



## MARIJUANA CONTROL PLAN MEDICAL DISPENSARIES AND MARIJUANA RETAILERS

| Business Information                 |  |                                      |                 |                  |
|--------------------------------------|--|--------------------------------------|-----------------|------------------|
| Entity Name                          | Must match Secretary of State Business Registry <b>Gras Cannabis</b> |                                      |                 |                  |
| Trade Name                           | DBA <b>Gras on 7th</b>   |                                      |                 |                  |
| Facility Address                     | Street <b>621 SE 7th Ave</b>   | City <b>Portland</b>                 | State <b>OR</b> | Zip <b>97214</b> |
| Mailing Address                      | Street <b>621 SE 7th Ave</b>   | City <b>Portland</b>                 | State <b>OR</b> | Zip <b>97214</b> |
| Phone Number: <b>503-477-4580</b>    |  | Email: <b>grascannabis@gmail.com</b> |                 |                  |
| Website: <b>www.grascannabis.com</b> |  | Facebook Link:                       |                 |                  |

| Primary Business Contact Information |                           |                                |
|--------------------------------------|---------------------------|--------------------------------|
| Contact                              | First Name <b>Lois</b>    | Last Name <b>Pariseau</b>      |
| Title                                | <b>PRF - Business Mgr</b> | Email: <b>loisyp@gmail.com</b> |

**1. Please describe your plan to prevent theft at the licensed premises, including robberies, burglaries, and shoplifting.**

Sonitrol Security Service - monitors day & night  
 Windows are high and barred  
 One way window at entrance - front desk can see who enters before they get to check in  
 All product and merchandise is in a cabinet not easily accessed to the public  
 2 panic buttons  
 Everyone entering presents their ID so we know their name before entering

INTERNAL USE ONLY

Application No. MRL 43

OHA Reg. No. / OLCC Lic. No. MMD 11540

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## City of Portland, Oregon – Office of Neighborhood Involvement

1221 SW Fourth Avenue | Portland, Oregon 97204 | 503.823.9333 | [www.portlandoregon.gov/oni/marijuana](http://www.portlandoregon.gov/oni/marijuana)



**2. Please describe your plan to control access to your establishment and ensure that no one under the age of 21 is admitted.**

Everyone including returning customers must present ID before entering sales room. ID is checked on everyone entering even if they state they are not buying.  
ID is checked for fakes

**3. In order to reduce the possibility of underage persons, as established by law, from gaining access to marijuana products sold at the licensed premises, please describe your plan to educate patrons on the risks of marijuana use by minors.**

Signs are posted on the premises advising of the rules  
Budtenders are well informed and can help customers understand the rules and risk for minors

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Page 2 of 4



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**4. Please describe your plan to ensure that marijuana products sold by your business are not consumed irresponsibly in public or in the immediate vicinity of the license premises.**

Customers are told they cannot consume in public or on our premises. Poster is also in sight with rules.

**5. Please describe your plan to avoid potential negative impacts to neighborhood livability such as noise, parking or garbage from your patrons.**

We have designated parking lot  
Noise is kept down  
Trash is inside and picked up if spilled on trash day

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Page 3 of 4