



Certificate of Occupancy
Office of Zoning Administration
CITY OF SHREVEPORT, LA

DATE OF ISSUANCE: October 12, 2023

CERTIFICATE NO: 23-759-COC

THIS CERTIFICATE IS ISSUED IN COMPLIANCE WITH THE PROVISIONS OF ALL ORDINANCES OF THE CITY OF SHREVEPORT PERTINENT THERETO:

NAME OF BUSINESS: ELITE PHYSICAL THERAPY GROUP II, LLC

ADDRESS: 8660 FERN AVE

PHONE: (318)-443-3311

TYPE OF BUSINESS: PHYSICAL THERAPY CLINIC

(NOTE: MUST BE A USE LISTED IN THE ZONING ORDINANCE)

PROPERTY ZONED: C-3

CASE NO, IF APPLICABLE: N/A

REMARKS:

NOT A SEXUALLY ORIENTED BUSINESS

EXPIRES, IF APPLICABLE:

OTHER COMMENTS: MEDICAL CLINIC

OWNER OF BUSINESS: DON CASSANO

A handwritten signature in blue ink, appearing to read "R. Jordan", written over a horizontal line.

REGINALD P. JORDAN

ISSUING OFFICIAL (TYPED)

SIGNATURE OF ISSUING OFFICIAL

THIS CERTIFICATE IS NOT AN OCCUPATIONAL LICENSE (PLACE IN A CONSPICUOUS PLACE)

Certificate of Occupancy
CITY OF SHREVEPORT, LA
(KEEP FOR FUTURE REFERENCE)

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IF YOUR BUSINESS CLOSED DURING THE YEAR PLEASE NOTIFY: CITY OF SHREVEPORT, REVENUE DIVISION, P.O. BOX 30002, SHREVEPORT, LA 71130

A NEW CERTIFICATE OF OCCUPANCY MUST BE OBTAINED FROM THE ZONING OFFICE; AND IF A "LIQUOR LICENSE" WAS ISSUED, PLEASE NOTIFY THE SHREVEPORT POLICE DEPARTMENT, ABO OFFICE, IF ANY OF THE FOLLOWING OCCUR:

1. CHANGE THE NAME OF THE BUSINESS
2. CHANGE OWNERSHIP
3. MOVE OR OPEN A NEW LOCATION
4. EXPAND SERVICES OR FACILITIES AT THE PRESENT LOCATION