



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

**DATE OF ISSUANCE:** September 11, 2024

**CERTIFICATE NO:** 24-265-COR

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

**NAME OF BUSINESS:** MOBILE FOOT SPECIALIST  
**ADDRESS:** 2855 LONG LAKE DR  
**PHONE:** (318)-797-4169  
**TYPE OF BUSINESS:** HOME OFFICE - MOBILE FOOT CARE  
*(NOTE: MUST BE A USE LISTED IN THE ZONING ORDINANCE)*

**PROPERTY ZONED:** R-1-12

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

**REMARKS:**  
NOT A SEXUALLY ORIENTED BUSINESS

**EXPIRES, IF APPLICABLE:** September 11, 2026

**OTHER COMMENTS:** C/O RENEWAL

**OWNER OF BUSINESS:** CASSELL HUDSON

**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)**

**CERTIFICATE NO:** 24-265-COR

**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