



Business License



Date 02/25/19  
 Tracking Number 1903577

### OCCUPATIONAL/GENERAL BUSINESS LICENSE (MASTER APPLICATION)

An Occupational or General Business license is required if you will be conducting business in Orleans Parish. After applying with the Bureau of Revenue, a zoning inspection is performed by the Department of Safety and Permits and/or State Health Department, depending on the nature of the business being opened. Once you have approval from the appropriate entitie(s), you will then return to the Bureau of Revenue to submit payment of your estimated taxes.

- A. **New Business**  Is Home Based?  Is purchase of new business (Name of previous owner \_\_\_\_\_)
- B. **Change in Status of Existing Business** (Account Number \_\_\_\_\_)
- C. **Other** (Please specify) \_\_\_\_\_

#### APPLICANT INFORMATION

Name SR. MARY LOU SPECHA Title Executive Director  
 Address 3923 MARTIN LUTHER KING JR. BLVD.  
 City New Orleans State LA Zip 70125  
 Phone 821-7773 Cell 504-715-9798 Email MLSPECHA@HOTELHOPE.org

#### BUSINESS INFORMATION

For Profit  Not for Profit   
 Trade Name HOTEL HOPE  
 Legal Name HOTEL HOPE  
 Business Address/Business Location 3923 MARTIN LUTHER KING BLVD.  
 City New Orleans State LA Zip 70125  
 Mailing Address SAME AS ABOVE  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone 504-821-7773 Fax \_\_\_\_\_ Web HOTELHOPE.ORG  
 FEIN 27-2083749 CPNC (if applicable) \_\_\_\_\_ No. of Employees 5

#### Legal Type of Business

Sole Proprietor  Other:  Partnership  Corporation

#### OWNER/OFFICER INFORMATION

Name <u>SMARY LOU SPECHA</u> Title <u>Ex Director</u>	Name _____ Title _____
Address <u>3923 MARTIN LUTHER KING BLVD</u>	Address _____
Phone <u>504-715-9798</u> SSN <u>328 58 6419</u>	Phone _____ SSN _____
Email <u>MLSPECHA@HOTELHOPE.ORG</u>	Email _____
Driver's License No. _____ State <u>LA</u>	Driver's License No. _____ State _____
Gender <u>F</u> DOB <u>05/23/59</u> Place of Birth <u>CHICAGO</u>	Gender _____ DOB _____ Place of Birth _____
Name _____ Title _____	Name _____ Title _____
Address _____	Address _____
Phone _____ SSN _____	Phone _____ SSN _____
Email _____	Email _____
Driver's License No. _____ State _____	Driver's License No. _____ State _____
Gender _____ DOB _____ Place of Birth _____	Gender _____ DOB _____ Place of Birth _____



Business License



Date 02/25/19 Tracking Number 1903577

OCCUPATIONAL/GENERAL BUSINESS LICENSE (MASTER APPLICATION)

AUTHORIZED AGENT INFORMATION

Name S MARY LOU SPECHA Title Ex. Dir Address 3923 Martin Luther King Phone 504-715-9798 Email MLSPECHA@HOTELHOPE.ORG

PROPERTY OWNER INFORMATION

(Required for commercial businesses)

Name Phone Address Email

Type of business currently being operated: NONE

If no business currently operating: Type of previous business Date Closed

Type of business requested Non-profit Hotel For Homeless Women + Children

- Wholesale Retail Other (Specify) Is this a change of owners or operator only? Yes No

INDICATE LICENSE/PERMIT APPLIED FOR

- Occupational/Insurance License Tax Alcohol Beverage Permit Chain Store Tax Amusement Permit Hotel /Bed and Breakfast Artist Permit Mechanical/Electronic Device License Tax Annual Operator's License Other Permits/Fees (E.g. Manager Permit, Bed and Breakfast Permit, Vieux Carre Fees, etc.)

Please provide a detailed description of the proposed business and the type of sales, activities or services it performs in the box below.

Non profit HOTEL serving Homeless Women with Children

ADDITIONAL INFORMATION (PLEASE COMPLETE ALL THAT APPLY)

Table with 3 columns: Chain Store, Amusement Permit, Artist Permit, Alcohol Beverage Permit, Hotel/Bed and Breakfast. Includes fields for number of stores, types of permits, and number of rooms.

SIGNATURES INDICATE LICENSE/PERMIT APPLIED FOR

I certify that the above information is true and correct to the best of my knowledge. I understand that the City of New Orleans is authorized to suspend or revoke a permit or license issued under the provisions of its Municipal Code...

I understand that I must report any change in business, ownership, operation, and/or address immediately. Owner/Officer Signature S Mary Lou Specha Title Executive Director Date 2-25-19