



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

**1926 18<sup>TH</sup> STREET**  
**KENNER, LA 70062**  
**(504) 468-4062**

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**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 \_\_\_\_\_

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**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:

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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 \_\_\_\_\_

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

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LIST ALL INSTALLED EQUIPMENT:

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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.**

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SIGNATURE

TITLE

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SIGNATURE

TITLE

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DATE APPLICATION SUBMITTED