



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

**DATE OF ISSUANCE:** July 5, 2023

**CERTIFICATE NO:** 23-251-COR

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

**NAME OF BUSINESS:** PERFECT STROKES LLC  
**ADDRESS:** 8040 CAPTAIN DILLON CT  
**PHONE:** (318)-288-2118  
**TYPE OF BUSINESS:** OFFICE - PORTRAIT PAINTING  
*(NOTE: MUST BE A USE LISTED IN THE ZONING ORDINANCE)*

**PROPERTY ZONED:** R-1-7 (PUD)

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

**REMARKS:**  
NOT A SEXUALLY ORIENTED BUSINESS

**EXPIRES, IF APPLICABLE:** July 5, 2025

**OTHER COMMENTS:**

**OWNER OF BUSINESS:** ALIREZA MINAGAR

**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:** 23-251-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