUANT TO NRS CHAPTER 86)

Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada	Document Number 20180075573-88 Filing Date and Time 02/19/2018 10:30 AM Entity Number E0084362018-6
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(This document was filed electronically.)

ABOVE SPACE IS FOR OFFICE USE ONLY

USE BLACK INK ONLY - DO NOT HIGHLIGHT

1. Name of Limited-Liability Company: (must contain approved limited-liability company wording; see instructions)	ACRES DISPENSARY LLC	Check box if a Series Limited-Liability Company <input checked="" type="checkbox"/>	Check box if a Restricted Limited-Liability Company <input type="checkbox"/>
2. Registered Agent for Service of Process: (check only one box)	<input type="checkbox"/> Commercial Registered Agent: Name <input type="checkbox"/> Noncommercial Registered Agent (name and address below) OR <input checked="" type="checkbox"/> Office or Position with Entity (name and address below) JOHN MUELLER Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity 2325 WESTERN, STE. 12 LAS VEGAS Nevada 89102 Street Address City State Zip Code Nevada Mailing Address (if different from street address) City State Zip Code		
3. Dissolution Date: (optional)	Latest date upon which the company is to dissolve (if existence is not perpetual):		
4. Management: (required)	Company shall be managed by: <input type="checkbox"/> Manager(s) OR <input checked="" type="checkbox"/> Member(s) (check only one box)		
5. Name and Address of each Manager or Managing Member: (attach additional page if more than 3)	1) JOHN D MUELLER Name 2325 WESTERN, STE. 12 LAS VEGAS NV 89102 Street Address City State Zip Code 2) Name Street Address City State Zip Code 3) Name Street Address City State Zip Code		
6. Name, Address and Signature of Organizer: (attach additional page if more than 1 organizer)	I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. JOHN D MUELLER Name X JOHN D MUELLER Organizer Signature 2325 WESTERN, STE. 12 LAS VEGAS NV 89102 Address City State Zip Code		
7. Certificate of Acceptance of Appointment of Registered Agent:	I hereby accept appointment as Registered Agent for the above named Entity. X JOHN MUELLER Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity 2/19/2018 Date		

This form must be accompanied by appropriate fees.



STATE OF NEVADA RETAIL MARIJUANA STORE LICENSE
DEPARTMENT OF TAXATION

Issued Date: 07/01/2017
Expiration Date: 06/30/2018

Taxpayer ID: 1017175713-001
Correspondence ID: 1700011090848
Date: 06/27/2017

License is valid for one year from the date of issuance

ACRES MEDICAL LLC
2320 WESTERN AVE
LAS VEGAS NV 89102-4800

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

AS DEFINED BY NRS CHAPTER 453D

Amy Castaldo
Signature

Current License Location

ACRES MEDICAL LLC
2320 WESTERN AVE
LAS VEGAS NV 89102-4800

MUST BE DISPLAYED IN PUBLIC VIEW AT LICENSE LOCATION

(Detach Here)

Attached is your **NEVADA Retail Marijuana Store License**.

A single number, the TID (Taxpayer Identification Number), identifies a taxpayer for MOST tax types. Please use your TID and LOC (Location Number) in correspondence or telephone calls to the Department.

As stated on the application or renewal, this license is valid from 07/01/2017 to 06/30/2018.

The Department of Taxation has forms, publications and information available via the internet at <http://tax.nv.gov>.

This license authorizes the holder to purchase marijuana from marijuana cultivation facilities, to purchase marijuana and marijuana product from marijuana product manufacturing facilities and retail marijuana stores, and to sell marijuana and marijuana products to consumers. The Retail Marijuana excise tax is 10% of the sales price of the marijuana to the end consumer.

Returns along with the appropriate tax are due the last day of the month following activity. A return must be filed whether or not a liability exists.

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 453D and NAC 453D, and that noncompliance may result in penalties, suspension or revocation of this license and criminal prosecution.

This Nevada Retail Marijuana Store 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 chapter 453D.

OFFICE LOCATION:

Nevada Department of Taxation
1550 College Pkwy
Suite 115
Carson City NV 89708
(775) 684-2000

In the event of an address change, please notify the Department of Taxation immediately in order to direct any correspondence to your new address.

Certificate Number: 2492A7424590869

Date Issued: May 17, 2017
Date of Expiration: May 16, 2018

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

MEDICAL MARIJUANA PROGRAM

4150 Technology Way, Suite 101
Carson City, Nevada 89706
Telephone: 775-684-3487

This is to Certify that Acres Medical LLC (D0013)

located at 2320 Western Ave.

Las Vegas, NV 89102

Address

City or Town and Zip Code

County

has been found to possess the qualifications for certification as a:

Medical Marijuana Dispensary Establishment

This registration certificate is issued subject to the laws of the State of Nevada, including the provisions of Nevada Revised Statutes, Chapter 453A. This registration certificate is non-transferable and shall be conspicuously posted in the establishment described above. This registration certificate is only valid through the expiration date shown above at the location noted above. Any questions concerning this registration certificate should be addressed to: Department of Health and Human Services, Division of Public Behavioral Health, Medical Marijuana Program, 4150 Technology Way, Suite 101, Carson City, Nevada 89706.

STEVE F. GILBERT, PROGRAM MANAGER