



MARIJUANA CONTROL PLAN MEDICAL DISPENSARIES AND MARIJUANA RETAILERS

Business Information				
Entity Name	Must match Secretary of State Business Registry Tetra Management LLC			
Trade Name	DBA Northwest Releaf			
Facility Address	Street 6126 SE Duke ST APT A	City Portland	State OR	Zip 97206
Mailing Address	Street 6126 SE Duke ST APT A	City Portland	State OR	Zip 97206
Phone Number: 971-242-8873		Email: nwreleaf.pdx@gmail.com		
Website: nwreleaf.com		Facebook Link: /NWestReleaf		

Primary Business Contact Information		
Contact	First Name Casey	Last Name Arbogast
Title	PRD/Manager	Email: caseymiles.com@gmail.com

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

Northwest Releaf uses a state of the art video security system monitored by Protection One. Our security cameras overlook all points of entry to the building and overlook our Point of sales area. There are 2 panic buttons in our building that will trigger emergency response to our location. We lock all products in our display cases during the business day and only pull them out at the point of sale. At night we lock all of our products away in our heavy duty gun safe and arm our security alarm.

INTERNAL USE ONLY

Application No. _____

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