



CITY OF PORTLAND MARIJUANA CONTROL PLAN

Business Information					
Entity Name	Must match Secretary of State Business Registry Giovannis LLC				
Trade Name (DBA)	Canna Source				
Facility Address	Street	City	State	Zip	
	4435 NE 148 th Ave	Portland	OR	97230	
Mailing Address	Street	City	State	Zip	
	PO Box 1221	Molalla	OR	97038	
Phone Number:	971-254-4374		Email: accounting@yourcannasource.com		
Website:			Facebook Link: <small>Optional</small>		

1. Please describe how your business will ensure that no one under the age of 21 is admitted, and how your business will educate patrons on the risks of marijuana use by minors.

We have signs posted outside and inside stating "NO MINORS PERMITTED ANYWAY ON THIS PREMISES." In both english and spanish. ALSO when anyone enters the door they are asked for ID to verify age and expiration.

INTERNAL USE ONLY
Application No. MPL335



2. Please describe how your business will prevent cannabis products from being consumed around or near your business.

There are signs posted outside and inside stating "NO CONSUMPTION^{of marijuana} ON-SITE OR AROUND PREMISES." Both in english and spanish.

3. Please describe how your business will prevent and address potential negative impacts to neighborhood livability such as noise, parking, garbage, or loitering from your patrons.

We always keep a clam quite environment for our patients and neighbors to provide a safe place for them to enjoy their visits. We have signs for our parking spaces as well as garbage cans around and inside building.

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MRLA_MCP_ONI 02/03/2017



4. Please briefly describe your business's process to respond to and resolve complaints and/or concerns from neighboring businesses or residences.

Always be positive help resolve any complaints or issues that happens. Help one another. Report anything out of the ordinary. Work together to create and happy safe neighborhood to be in.

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