



### CITY OF PORTLAND MARIJUANA CONTROL PLAN

Business Information				
Entity Name	Must match Secretary of State Business Registry <i>Green Remedies LLC</i>			
Trade Name (DBA)	<i>NATURAL Remedies</i>			
Facility Address	Street <i>8700 SW 3rd Ct # 2</i>	City <i>Portland</i>	State <i>OR</i>	Zip <i>97219</i>
Mailing Address	Street <i>SAME</i>	City	State	Zip
Phone Number:	<i>503 724 9644</i>		Email: <i>John.Henry@GreenRemedies.com</i>	
Website:	<i>NRPPV.com</i>		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 inspect the ID's of all persons entering the store and prohibit entry of minors. In addition we provide information as required as well as displays and signage we also have electronic video information boards displayed. Additionally all staff are trained & help educate customers.*

INTERNAL USE ONLY

Application No. *MR 343-18*



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

All required signs are posted as well as video monitoring - the staff assists in education & policing the premise

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 are constantly cleaning & maintaining our facility & grounds as well as educating our customers to respect our neighbors

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

All complaints are forwarded to our manager who immediately takes action to correct or mitigate any issues.

INTERNAL USE ONLY

Application No. MRL 343-12

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