



## CITY OF PORTLAND MARIJUANA CONTROL PLAN

Business Information				
Entity Name	Must match Secretary of State Business Registry			
Trade Name (DBA)				
Facility Address	Street	City	State	Zip
Mailing Address	Street	City	State	Zip
Phone Number:			Email:	
Website:			Facebook link:	Optional

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.

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

**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.**

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