



MARIJUANA CONTROL PLAN MEDICAL DISPENSARIES AND MARIJUANA RETAILERS

Business Information				
Entity Name	Must match Secretary of State Business Registry Stage Two Inc.			
Trade Name	DBA Foster Buds			
Facility Address	Street 5522 SE Foster Rd.	City Portland	State OR	Zip 97206
Mailing Address	Street 5522 SE Foster Rd.	City Portland	State OR	Zip 97206
Phone Number: 503.444.7433		Email: fosterbuds@gmail.com		
Website: www.FosterBuds.com		Facebook Link: www.facebook.com/pdxfosterbu		

Primary Business Contact Information		
Contact	First Name Nathan	Last Name Krytenberg
Title	General Manager	
		Email: nate.krytenberg@gmail.com

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

Per OHA regulations, all medicated product is stored appropriately during all operating hours. Internal audits are also regularly performed to ensure compliance with inventory requirements due to theft, burglary, and shop lifting. All incidents are reported to the regulating body. An approved camera and security system captures all activity on premises and assists with deterrence of these activities.

INTERNAL USE ONLY

Application No. MRL 179

OHA Reg. No. / OLCC Lic. No. MMD 29198