



CITY OF PORTLAND MARIJUANA CONTROL PLAN

Business Information				
Entity Name	Must match Secretary of State Business Registry THE 5 OF US LLC.			
Trade Name (DBA)	AmeriCanna Rx			
Facility Address	Street 8654 NE Sandy Blvd	City Portland	State OR	Zip 97220
Mailing Address	Street 8654 NE Sandy Blvd	City Portland	State OR	Zip 97220
Phone Number:	971-254-4581		Email: americannarx@gmail.com	
Website:	www.AmeriCannaRx.com		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.

Each patrons ID is checked prior to entry of the facility. We also have required postage on the exterior of the facility NO MINORS ALLOWED.
We also have ID Scanners at each point of sale.

All patrons are given an OLCC/OHA marijuana informational card explaining the risks of cannabis use.

INTERNAL USE ONLY

Application No. MRL-303-18

MRLA_MCP_ONI 02/03/2017



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

In our waiting room we has a posted agreement. By entering our facility the you agree to our terms: this agreemnet forbids resale of our products. It also forbids consumption on or around our premises.

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.

AmeriCanna has its oen parking to accommodate our patrons. AmeriCanna Rx voluntarily picks up garbage from all around our block daily. AmeriCanna will address all and any complaints with an extreme urgency.

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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.

If we were to receive a complaint of this manner AmeriCannaRx would ask to have sit down with the complainant to come to an agreement that is satisfactory to both parties.

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