



## MARIJUANA CONTROL PLAN MEDICAL DISPENSARIES AND MARIJUANA RETAILERS

Business Information				
Entity Name	Must match Secretary of State Business Registry Herbalist Farmer, LLC			
Trade Name	DBA			
Facility Address	Street 45 NE 122nd Ave	City Portland	State OR	Zip 97230
Mailing Address	Street	City	State	Zip
Phone Number: 503-252-9088		Email: johnny@herbalistfarmer.com		
Website: www.herbalistfarmer.com		Facebook Link:		

Primary Business Contact Information		
Contact	First Name John	Last Name Anderson
Title	Owner	Email: johnny@herbalistfarmer.com

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

Staff is scheduled to allow for two bud tenders, plus one employee controlling customer flow during peak times. Only one patient (or couple) per POS station is allowed in at a time, allowing bud tenders to monitor activity for their own customer.

All product is kept behind the counter, or in locked display cabinets during business hours. At closing all product is locked in safe.

Security cameras cover each bud tending station, as well as the waiting area, entrance and exit. Employees are trained to voice any concerns with suspicious behavior to management, who may then review the security footage. Management is trained in proper handling of theft.

All entrance points, doors and windows are armed at closing with motion sensors through secure alarm system. each employee has a unique code for disarming this system.

INTERNAL USE ONLY

Application No. MRL 252

OHA Reg. No. / OLCC Lic. No. MMD 12485

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