



MARIJUANA CONTROL PLAN MEDICAL DISPENSARIES AND MARIJUANA RETAILERS

Business Information				
Entity Name	Must match Secretary of State Business Registry			
Trade Name	DBA Green Remedy , llc			
Facility Address	Street 8700 SW 26th Ave #Z	City Portland	State OR	Zip 97219
Mailing Address	Street 8700 SW 26th Ave #Z	City Portland	State OR	Zip 97219
Phone Number: 503.719.7881		Email: info@nrpdx.club		
Website: nrpdx.club		Facebook Link: facebook.com/naturalrxpdx/		

Primary Business Contact Information		
Contact	First Name John	Last Name Hwang
Title	Owner Email: john.hwang87@gmail.com	

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

In addition to a full cctv camera system as required by OMMP, we have a comprehensive alarm system including panic buttons, motion sensors, and glass break detectors.

Our budtenders are trained to secure products when not presenting them to customers and we have spot inventories and loss prevention training regularly.

All products are kept either under the control of a budtender or in a secure cabinet.

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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.

In addition to posting the mandatory signs, we have a receptionist that checks patients/customers into the facility. This person checks all ID's as people enter to insure that they are of age. The dispensary where product is kept is secure and patients/customers must be "buzzed" through a secure door.

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.

All required Posters, handouts and other material are in sue and on display in the facility in additon our staff helps to educate patients/customers.

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