



MARIJUANA CONTROL PLAN MEDICAL DISPENSARIES AND MARIJUANA RETAILERS

Business Information				
Entity Name	Must match Secretary of State Business Registry			
Trade Name	DBA			
Facility Address	Street	City	State	Zip
	10128-A East Burnside St.	Portland	OR	97216
Mailing Address	Street	City	State	Zip
Phone Number:	503 477 6757		Email: oregonbestmeds@gmail.com	
Website:	oregonbestmeds.com		Facebook Link:	

Primary Business Contact Information		
Contact	First Name	Last Name
	David	Brown
Title	Email:	
	Manager	

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

To prevent shop lifting there is no product within reach of the customer. Cash is removed from tills every other hour to ensure minimum cash on hand. Cash registers are secured and locked until a purchase is made. Secured room that requires identification to enter the sales floor.

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Application No. MRL 45
OHA Reg. No. / OLCC Lic. No. MMD 87434

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2. Please describe your plan to control access to your establishment and ensure that no one under the age of 21 is admitted.

There are secured doors to prevent any minor to having access to the sales floor or product. ID is checked before access is granted to the sales floor. ID is then checked again at point of sale.

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.

We hand out at every sale an informational card that educates customers on the risks of marijuana use by minors. We also have signage at the point of sale for more information.

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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 are multiple posters/signs placed throughout the building informing customers that consumption on or near the premises is not allowed.

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

We have a no loitering policy outside of our store to prevent negative impact on the community. We have an outdoor trash can that anyone can use to keep our parking lot clean. We own 8 parking spaces as part of our lease.

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

We have never had a complaint from neighboring businesses in the 7 months we have been operating. If we did have complaints I would respond to them in a timely fashion.

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

Our establishment has improved the local area. We get compliments from local police that our store has cleaned up the community. This is something we take pride in helping achieve.

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