



MARIJUANA CONTROL PLAN MEDICAL DISPENSARIES AND MARIJUANA RETAILERS

Business Information				
Entity Name	Must match Secretary of State Business Registry A1Hawk			
Trade Name	DBA			
Facility Address	Street 16119 SE Stark St.	City Portland	State OR	Zip 97233
Mailing Address	Street 12314 SE Division	City Portland	State OR	Zip 97236
Phone Number: 503-888-0990		Email: jp@a1hawk.com		
Website:		Facebook Link:		

Primary Business Contact Information		
Contact	First Name Jim	Last Name Pearson
Title	Email:	

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

The doors will have locks and only 2 people will have the key.
 There will be buzzers that will be used for the interior doors to let only the allowed number of customers in at that time.
 There will be an alarm system.
 There will be video camera's installed inside and outside.

INTERNAL USE ONLY

Application No. MRL 583

MRLA_MCP_ONI 11/23/2015

OHA Reg. No. / OLCC Lic. No. _____



City of Portland, Oregon – Office of Neighborhood Involvement

1221 SW Fourth Avenue | Portland, Oregon 97204 | 503.823.9333 | 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.

There will be someone that checks everyone's ID before they are let in.

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.

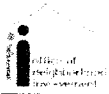
The staff will be trained on the risks of marijuana use by minors and will remind every customer to keep it out of reach from people that are underage.

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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.

There will be signs reminding people the rules of using marijuana products. In addition, the staff will be trained to be aware and remind customers of the rules. We will limit the sale to someone that appears to be under the influence. The cameras outside will be monitored so there will not be anyone using the products in the vicinity of these premises.

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

This property is very big and the location of this building is not close to neighboring properties. This is my property so I will make sure that this business will not have any negative impacts. Part of running the business will be to make sure trash is picked up, parking will maintained, and any unruly customers will be asked to leave.

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MRLA_MCP_ONI 11/23/2015

Page 3 of 4



6. Please describe the process to respond to complaints from neighboring businesses and residents regarding the licensed premises.

I would ask people to contact me or leave their contact information at the store. I will work with anyone that has a complaint about the store.

7. Please include any other pertinent information related to the licensed premises.

This is my property and I will run this business as efficiently and professionally as I can.

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