REQUIREMENTS FOR AN OCCUPATIONAL LICENSE

ALL APPLICATIONS MUST BE SUBMITTED TO THE CITY OF HAMMOND TAX OFFICE FOR APPROVAL. LICENSE APPLICATIONS SHOULD BE SUBMITTED AT LEAST THREE WEEKS BEFORE PLANNED OPENING DATE.

<table>
<thead>
<tr>
<th>REQUIREMENT</th>
<th>CONTACT</th>
<th>PHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>SALES TAX</td>
<td>TANGIPAHOA SCHOOL BOARD</td>
<td>985-748-5229</td>
</tr>
<tr>
<td>CONTACT SCHOOL BOARD OFFICE FOR SALES TAX CLEARANCE AND OR PARISH ID NUMBER</td>
<td>219 E ROBERT ST</td>
<td>985-277-5649</td>
</tr>
<tr>
<td>ARE YOU ZONED FOR THE BUSINESS YOU WANT TO START?</td>
<td>219 E ROBERT ST</td>
<td>985-277-5655</td>
</tr>
<tr>
<td>BUILDING DEPT</td>
<td>BILLING DEPT</td>
<td>985-277-5615</td>
</tr>
<tr>
<td>CONTACT BUILDING DEPT TO GET ELECTRICITY TURNED ON BY ENTERGY</td>
<td></td>
<td></td>
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<tr>
<td>GJS DEPARTMENT LOCATION ADDRESS</td>
<td>985-277-5651 OR 5652</td>
<td></td>
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<tr>
<td>ENTERGY</td>
<td>1-800-368-3749</td>
<td></td>
</tr>
<tr>
<td>TAX &amp; LICENSE</td>
<td>310 E CHARLES ST</td>
<td>985-277-5616</td>
</tr>
<tr>
<td>UTILITY/WATER/GARbage</td>
<td>BILLING DEPT</td>
<td>985-277-5615</td>
</tr>
<tr>
<td>WATER &amp; SEWER</td>
<td>HWY 190 EAST</td>
<td>985-277-5961</td>
</tr>
<tr>
<td>FIRE PREVENTION</td>
<td>KACE NIELSEN</td>
<td>985-277-5858</td>
</tr>
<tr>
<td>TANGIPAHOA HEALTH UNIT</td>
<td>TOM FAGAN</td>
<td>985-543-4175</td>
</tr>
<tr>
<td>DUMPSTER PERMIT APPLICATION</td>
<td>985-277-5644</td>
<td></td>
</tr>
<tr>
<td>TRASH PICKUP</td>
<td>985-277-5655</td>
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<tr>
<td>SIGN PERMIT</td>
<td>BOBBY MITCHELL</td>
<td>985-277-5644</td>
</tr>
<tr>
<td>HISTORIC DISTRICT</td>
<td>219 E ROBERT ST</td>
<td>985-277-5684</td>
</tr>
</tbody>
</table>

IF YOUR BUSINESS IS LOCATED IN THE HISTORIC DISTRICT THIS OFFICE MUST BE CONTACTED BEFORE ANY EXTERIOR CHANGES ARE DONE.

ALL INSPECTIONS **MUST BE APPROVED AND SIGNED** BEFORE IT WILL BE ACCEPTED BY THE LICENSE DEPARTMENT.

ALL PERSONS WHO SHALL BE ENGAGED IN MANUFACTURING, PROCESSING, DISTRIBUTING, SERVING OR OFFERING FOR SALE, PREPARED FOOD, BEVERAGES, LIQUORS, MILK OR MILK PRODUCTS FOR HUMAN CONSUMPTION, MUST OBTAIN A WRITTEN PERMIT ISSUED BY THE TANGIPAHOA HEALTH DEPT. AS PER SECTION 15-1, CODE OF ORDINANCE, CITY OF HAMMOND.

IF YOU PLAN TO SELL ALCOHOLIC BEVERAGES, PLEASE SPECIFY AS ADDITIONAL APPLICATIONS ARE INVOLVED. ALCOHOL APPLICATIONS MUST GO BEFORE THE COUNCIL FOR APPROVAL. CHECK FOR MEETING DATES AND TIMES. IF ADULT MATERIAL OR USES ARE CHECKED ON THE APPLICATION YOU MUST GO BEFORE THE ZONING BOARD FOR APPROVAL. CONTACT (985) 277-5649 FOR INFORMATION.

IF YOU ARE A MEMBER OF A CHAIN, PLEASE SPECIFY AS AN ADDITIONAL APPLICATION IS INVOLVED.

