



Department of Inspection and Code Enforcement  
 1801 Williams Boulevard  
 Building B,  
 Suite 102  
 Kenner, LA 70062  
 Phone: 504-468-4062

## Checklist for Occupational License

<input type="checkbox"/>	Planning & Zoning Approval	Should be approved before signing a lease.
<input type="checkbox"/>	Application	completed
<input type="checkbox"/>	Secretary of State Certificate	Excluding sole proprietorships. Visit <a href="http://sos.la.gov">sos.la.gov</a> for more information about obtaining certificate.
<input type="checkbox"/>	Home Base: Notarized Affidavit	Please have notarized
<input type="checkbox"/>	Home Base: City of Kenner Ordinance Document	Please sign and date
<input type="checkbox"/>	Lease or Purchase Agreement	Current lease dated and signed
<input type="checkbox"/>	Tax ID Letter /Social Security #	Verification is required or Visit <a href="http://irs.gov">irs.gov</a> to obtain a copy Or call 800-829-4933
<input type="checkbox"/>	Owner's Driver's License	Current for all applicants
<input type="checkbox"/>	Licenses or Certificates	Depending on type of business. For example: a beauty salon, applicant would need to supply a Cosmetology License and/or State Shop License/ Contractor would need a contractor's license
<input type="checkbox"/>	Board of Health Certificate	Board of Health Certificate is needed for any business dealing with food. Visit <a href="http://www.dhh.louisiana.gov/index.cfm/subhome/16">http://www.dhh.louisiana.gov/index.cfm/subhome/16</a> or call 504-838-5140 for information to obtain Board of Health Certificate. <b>Will accept Temp Board of Health to process application</b>
<input type="checkbox"/>	ATC / Alcohol Permit	For more information about obtaining an ATC Permit, please visit <a href="http://www.atc.rev.state.la.us/">http://www.atc.rev.state.la.us/</a> or contact them directly at (504) 568-7028. <b>Will accept Temp Alcohol Permit to process application</b> Required if serving alcohol
<input type="checkbox"/>	Newspaper Article	If applicable.
<input type="checkbox"/>	State Shop License	If applicable.
<input type="checkbox"/>	Auto Sales, Service or Repair Form	Only needed if vehicles are being sold.
<input type="checkbox"/>	Dealership License	If State Fire Marshall walk through is deemed necessary, please contact them directly at (504) 568-8506.
<input type="checkbox"/>	Louisiana State Fire Marshall	504-468-4006 or <a href="mailto:fireinspector@kenner.la.us">fireinspector@kenner.la.us</a>
<input type="checkbox"/>	Kenner Fire Prevention Bureau	
<input type="checkbox"/>	Storm Water Regulations Form	Any business that generates wastewater from washing or cleaning <b>and/or</b> businesses that operate restaurants, delis or other food processing operations must have this document signed and dated.
<input type="checkbox"/>	Grease Trap Form	Any facility that have grease traps, mud traps and/or oil/water separators must have this document signed and dated
<input type="checkbox"/>	Wastewater and/or Grease Trap Inspection	City of Kenner will schedule inspection with Veolia
<input type="checkbox"/>	City of Kenner Inspection	Final inspection will be scheduled after ALL documents have been received



CITY OF KENNER  
INSPECTION AND  
CODE ENFORCEMENT

1801 WILLIAMS BLVD  
BLDG B ROOM 105  
KENNER, LA 70062

OCCUPATIONAL LICENSE DIVISION

(504) 468-4064

FOR OFFICE USE ONLY

CAT CODE \_\_\_\_\_ TYPE \_\_\_\_\_  
(I.E. RD, WD, PRO, INS, TX) (I.E. R008, W147)

BUSINESS ID # \_\_\_\_\_

PREVIOUS USE \_\_\_\_\_

INSPECTION DATE \_\_\_\_\_

ZONING USE PERMITTED: YES / NO

TIME \_\_\_\_\_ TYPE \_\_\_\_\_

HOME BASE BUSINESS: YES / NO

INSPECTOR \_\_\_\_\_

REQUIREMENTS \_\_\_\_\_

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_  
NOTES \_\_\_\_\_

VERIFIED BY \_\_\_\_\_ DATE \_\_\_\_\_

CHANGE BUSINESS ADDRESS FROM: \_\_\_\_\_

CHANGE OF OWNERSHIP FROM: \_\_\_\_\_

APPLICATION FOR YEAR \_\_\_\_\_

(SEPARATE APPLICATION REQUIRED FOR EACH CLASS AND LOCATION OF BUSINESS)

- BUSINESS NAME \_\_\_\_\_  
(A CORPORATION MAY DO BUSINESS UNDER A NAME OTHER THAN ITS CORP. NAME. THIS IS CALLED A DBA, TRADE NAME OR BUSINESS NAME.)
- BUSINESS ADDRESS \_\_\_\_\_ UNIT \_\_\_\_\_  
KENNER, LA ZIP \_\_\_\_\_
- BUSINESS TELEPHONE # \_\_\_\_\_ CELL OR LANDLINE \_\_\_\_\_
- BUSINESS MAILING ADDRESS \_\_\_\_\_ APT \_\_\_\_\_  
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_
- TYPE OF OWNERSHIP (CHECK ONE)  
\_\_\_\_ INDIVIDUAL \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_ LLC
- OWNER'S NAME \_\_\_\_\_  
IF PARTNERSHIP, CORP, LLC ENTER THE NAME
- OWNER'S HOME ADDRESS \_\_\_\_\_ APT \_\_\_\_\_  
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_
- OWNER'S HOME TELEPHONE # \_\_\_\_\_ CELL OR LANDLINE \_\_\_\_\_
- BUSINESS FEDERAL TAX ID ( EIN#, SS#, ITIN# ) \_\_\_\_\_
- DATE STARTED OR WILL START IN KENNER \_\_\_\_\_

CITY OF KENNER  
INSPECTION & CODE ENFORCEMENT DEPARTMENT  
OCCUPATIONAL LICENSE DIVISION

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11. IS BUSINESS: \_\_\_\_\_ WHOLESALE \_\_\_\_\_ RETAIL \_\_\_\_\_ OTHER \_\_\_\_\_

EXPLAIN OTHER \_\_\_\_\_

12. GIVE A DETAILED DESCRIPTION OF YOUR BUSINESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. E-MAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

14. CONTACT PERSON: \_\_\_\_\_ ADDITIONAL CONTACT PERSON: \_\_\_\_\_

NAME \_\_\_\_\_ NAME \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

15. WERE ANY CHANGES MADE TO THIS LOCATION? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, EXPLAIN \_\_\_\_\_

ARE ANY CHANGES GOING TO BE MADE TO THIS LOCATION? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, EXPLAIN \_\_\_\_\_

LIST ALL INSTALLED EQUIPMENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. HOME BASED BUSINESS ONLY:

LIST OFFICE EQUIPMENT

\_\_\_\_\_  
YR, MAKE, MODEL OF ANY VEHICLE USED FOR BUSINESS

\_\_\_\_\_  
ADDRESS WHERE ANY TOOLS, EQUIPMENT OR CHEMICALS WILL BE STORED

17. I HEREBY DECLARE THAT THE ABOVE INFORMATION IS TO THE  
BEST OF MY KNOWLEDGE TRUE, CORRECT AND COMPLETE.

\_\_\_\_\_  
SIGNATURE

PRINT

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SIGNATURE

PRINT

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE APPLICATION SUBMITTED