



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

**DATE OF ISSUANCE:** June 3, 2024

**CERTIFICATE NO:** 24-393-COC

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

**NAME OF BUSINESS:** JASON I DUPREE DDS APDC  
**ADDRESS:** 7591 FERN AVE STE.1805  
**PHONE:** (318)-564-6655  
**TYPE OF BUSINESS:** DENTAL OFFICE

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

**PROPERTY ZONED:** C-1

**CASE NO, IF APPLICABLE:** N/A

**REMARKS:**  
NOT A SEXUALLY ORIENTED BUSINESS

**EXPIRES, IF APPLICABLE:**

**OTHER COMMENTS:** MOVING LOCATIONS

**OWNER OF BUSINESS:** JASON DUPREE

**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)**

**CERTIFICATE NO:** 24-393-COC

**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