



## MARIJUANA CONTROL PLAN MEDICAL DISPENSARIES AND MARIJUANA RETAILERS

<b>Business Information</b>				
Entity Name	Must match Secretary of State Business Registry <b>THE NATURAL REFINERY LLC</b>			
Trade Name	DBA			
Facility Address	Street <b>231 SE Alder St.</b>	City <b>Portland</b>	State <b>OR</b>	Zip <b>97214</b>
Mailing Address	Street <b>3117 NE 67th Ave.</b>	City <b>Portland</b>	State <b>OR</b>	Zip <b>97213</b>
Phone Number: <b>9715060626</b>		Email: <b>thenaturalrefinery@gmail.com</b>		
Website: <b>N/A</b>		Facebook Link: <b>N/A</b>		

<b>Primary Business Contact Information</b>		
Contact	First Name <b>Lily</b>	Last Name <b>Falbo-Berg</b>
Title	<b>Owner/PRF</b>	
		Email: <b>lfalboberg@yahoo.com</b>

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

On accompanying paperwork

INTERNAL USE ONLY

Application No. MRL 185

OHA Reg. No. / OLCC Lic. No. \_\_\_\_\_