

City of Portland, Oregon - Office of Neighborhood Involvement



1221 SW Fourth Avenue | Portland, Oregon 97204 | 503.823.9333 | www.portlandoregon.gov/oni/marijuana

MARIJUANA CONTROL PLAN MEDICAL DISPENSARIES AND MARIJUANA RETAILERS

Business Informa	ation				
Entity Name	Must match Secretary of State Business Registry Grateful Meds LLC				
Trade Name	DBA				
Facility Address	Street 7050 NE MLK	^{City} Portland	State OR	^{Zip} 97211	
Mailing Address	Street same	City	State	Zip	
Phone Number: 503-774-3699		Email: gratefulmedsportland@gmail.com			
Website: gratefulmeds.com		Facebook Link:			

Primary E	Business Contact Information	
Contact	First Name Ethan	Last Name Felcher
Title	co-owner/PRF	Email: e.felcher@yahoo.com

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

As per Oregon law, we have a detailed policy manual which addresses all aspects of security. However, in a nutshell:

To prevent burglary and robberies, we utilize a alarm and motion sensor system. We also use 24 hour video monitoring of the premises. All product is put into a secure safe during non-business hours. We have two panic buttons on premises should a robbery happen.

To prevent shoplifting all customers are monitored by camera and store personnel while on the premises. We only allow a limited number of customers into the dispensary area at any one time.

Application No. MPL 157
OHA Reg. No. / OLCC Lic. No. MMD 50079



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2.	Please describe your plan to control access to your establishment and ensure that no one under the age of 21 is admitted.
of t	persons entering the premises are required to undergo an ID check prior to entering the section the store where cannabis products are displayed and sold. No one without a valid and current ID owing proof of age is allowed past the ID checkpoint.
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.
	per state law, educational/advisory posters are prominently displayed in the store. As well, all stomers are given a copy of the consumer advisory handout provided by the state.

INTERNAL USE ONLY

Application No._____

MRLA_MCP_ONI 11/23/2015

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4. Please describe your plan to ensure that marijuana products sold by your business are consumed irresponsibly in public or in the immediate vicinity of the license premises.	not
Grateful Meds has a no consumption and no loitering policy. It is our policy to warn anyon consuming cannabis products or loitering in the immediate store vicintity that it is against s and ask that they cease and desist. If one warning is insufficient, Grateful Meds will no lo said individual entrance to our facilities. A copy of the individual's ID and name will be posemployees know to refuse entrance to that individual.	tore policy nger allow
5. Please describe your plan to avoid potential negative impacts to neighborhood livabilit noise, parking or garbage from your patrons.	y such as
If we were to have an issue with patrons making too much noise or creating garbage we we follow the same pattern as with on-site consupmtion or loitering. First we would issue a wear and if that failed, refuse service to the individual(s)	
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6. Please describe the process to respond to complaints from neighboring businesses and residents regarding the licensed premises.				
If we were to receive a complaint, we would first contact the city to determine whether there was an actual problem. If yes, then we would take proper steps to rectify the situation. Regardless of the city's position, we would actively engage with the business or resident filing the complaint to attemp to resolve the issue amicably and fairly.				
7. Please include any other pertinent information related to the licensed premises.				
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