



MARIJUANA CONTROL PLAN MEDICAL DISPENSARIES AND MARIJUANA RETAILERS

Business Information				
Entity Name	Must match Secretary of State Business Registry Horticulture Northwest LLC			
Trade Name	DBA Freshbuds			
Facility Address	Street 110 SE Main st #c	City portland	State or	Zip 97214
Mailing Address	Street 110 SE Main st #c	City portland	State or	Zip 97214
Phone Number: 503-477-4261		Email: jbaker.lenox@gmail.com		
Website: www.freshbudspdx.com		Facebook Link:		

Primary Business Contact Information		
Contact	First Name Jonathan	Last Name Baker
Title	PRF/CEO Email: jbaker.lenox@gmail.com	

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

Alarm/Electrical permit was performed by Portland Security Dispatch INC / Portland Police Bureau

Alarm :
All equipment meets all requirements for the current rules of the Oregon Medical Marijuana Dispensary Program OAR 333-008-1140 through OAR 333-008-1180

Security:
Video surveillance/video recording equipment was installed during the business year of 2014. The equipment meets all video surveillance, and guidelines outlined in OAR 333-008-1160 through OAR 333-008-1180. 14 digital surveillance cameras are installed throughout the dispensary property including the front door, back doors, POS systems, and interiors.

We currently do inventory of all of our product every few days, weekly and monthly to making sure that internal and external theft is not happening on the property and throughout our inventory. We also have anytime availability to a online camera system that can be accessed locally and remotely. These camera systems are accessed by owners and employees to have a transparent work environment.

INTERNAL USE ONLY

Application No. MRL 94

OHA Reg. No. / OLCC Lic. No. UMD 62014