



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

DATE OF ISSUANCE: August 8, 2024

CERTIFICATE NO: 24-706-COC

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

NAME OF BUSINESS: **WALKING BY FAITH KITCHEN & CATERING**  
ADDRESS: **5765 S LAKESHORE DR**  
PHONE: **(318)-895-0182**  
TYPE OF BUSINESS: **RESTAURANT**  
*(NOTE: MUST BE A USE LISTED IN THE ZONING ORDINANCE)*

PROPERTY ZONED: **C-2**

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

REMARKS:  
**NOT A SEXUALLY ORIENTED BUSINESS**

EXPIRES, IF APPLICABLE:

OTHER COMMENTS:

OWNER OF BUSINESS: **Jennifer Stokes**

**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: 24-706-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

APPLICATION FOR PERMIT TO OPERATE  
DEPARTMENT OF HEALTH AND HOSPITALS, OFFICE OF PUBLIC HEALTH,  
CENTER FOR ENVIRONMENTAL HEALTH SERVICES

- Food and Drug
- Milk and Dairy
- Retail Food
- Seafood

I. FACILITY

PERMIT NUMBER 09-0002532 E-CODE 225 ADDITIONAL CODES \_\_\_\_\_  
 TYPE OF PERMIT:  NEW  UPDATE  ANNUAL  TEMPORARY

NAME OF BUSINESS WALKING BY FAITH KITCHEN AND CATERING NAME OF OWNER WALKING BY FAITH KITCHEN AND CATERING INC

PHYSICAL ADDRESS 5765 S LAKESHORE DR MAILING (BILLING) ADDRESS 5765 S LAKESHORE DR

CITY SHREVEPORT STATE LA ZIP 71119 CITY SHREVEPORT STATE LA ZIP 71119

PHONE 318-779-0696 PHONE 318-895-0182

II. FEES (CHECK ONE BOX BELOW)

TOTAL FEE \$ 150.00 (CHECK/MONEY ORDER PAYABLE TO **DHH**; CASH CANNOT BE ACCEPTED) TOTAL NUMBER OF E-CODES 1  
 NO FEE COLLECTED; SALES REVENUE WORKSHEET ISSUED TO CLIENT  
 THIS BUSINESS IS FEE-EXEMPT: TAX-EXEMPT ID NUMBER \_\_\_\_\_ VERIFIED BY  IRS LETTER  ARTICLES OF INCORPORATION

III. BUSINESS ORGANIZATION

PROPRIETORSHIP  CORPORATION/LIMITED LIABILITY Co.  PARTNERSHIP/LIMITED LIABILITY PARTNERSHIP

NAME OF REGISTERED AGENT OR LEGAL NAME OF PARTNERSHIP JENNIFER STOKES LIST OF PARTNERS AND PERCENT OWNERSHIP \_\_\_\_\_

ADDRESS OF OWNER/REGISTERED AGENT/PARTNERSHIP 5765 S LAKESHORE DR \_\_\_\_\_

CITY SHREVEPORT STATE LA ZIP 71119

DOMICILE OF CORPORATION LOUISIANA

IV. AFFIDAVIT

APPLICATION IS HEREBY MADE FOR A PERMIT TO OPERATE. THE APPLICANT AGREES TO COMPLY WITH THE RELEVANT PROVISIONS OF TITLE 51 OF THE LOUISIANA ADMINISTRATIVE CODE AND ALL OTHER APPLICABLE LAWS AND REGULATIONS. THIS ESTABLISHMENT SHALL BE AVAILABLE FOR INSPECTION BY REPRESENTATIVES OF THE STATE HEALTH OFFICER AT ALL REASONABLE TIMES, IN ACCORDANCE WITH THE PROVISIONS OF LSA R.S. 40: 5 AND 40: 615. BY SIGNING BELOW, THE APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IN THIS DOCUMENT IS TRUE AND ACCURATE TO THE BEST OF HIS/HER KNOWLEDGE AND UNDERSTANDING.

SIGNATURE OF OWNER/PARTNER/OFFICER/REGISTERED AGENT Jennifer Stokes TITLE Owner SANITARIAN  
 PRINT NAME Jennifer Stokes DATE 8/8/2024 REGISTRATION NO. 3226

TEMPORARY PERMIT NUMBER 09-0002532 EXPIRING ON 6/30/2025