



CITY OF KENNER
DEPT OF INSPECTION & CODE ENFORCEMENT
OCCUPATIONAL LICENSE DIVISION

1926 18TH STREET
KENNER, LA 70062
(504) 468-4062

FOR OFFICE USE ONLY

CATEGORY 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

VERIFIED BY DATE

NOTES

CHANGE BUSINESS ADDRESS FROM:

CHANGE OF OWNERSHIP FROM:

OTHER

APPLICATION FOR YEAR

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

1. 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**.)
2. BUSINESS ADDRESS UNIT
KENNER, LA ZIP
3. BUSINESS TELEPHONE # CELL OR LANDLINE
4. BUSINESS MAILING ADDRESS APT
CITY ST ZIP
5. TYPE OF OWNERSHIP (CHECK ONE)
 INDIVIDUAL PARTNERSHIP CORPORATION LLC
6. OWNER'S NAME
IF PARTNERSHIP, CORP, or LLC ENTER THE NAME
7. OWNER'S HOME ADDRESS APT
CITY ST ZIP
8. OWNER'S HOME TELEPHONE # CELL OR LANDLINE
9. FEDERAL OR SOCIAL SECURITY NUMBER
10. DATE STARTED OR WILL START IN KENNER

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11. IS BUSINESS: WHOLESALE RETAIL SERVICE OTHER

EXPLAIN OTHER _____

12. GIVE A DETAILED DESCRIPTION OF YOUR BUSINESS:

13. E-MAIL _____ WEBSITE _____

14. CONTACT PERSON: ADDITIONAL CONTACT PERSON:

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
THE BEST OF MY KNOWLEDGE TRUE, CORRECT AND
COMPLETE.**

SIGNATURE

PRINT

TITLE

SIGNATURE

PRINT

TITLE

DATE APPLICATION SUBMITTED