

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.
 This Summary is for informational purposes only, any changes in contact information will need to be updated by agency, on agency's copy.

For Budget Division Use Only	
Reviewed by:	
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Nevada State Board of Oriental Medicine
 3191 East Warm Springs Road
 Las Vegas, Nevada 89120
 Merle Lok
 T: 702.675.5326 E: omboardexecutivedirector@gmail.com

Remarks: This is a renewal of a current lease.

Exceptions/Special notes:

2. Name of Lessor: Remon Halteh & Michael Haim

3. Address of Lessor: 1657 Calaveras Boulevard
 Santa Clara, California 95051

4. Property contact: C/O Coldwell Banker Commercial Premier
 8290 West Sahara Avenue, Suite 200
 Las Vegas, Nevada 89117
 Kristi Pritchett
 T: 702.538.7500 E: kristi.pritchett@cbvegas.com

5. Address of Lease property: 3191 East Warm Springs Road
 Las Vegas, Nevada 89120

a. Square Footage: Rentable
 Usable 250

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	improvement cost per square foot	Base Rent cost per square foot	Approximate cost per square foot
\$ 500.00	12	\$ 6,000.00	November 1, 2021 - October 31, 2022	\$0.00	\$0.00	\$2.00
0% \$ 500.00	12	\$ 6,000.00	November 1, 2022 - October 31, 2023	\$0.00	\$0.00	\$2.00
5% \$ 525.00	12	\$ 6,300.00	November 1, 2023 - October 31, 2024	\$0.00	\$0.00	\$2.10
c. Total Lease Consideration:		36	\$ 18,300.00			
d. Total Improvement Cost:				\$0.00		
e. Option to renew:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	365	Renewal terms:	One (1) identical term	
f. Holdover notice:		# of Days required	30	Holdover terms:	5% / 90	
g. Term:		Three (3) years				
h. Pass-thrus/CAM/Taxes		<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
i. Utilities:		<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
j. Janitorial:		<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant	<input type="checkbox"/> 3 day <input checked="" type="checkbox"/> 5 day	<input type="checkbox"/> Rural 3 day	<input type="checkbox"/> Rural 5 day	<input type="checkbox"/> Other (see special notes)
k. Repairs:		Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant	Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant			
l. Comparable Area Market Rate Average:		\$2.19				
m. Specific termination clause in lease:		Breach/Default/lack of funding				
n. Lease will be paid for by Agency Budget Account Number:		B021				

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes _____ No _____ Dec Unit _____

IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET



Authorized Agency Signature Date

For Public Works Information:

7. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Is the Lessor Exempt from obtaining a Business License? *If Yes, explain....	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Does the Lessor have a current Nevada State Business License? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>	
e. Ownership Type (Domestic, Foreign, Government, etc.):	Domestic	
f. Nevada Business ID Number:	NV20310700_22	Exp: 5/31/2021
g. Is the Lessor's Name the same as the Legal Entity Name? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
h. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
i. State of Nevada Vendor number:	NA-Board Paid	
j. Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

8. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

Authorized Signature Date
Public Works Division

bm
For Board of Examiners YES NO