



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

**DATE OF ISSUANCE:** February 6, 2023

**CERTIFICATE NO:** 23-23-COR

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

**NAME OF BUSINESS:** TTRANSIT MEDICAL TRANSPORTATION LLC  
**ADDRESS:** 6815 SAGEWOOD DR  
**PHONE:** (318)-840-5629  
**TYPE OF BUSINESS:** NON-EMER MEDICAL TRANSPORTATION  
*(NOTE: MUST BE A USE LISTED IN THE ZONING ORDINANCE)*

**PROPERTY ZONED:** R-1-5

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

**REMARKS:**  
NOT A SEXUALLY ORIENTED BUSINESS

**EXPIRES, IF APPLICABLE:** February 6, 2025

**OTHER COMMENTS:** OFFICE

**OWNER OF BUSINESS:** SHATORRIYAE STARKS

**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:** 23-23-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