



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 _____

**CITY OF KENNER
DEPARTMENT OF INSPECTION & CODE ENFORCEMENT
OCCUPATIONAL LICENSE DIVISION**

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