



MARIJUANA CONTROL PLAN MEDICAL DISPENSARIES AND MARIJUANA RETAILERS

Business Information				
Entity Name	Must match Secretary of State Business Registry <i>Natural Wonders LLC</i>			
Trade Name	DBA <i>Natural Wonders</i>			
Facility Address	Street <i>1402 SE Cesar E Chavez Blvd</i>	City <i>Portland</i>	State <i>OR</i>	Zip <i>97214</i>
Mailing Address	Street	City	State	Zip
Phone Number:	<i>503 928 1228</i>		Email: <i>info@naturalwonderspdx.com</i>	
Website:	<i>www.naturalwonderspdx.com</i>		Facebook Link: <i>/NaturalWonders</i>	

Primary Business Contact Information		
Contact	First Name <i>JACKSON</i>	Last Name <i>MCCORMACK</i>
Title	<i>FOUNDER</i>	Email: <i>jackson@naturalwonderspdx.com</i>

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

ATTACHED: Security Plan

INTERNAL USE ONLY

Application No. *MRL181*

OHA Reg. No. / OLCC Lic. No. _____

MRLA_MCP_ONI 11/23/2015