



# MARIJUANA CONTROL PLAN MEDICAL DISPENSARIES AND MARIJUANA RETAILERS

Business Information				
Entity Name	Must match Secretary of State Business Registry <b>Saints Cannabis</b>			
Trade Name	DBA			
Facility Address	Street <b>8140 N Commercial Ave</b>	City <b>Portland</b>	State <b>OR</b>	Zip <b>97217</b>
Mailing Address	Street <b>3439 NE Sandy Blvd Suite 2740</b>	City <b>Portland</b>	State <b>OR</b>	Zip <b>97232</b>
Phone Number: <b>503-789-6654</b>		Email: <b>info@saintscannabis.com</b>		
Website: <b>saintscannabis.com</b>		Facebook Link:		

Primary Business Contact Information		
Contact	First Name <b>Jesce</b>	Last Name <b>Horton</b>
Title	<b>CEO</b>	Email: <b>jescejh@gmail.com</b>

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

Saints Cannabis will implement a comprehensive security plan that addresses facility security, product security during operating and non-operating hours, employee and customer security in order to prevent theft and diversion. In summary, safeguards will include:

- 1) Commercial grade locks
- 2) Limited entry access points
- 3) Alarm system
- 4) Surveillance system
- 5) Internal limited, secure access points
- 6) Seed-to-sale tracking software
- 7) Employee Training

Please see attached comprehensive security plan for a full description of safety procedures, equipment and technology.

INTERNAL USE ONLY

Application No. MRL 316

OHA Reg. No. / OLCC Lic. No. \_\_\_\_\_

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