



MARIJUANA CONTROL PLAN MEDICAL DISPENSARIES AND MARIJUANA RETAILERS

Business Information				
Entity Name	Must match Secretary of State Business Registry Green Oasis KGTS LLC			
Trade Name	DBA Green Oasis			
Facility Address	Street 3944 NE Cully Blvd	City Portland	State OR	Zip 97213
Mailing Address	Street 1035 SE Tacoma	City Portland	State OR	Zip 97202
Phone Number: 503-516-1694		Email: Kelly@greenoasiscannabis.com		
Website: http://greenoasiscannabis.org/		Facebook Link:		

Primary Business Contact Information		
Contact	First Name Kelly	Last Name Green
Title	President	Email: Kelly@greenoasiscannabis.com

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

-Surveillance and security systems in place With signs stating so.

-All product kept behind counters under constant supervision during operation hours. After hours all product is stored in safes that comply with OMMP guidelines.

- All patients are helped one on one with a Bud-tender, No patients are allowed into the sales area without an available Bud-tender.

-Out door entry way and sales floor are well lit at all times.

-All product intake is done in the back of the facility out of sight from any customers.

INTERNAL USE ONLY

Application No. MRL 194

OHA Reg. No. / OLCC Lic. No. MMD 58835