



MARIJUANA CONTROL PLAN MEDICAL DISPENSARIES AND MARIJUANA RETAILERS

Business Information

Entity Name	Must match Secretary of State Business Registry River City Holistic Health LLC			
Trade Name	DBA			
Facility Address	Street 1761 NE Dekum St	City Portland	State OR	Zip 97211
Mailing Address	Street 1761 NE Dekum St	City Portland	State OR	Zip 97211
Phone Number: 503-889-0103		Email: rivercityholistichealth@gmail.com		
Website:		Facebook Link:		

Primary Business Contact Information

Contact	First Name Michael	Last Name May
Title	Managing Director	Email: rivercityholistichealth@gmail.com

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

Premises is monitored by high definition camera system which records and stores the footage for 30 days.

Premises has 24 hour a day alarm system and monitoring. Alarm panic buttons are

All product is removed from the retail display shelves and lock inside the vault at the end of every business day.

INTERNAL USE ONLY

Application No. MRL 423

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



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

All potential customers must show proof of age in the form of a valid drivers license, state issued identification card or passport before entering the establishment. The date of birth is recorded in a computer data base. The id is scanned into the system and sent to the point of sale register.

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 signage required by OHA are posted next to the point of sale registers. Every customer is given a flyer warning them of the importance of keeping the product away from children. Every product sold comes in a child proof container. Every container has been labeled with a warning stating for use by adults 21 and older and to keep out of reach of children.

INTERNAL USE ONLY

Application No. MRL 403

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



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.

All customers are educated at the time of purchase that these products may only be consumed of public view and never on the premises. Security cameras monitor the parking lot.

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

Building has its own parking lot. There are signs in the parking lot warning patrons that loitering, product consumption, alcohol consumption and loud music are not permitted. Employees remove trash and sweep the sidewalks and parking lot daily.

INTERNAL USE ONLY

Application No. M2L 403

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



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

We support and interact with the neighborhood association. Any complaints, concerns or comments will be responded to promptly. Any changes that are needed to ensure concerns are resolved will be done right away.

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

INTERNAL USE ONLY

Application No. MRL 403

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