



# MARIJUANA CONTROL PLAN MEDICAL DISPENSARIES AND MARIJUANA RETAILERS

Business Information				
Entity Name	Must match Secretary of State Business Registry Giovanni's LLC			
Trade Name	DBA Canna Source			
Facility Address	Street 4435 NE 148th Ave Ste C	City Portland	State OR	Zip 97230
Mailing Address	Street P.O. Box 1221	City Molalla	State OR	Zip 97038
Phone Number: 503-254-4374	Email: management@yourcannasource.com			
Website: www.yourcannasource.com	Facebook Link:			

Primary Business Contact Information		
Contact	First Name Renee	Last Name McNamara
Title	PRF	Email: reneemcnamara88@gmail.com

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

First, you will need a certified security alarm system with surveillance cameras in the proper to location making sure every spot in your building and outside your building is covered by your cameras. We also have panic buttons in the lobby as well as in the cannabis room. If someone should ever feel unsafe they would push the button and both the police will be notified by the button as well as our alarm company sending out a call. We have code words to alarm co-workers and police when we are in distress or by accident. We have door and window sensors to alarm us if someone is coming in. Our alarm company also alarms us when power is out, cameras are down, or when one of the sensors goes off. Also while budtending only one patient to one each budtender. Only show one product at a time. After the patient is done looking at the product put it away before showing another. While showing the jars of "dry flower" only one jar at a time after one has looked put it away before showing another. (NO TOUCHING FLOWER.)When closing a transaction always keep product behind register and in a bag so you can receive their money without them taking product before paying.

**INTERNAL USE ONLY**

Application No. \_\_\_\_\_

MRLA\_MCP\_ONI 11/23/2015

OHA Reg. No. / OLCC Lic. No. \_\_\_\_\_