



Chloe Eudaly, *Commissioner*  
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## CITY OF PORTLAND MARIJUANA CONTROL PLAN

Business Information				
Entity Name	<small>Must match Secretary of State Business Registry</small> 4.0 Belmont Inc.			
Trade Name (DBA)	Tetra Cannabis			
Facility Address	<small>Street</small> 7030 SE Foster Rd	<small>City</small> Portland	<small>State</small> OR	<small>Zip</small> 97206
Mailing Address	<small>Street</small> PO Box 397	<small>City</small> Marylhurst	<small>State</small> OR	<small>Zip</small> 97036
Phone Number: 775-997-6298	Email: info@tetrapdx.com			
Website: tetrapdx.com	Facebook link: <small>Optional</small>			

**1. Please describe how your business will ensure that no one under the age of 21 is admitted, and how your business will educate patrons on the risks of marijuana use by minors.**

- Compliance with all required postings
- Compliance with required warning labels and dispensation of warning cards
- State-approved ID required for entry and verified before any transaction or service
- Lobby includes a check-in window to control access to sales floor
- All dispensary staff educated on acceptable forms of identification
- Customer date of birth entered into point-of-sale system and verified at checkout; compliant date of birth required to process transaction