



MARIJUANA CONTROL PLAN MEDICAL DISPENSARIES AND MARIJUANA RETAILERS

Business Information				
Entity Name	Must match Secretary of State Business Registry <u>Elevation LLC</u>			
Trade Name	DBA <u>Elevation</u>			
Facility Address	Street <u>521 SW 12th Ave</u>	City <u>Portland</u>	State <u>OR</u>	Zip <u>97205</u>
Mailing Address	Street <u>521 SW 12th Ave</u>	City <u>Portland</u>	State <u>OR</u>	Zip <u>97205</u>
Phone Number:	<u>(971)-322-9469</u>		Email: <u>Trevis.Peterson@elevationpdx.com</u>	
Website:	<u>N/A</u>		Facebook Link: <u>N/A</u>	

Primary Business Contact Information		
Contact	First Name <u>Trevis</u>	Last Name <u>Peterson</u>
Title	<u>Owner/PRF</u>	Email: <u>Trevis.peterson@elevationpdx.com</u>

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

See attached document.

INTERNAL USE ONLY

Application No. MRL88
MMD 36834

MRLA_MCP_ONI 11/23/2015