AFTER ALL APPLICATIONS ARE FILLED OUT AND SIGNED, PLEASE DELIVER THIS ENTIRE PACKET TO THE LICENSE DEPARTMENT FOR FINAL APPROVAL.
OCCUPATIONAL LICENSE TAX APPLICATION

TRADE NAME __________________________ PHONE# __________________________

LOCATION __________________________ CITY _______ ST _______ ZIP _______

MAILING ADDRESS ______________________ CITY _______ ST _______ ZIP _______

DATE BUSINESS WILL START __________________________ LOCATED WITHIN THE CITY OF HAMMOND? YES ( ) NO ( )

OWNER __________________________ DOB __________ SS# __________

DRIVERS LICENSE # __________________________ HOME PHONE __________ WORK PHONE __________

HOME ADDRESS __________________________ CITY _______ ST _______ ZIP _______

MANAGER __________________________ DOB __________ SS# __________

HOME ADDRESS __________________________ CITY _______ ST _______ ZIP _______

IF MEMBER OF CHAIN, LIST NUMBER OF STORES IN CHAIN __________________________

TYPE OF BUSINESS (SERVICE, RETAIL, WHOLESALE, OTHER) __________________________

KIND OF MERCHANDISE __________________________ FEDERAL ID# __________________________

WILL THIS BUSINESS BE A SECONDHAND DEALER? ( ) YES ( ) NO STATE ID # __________________________

IF ANSWERED YES TO SECONDHAND DEALER, HAVE YOU EVER BEEN CONVICTED OF A FELONY? ( ) YES ( ) NO

TYPE OF ORGANIZATION: Individual ( ) Corporation ( ) Partnership ( ) Non-profit ( ) Other ( )

CORPORATION NAME __________________________

ATTACH A COPY OF THE ARTICLES AND BYLAWS __________________________

AGENT / ADDRESS FOR SERVICE OF PROCESS __________________________

DO YOU PLAN TO SELL: BEER ( ) LIQUOR ( )

Will you have Adult material or Adult uses as defined by the Hammond Zoning Code ( ) Yes ( ) No

If answered yes to above see Zoning Department for instructions. You must meet certain conditions.

WILL YOU HAVE AMUSEMENT MACHINES? (Pool table, Jukebox Video Poker, Etc.) If so, please list name and address of owner and type of machines on back of application.

THE APPLICANT IS OF GOOD MORAL CHARACTER:

REFERENCES 1. __________________________ PHONE# __________________________

2. __________________________ PHONE# __________________________

3. __________________________ PHONE# __________________________

I SWEAR OR AFFIRM THAT I HAVE READ EACH OF THE QUESTIONS IN THIS APPLICATION AND THE ANSWERS WHICH I HAVE GIVEN ARE TRUE AND CORRECT.

SIGNATURE OF APPLICANT __________________________

ANY MISSTATEMENT OR SUPPRESSION OF FACT IN THIS APPLICATION SHALL BE GROUNDS FOR DENIAL, SUSPENSION OR REVOCATION OF LICENSE. LICENSE AMOUNT $ ______
ZONING CLASSIFICATION

1ST ORDER OF BUSINESS – ARE YOU ZONED PROPERLY?

PLANNING DEPARTMENT
219 E. ROBERT ST.
HAMMOND, LA 70401
(985)277-5649
(985)277-5638 FAX
planning@hammond.org

***You can fax, email, or visit the office to get your form filled out. Please include return fax or email.

OWNER OF BUSINESS: ____________________________________________________________

OWNER PHONE # & EMAIL: _________________________________________________________

NAME OF BUSINESS: ____________________________________________________________

TYPE OF BUSINESS: _____________________________________________________________

KIND OF MERCHANDISE: _________________________________________________________

ADDRESS OF BUSINESS: _________________________________________________________

OWNER OF BUILDING: ___________________________ PHONE/EMAIL: ____________________

OFFICE USE ONLY

ZONING CODE: _________________________________________________________________

Is this property zoned for this use? YES_________ NO_________

Would this use be allowed at this specific address? YES_________ NO_________

Comments:
_____________________________________________________________________________
_____________________________________________________________________________

This establishment is zoned for alcohol. YES_________ NO_________

This premises situated within 300 ft. or less distance of a building exclusively as a church, synagogue, public library, public playground, or school except a school for business education conducted as a business college or school.

