



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

DATE OF ISSUANCE: June 18, 2024

CERTIFICATE NO: 24-400-COC

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

NAME OF BUSINESS: **DIVINE HAIR STUDIO**  
ADDRESS: **6535 YOUREE DR STE 301 STUDIO 7**  
PHONE: **(318)-560-4486**  
TYPE OF BUSINESS: **PERSONAL SERVICE ESTABLISHMENT**  
*(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: **HAIR SALON**

OWNER OF BUSINESS: **DANIELLE JACKSON**

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)*

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**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