



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 _____

NOTES _____

VERIFIED BY _____ DATE _____

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 TITLE

SIGNATURE TITLE

DATE APPLICATION SUBMITTED