
FOR OFFICE USE ONLY

DATE TO PLANNING _____ BUSINESS ID # _____
ZONING: _____ TABLE _____
USE PERMITTED: YES / NO CLASS CODE # _____
ATTACHED STIPULATIONS DATE TO WWO _____
(I.E. DISTANCE REQUIREMENTS): _____
APPROVED _____ DISAPPROVED _____
NEED _____
VERIFIED BY _____ DATE _____
NEW BUSINESS _____
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 IT'S 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 _____ STATE _____ ZIP _____
5. TYPE OF OWNERSHIP (CHECK ONE)
___ INDIVIDUAL ___ PARTNERSHIP ___ CORPORATION ___ LLC
6. OWNER'S NAME _____
IF PARTNERSHIP, CORP, LLC PUT NAME
7. OWNER'S **HOME** ADDRESS _____ APT _____
CITY _____ STATE _____ 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
INSPECTION & CODE ENFORCEMENT DEPARTMENT
OCCUPATIONAL LICENSE SECTION

11. IS BUSINESS: __ WHOLESALE __ RETAIL __ SERVICE __ OTHER

EXPLAIN OTHER _____

12. GIVE A DETAILED DESCRIPTION OF YOUR BUSINESS:

13. **HOME BASED BUSINESS ONLY:**

LIST OFF EQUIPMENT

YR, MAKE, MODEL OF ANY VEHICLE USED FOR HOME BUSINESS

ADDRESS WHERE ANY TOOLS, EQUIPMENT OR CHEMICALS WILL BE STORED

14. E-MAIL _____ WEBSITE _____

FAX # _____

15. CONTACT PERSON:

NAME _____

TELEPHONE # _____ CELL OR LANDLINE

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

SIGNATURE

TITLE

SIGNATURE

TITLE

DATE