



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

**DATE OF ISSUANCE: July 16, 2024**

**CERTIFICATE NO: 19-560-COC**

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

**NAME OF BUSINESS: SIKES ORAL AND MAXILLOFACIAL SURGERY**  
**ADDRESS: 6912 FERN LP STE A**  
**PHONE: (318)-469-9036**  
**TYPE OF BUSINESS: DENTAL OFFICE**  
*(NOTE: MUST BE A USE LISTED IN THE ZONING ORDINANCE)*

**PROPERTY ZONED: C-1**

**CASE NO, IF APPLICABLE: C-19-18**

**REMARKS:**  
**NOT A SEXUALLY ORIENTED BUSINESS**

**EXPIRES, IF APPLICABLE:**

**OTHER COMMENTS:**

**OWNER OF BUSINESS: JAMES W SIKES JR DMD MD LLC**

**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: 19-560-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