



MARIJUANA CONTROL PLAN MEDICAL DISPENSARIES AND MARIJUANA RETAILERS

Business Information					
Entity Name	Must match Secretary of State Business Registry <u>WWMP, LLC</u>				
Trade Name	DBA <u>Kaleafa</u>				
Facility Address	Street <u>5232 SE Woodstock Blvd</u>	City <u>Portland</u>	State <u>OR</u>	Zip <u>97206</u>	
Mailing Address	Street <u>16489 Oak Tree Terrace</u>	City <u>Oregon City</u>	State <u>OR</u>	Zip <u>97045</u>	
Phone Number:	<u>971-407-3208</u>		Email: <u>Julie@Kaleafa.com</u>		
Website:	<u>www.kaleafa.com</u>		Facebook Link: <u>Kaleafa Oregon</u>		

Primary Business Contact Information		
Contact	First Name <u>Julie</u>	Last Name <u>Widmer</u>
Title	<u>G.M.</u>	Email: <u>Julie@Kaleafa.com</u>

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

INTERNAL USE ONLY

Application No. MRL 124
OHA Reg. No. / OLCC Lic. No. MMD 38845