

**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 09-0001548 E-CODE 472M ADDITIONAL CODES \_\_\_\_\_

TYPE OF PERMIT  
☒ NEW ☐ UPDATE ☐ ANNUAL ☐ TEMPORARY

NAME OF BUSINESS Life Share Blood Center dba Pelican Plasma NAME OF OWNER Life Share Blood Center

PHYSICAL ADDRESS 6917 Fairfield Avenue MAILING (BILLING) ADDRESS 8910 Linwood Avenue

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

PHONE 318-673-1444 PHONE 224-600-7083

**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 72-0511367 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 DARLA JOHNSON 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.

SIGNATURE OF OWNER/PARTNER/OFFICER/REGISTERED AGENT Geri Venable

PRINT NAME GERI VENABLE

TITLE 4-26-21, COO

DATE 4-26-21

SANITARIAN Shanta G. Nance (Haw), RD

REGISTRATION NO. 1147

TEMPORARY PERMIT NUMBER \_\_\_\_\_

EXPIRING ON \_\_\_\_\_