



# MARIJUANA CONTROL PLAN MEDICAL DISPENSARIES AND MARIJUANA RETAILERS

| Business Information                  |  |                                      |          |           |
|---------------------------------------|--|--------------------------------------|----------|-----------|
| Entity Name                           | Must match Secretary of State Business Registry Emerald Leaf Institute |                                      |          |           |
| Trade Name                            | DBA  |                                      |          |           |
| Facility Address                      | Street 3829 NE Columbia Blvd.  | City Portland                        | State OR | Zip 97211 |
| Mailing Address                       | Street PO BOX 11423  | City Portland                        | State OR | Zip 97211 |
| Phone Number: 503-284-5323            |  | Email: info@emeraldleafinstitute.com |          |           |
| Website: www.emeraldleafinstitute.com |  | Facebook Link:                       |          |           |

| Primary Business Contact Information |                        |                     |
|--------------------------------------|------------------------|---------------------|
| Contact                              | First Name Ronald      | Last Name Stallings |
| Title                                | Email: sbpg1@yahoo.com |                     |

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

We have installed a sophisticated camera and alarm system on the premises. We have 2 controlled entry doors to the dispensary where persons must be buzzed in. We have bullet resistant glass in the lobby which is contained by controlled entry doors. Shoplifting is prevented by locked display cases, safes and distance of product from customers.

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2. Please describe your plan to control access to your establishment and ensure that no one under the age of 21 is admitted.

Front door can be controlled by electronic control as needed. Signs are placed to prevent entry of persons under 21 from entering the premises. Staff checks ID of every patron to ensure compliance

3. In order to reduce the possibility of underage persons, as established by law, from gaining access to marijuana products sold at the licensed premises, please describe your plan to educate patrons on the risks of marijuana use by minors.

We have flyers that warn people/patrons of the possible danger and unlawful use of cannabis use by minors

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**City of Portland, Oregon – Office of Neighborhood Involvement**

1221 SW Fourth Avenue | Portland, Oregon 97204 | 503.823.9333 | www.portlandoregon.gov/oni/marijuana



**4. Please describe your plan to ensure that marijuana products sold by your business are not consumed irresponsibly in public or in the immediate vicinity of the license premises.**

We instruct patrons not to use cannabis on our premises and in public place by a signed agreement that we provide

**5. Please describe your plan to avoid potential negative impacts to neighborhood livability such as noise, parking or garbage from your patrons.**

We are located in an industrial area.

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6. Please describe the process to respond to complaints from neighboring businesses and residents regarding the licensed premises.

We have contacted neighboring business-  
es of our presence and have encouraged  
their ~~input~~ input as to how to lessen  
our impact. We have an open  
communication network with them  
I am a member of the Concordia  
Neighborhood Association

7. Please include any other pertinent information related to the licensed premises.

X We have two parking lots

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