



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

DATE OF ISSUANCE: March 14, 2025

CERTIFICATE NO: 25-142-COC

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

NAME OF BUSINESS: H FUNCTIONAL MEDICINE LLC
ADDRESS: 400 TEXAS ST STE 901
PHONE: (318)-799-1872
TYPE OF BUSINESS: MEDICAL OFFICE

(NOTE: MUST BE A USE LISTED IN THE ZONING ORDINANCE)

PROPERTY ZONED: D-1-CBD

CASE NO, IF APPLICABLE: N/A

REMARKS:
NOT A SEXUALLY ORIENTED BUSINESS

EXPIRES, IF APPLICABLE:

OTHER COMMENTS:

OWNER OF BUSINESS: Carly Holse

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)

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IF YOUR BUSINESS CLOSED DURING THE YEAR PLEASE NOTIFY: CITY OF SHREVEPORT, REVENUE DIVISION, P.O. BOX 30002, SHREVEPORT, LA 71202

ANY 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