



MARIJUANA CONTROL PLAN MEDICAL DISPENSARIES AND MARIJUANA RETAILERS

Business Information				
Entity Name	Must match Secretary of State Business Registry Krystal Green, LLC			
Trade Name	DBA Shaman Fine Cannabis			
Facility Address	Street 11134 NE Halsey st	City Portland	State OR	Zip 97220
Mailing Address	Street	City	State	Zip
Phone Number:	503-808-0224		Email: auranails@yahoo.com	
Website:	Facebook Link:			

Primary Business Contact Information		
Contact	First Name Kim	Last Name Nguyen
Title	Owner	Email: auranails@yahoo.com

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

The facility adheres to OHA standards regarding the surveillance and security. There are camera's actively recording all customer accessible areas of the facility. Only one customer is allowed in the store per budtender. The customer has to be buzzed in thru the controlled access front door. There are steel bars on all exterior facing windows and exits. All inventory is returned to the safe on a nightly basis.

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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.

The only entry point to the facility is thru a controlled access front door. The reception desk guards the front entrance. Every person who enters is required to show the receptionist a state license to verify ID and date of birth before the customer is allowed entry.

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.

Employees are trained in use and dispensing of marijuana. In turn, employees are instructed to inform patrons of the risk of marijuana use to the developing brain. All product that leaves the store carry a warning to keep out of the reach of children.

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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.

Educate employees on the applicable laws and ordinances. Have posters to educate patrons on being a good neighbor and responsible user.

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

Employees walk the exterior of the property every two hours to ensure there are no patrons loitering on the property, and pick up trash. The property has ample private parking (more than 20 spaces). Employees are encouraged to volunteer and be active members of the community.

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

If there is a complaint, the issue will be addressed by contacting the concerned party within 72 hours to clarify and confirm the issue. If the issue cannot be immediately resolved after all reasonable measures have been taken, then a letter describing how the facility is in compliance with all rules and regulations and describing the remedial efforts taken to address the concern/issue.

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

The facility has secure bars on all windows and has not had any complaints or issues since it was licensed by the OHA in April of 2014.

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