



MARIJUANA CONTROL PLAN MEDICAL DISPENSARIES AND MARIJUANA RETAILERS

Business Information

Entity Name	Must match Secretary of State Business Registry Helton			
Trade Name	DBA PUR ROOTS			
Facility Address	Street 5816 NE Portland Hwy	City Portland	State Or	Zip 97218
Mailing Address	Street 5816 NE Portland Hwy	City Portland	State Or	Zip 97218
Phone Number: (503) 553-9073	Email: clheltonmba@gmail.com			
Website: under construction	Facebook Link:			

Primary Business Contact Information

Contact	First Name Christopher	Last Name Helton
Title	PRF / General Manager	Email: clheltonmba@gmail.com

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

Please see attached documentation.

INTERNAL USE ONLY

Application No. _____

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