



MARIJUANA CONTROL PLAN MEDICAL DISPENSARIES AND MARIJUANA RETAILERS

Business Information				
Entity Name	Must match Secretary of State Business Registry <u>Everett Holdings LLC</u>			
Trade Name	DBA <u>Budlandia</u>			
Facility Address	Street <u>16440 SE Division St</u>	City <u>Portland</u>	State <u>OR</u>	Zip <u>97236</u>
Mailing Address	Street	City	State	Zip
Phone Number:	<u>(503) 709-2028</u>		Email: <u>Budlandia@outlook.com</u>	
Website:	Facebook Link:			

Primary Business Contact Information		
Contact	First Name <u>Feng</u>	Last Name <u>Chen</u>
Title	<u>Member</u>	
	Email: <u>Budlandia@outlook.com</u>	

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

Please refer to Security plan.

In addition to the security plan, we will try to prevent theft from employees as well. Employees are require to sign a form regarding theft. They will be punish to the maximum allow by law if they steal. Everyday Employees will make a record of the amount of marijuana on shelf prior to opening & then after closing to prevent theft. Employees know that they are on camera at all times.

INTERNAL USE ONLY

Application No. MRL233

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

MRLA_MCP_ONI 11/23/2015