

APPLICATION FOR PERMIT TO OPERATE  
DEPARTMENT OF HEALTH AND HOSPITALS, OFFICE OF PUBLIC HEALTH,  
CENTER FOR ENVIRONMENTAL HEALTH SERVICES

- Food and Drug
- Milk and Dairy
- Retail Food
- Seafood

I. FACILITY

PERMIT NUMBER 04-0002616 E-CODE 472M ADDITIONAL CODES \_\_\_\_\_

TYPE OF PERMIT  NEW  UPDATE  ANNUAL  TEMPORARY

NAME OF BUSINESS LifeShare Blood Center dba Pelican Plasma NAME OF OWNER LifeShare Blood Center dba Pelican Plasma

PHYSICAL ADDRESS 1423 N Market St. Suite A MAILING (BILLING) ADDRESS 8910 Linwood Ave.

CITY Shreveport STATE LA ZIP 71107 CITY Shreveport STATE LA ZIP 71106

PHONE 318-642-9719 PHONE 318-642-9719

II. FEES (CHECK ONE BOX BELOW)

TOTAL FEE \$ \_\_\_\_\_ (CHECK/MONEY ORDER PAYABLE TO **DHH**; CASH CANNOT BE ACCEPTED) TOTAL NUMBER OF E-CODES 1

NO FEE COLLECTED; SALES REVENUE WORKSHEET ISSUED TO CLIENT

THIS BUSINESS IS FEE-EXEMPT: TAX-EXEMPT ID NUMBER 22-0511367 VERIFIED BY  IRS LETTER  ARTICLES OF INCORPORATION

III. BUSINESS ORGANIZATION

PROPRIETORSHIP  CORPORATION/LIMITED LIABILITY Co.  PARTNERSHIP/LIMITED LIABILITY PARTNERSHIP

NAME OF REGISTERED AGENT OR LEGAL NAME OF PARTNERSHIP Christine Burke LIST OF PARTNERS AND PERCENT OWNERSHIP \_\_\_\_\_

ADDRESS OF OWNER/REGISTERED AGENT/PARTNERSHIP 8910 Linwood Ave. \_\_\_\_\_

CITY Shreveport STATE LA ZIP 71106 \_\_\_\_\_

DOMICILE OF CORPORATION Louisiana \_\_\_\_\_

IV. AFFIDAVIT

APPLICATION IS HEREBY MADE FOR A PERMIT TO OPERATE. THE APPLICANT AGREES TO COMPLY WITH THE RELEVANT PROVISIONS OF TITLE 51 OF THE LOUISIANA ADMINISTRATIVE CODE AND ALL OTHER APPLICABLE LAWS AND REGULATIONS. THIS ESTABLISHMENT SHALL BE AVAILABLE FOR INSPECTION BY REPRESENTATIVES OF THE STATE HEALTH OFFICER AT ALL REASONABLE TIMES, IN ACCORDANCE WITH THE PROVISIONS OF LSA R.S. 40: 5 AND 40: 615. BY SIGNING BELOW, THE APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IN THIS DOCUMENT IS TRUE AND ACCURATE TO THE BEST OF HIS/HER KNOWLEDGE AND UNDERSTANDING.

Heather LaFlame SIGNATURE OF OWNER/PARTNER/OFFICER/REGISTERED AGENT Quality & Regulatory Services TITLE RR SANITARIAN

Heather LaFlame PRINT NAME 11-06-2024 DATE 3257 REGISTRATION NO.

TEMPORARY PERMIT NUMBER \_\_\_\_\_ EXPIRING ON \_\_\_\_\_