This establishment is zoned for Restaurant. Food 60% Alcohol 40%

YES_________ NO_________

_________________________________________________________ Date_________________

Building Director/City Planner
INSPECTION SHEET

1. WATER & SEWER (985) 277-5951
   Fax (985) 277-5959
   18104 HWY 190 EAST

8 – 9 AM or 3 – 4 PM
2. HEALTH UNIT (985) 543-4175
   Fax (985) 543-4179
   15475 CLUB DELUXE ROAD

3. FIRE PREVENTION (985) 277-5858
   Fax (985) 277-5859
   1290 SW RAILROAD AVENUE

4. BUILDING & ZONING (LAST INSPECT) (985) 277-5655
   Fax (985) 277-5637
   219 E ROBERT ST.

PLEASE CONTACT THE ABOVE OFFICES TO SET UP AN APPOINTMENT FOR YOUR BUILDING TO BE INSPECTED.
BUILDING & ZONING MUST INSPECT LAST

BUSINESS NAME __________________________ PHONE # __________________

BUSINESS OWNER __________________________

LOCATION OF BUILDING __________________________

BUILDING OWNER __________________________ PHONE # __________________

PREVIOUS BUSINESS LOCATED HERE __________________________

DO YOU PLAN TO SELL ALCOHOL NOW OR IN THE FUTURE?

( ) YES     ( ) NO

No alcohol permit shall be granted to any premises situated within 300 feet or less distance of a building occupied exclusively as a church or synagogue, public library, public library, public playground, or school except a school for business education conducted as a business college or school.

OFFICIAL USE ONLY

THIS BUILDING IS APPROVED FOR ITS INTENDED USE AND MEETS ALL APPLICABLE BUILDING AND ZONING CODES

EXCEPTIONS:

USE CLASSIFICATION __________________________ ZONING __________________________

CERTIFICATE OF OCCUPANCY $100.00

CERTIFICATE OF OCCUPANCY $ 20.00

BUILDING PERMIT # __________________________

FT. DISTANCE FROM SCHOOL, RESIDENCE, CHURCH, OR PUBLIC AREA (IF ANSWERED "YES" TO ALCOHOL SALES.)

COMMENTS:

______________________________

______________________________

______________________________

1. _____________________________ / DATE __/_ /   
   WATER & SEWER HWY 190 EAST/ UTILITY BILLING INSPECTION NOT NEEDED
   _____________________________ / DATE __/_ /

2. _____________________________ / DATE __/_ /   
   HEALTH UNIT, SANITARIAN

3. _____________________________ / DATE: __/_ /
   FIRE PREVENTION

4. _____________________________ / DATE __/_ /   
   BUILDING INSPECTOR
**FIRE INSPECTION INFORMATION REPORT**

**PLEASE SUBMIT A COPY OF YOUR FLOOR PLAN WITH THIS REQUEST**

The information below is needed before an inspection can be made for your occupational license. Please fill out all information. (PLEASE PRINT)

Address of business:______________________________________________________________________

Name of business:________________________________________________________________________

Description of business:___________________________________________________________________

Have you made any changes to the existing structure or layout? If so, please describe the changes:_____________________________________________________________________________________

Is your business a licensed facility (i.e- DHH) _________________________________________________

Building Owner:____________________________________ Phone:__________________________

Home Address:_____________________________________ City/State:_______________________

Email address:__________________________________________________________________________

Business Owner:____________________________________ Phone:__________________________

Home Address:_____________________________________ City/State:_______________________

Email address:__________________________________________________________________________

Manager:__________________________________________ Phone:__________________________

Home Address:_____________________________________ City/State:_______________________

Email address:__________________________________________________________________________

Date:___________________________________ Signature:_________________________________

Name of business that was previously located in this building:____________________________________________________________________________________

NOTE: Your landlord may advise you of the name.

"Do You Have working Smoke Detectors In Your Home? Don't Sleep without one!"
REGISTER ON LINE WITH TANGIPAHOA SALES TAX
www.salestaxonline.com

TANGIPAHOA PARISH SALES TAX OFFICE:
106 N. MYRTLE STREET
AMITE LA 70422
PHONE #985-748-5229
FAX #985-748-2489

ATTACH COPY OF CONFIRMATION OF ON-LINE REGISTRATION TO YOUR PACKET
OR HAVE SALES TAX AFFIRM BY SIGNING THIS SHEET THAT YOU HAVE
CONTACTED THEIR OFFICE.

BUSINESS NAME

________________________________________

ADDRESS

________________________________________

________________________________________

TANGIPAHOA PARISH SALES TAX CLERK SIGNATURE_____________________________________

PRINT NAME____________________________________

DATE____________________________________
**APPLICATION FOR BUSINESS SALES TAX ACCOUNT**

**TANGIPAHOA PARISH SCHOOL SYSTEM**

**SALES AND USE TAX DIVISION**

P.O. BOX 159

AMITE, LA. 70422-0159

(985) 748-5229 • FAX (985) 748-2469

<table>
<thead>
<tr>
<th>PLEASE PRINT LEGIBLY</th>
<th>FOR OFFICE USE ONLY</th>
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<tbody>
<tr>
<td>IS THIS A TRANSFER?</td>
<td>VENDOR NUMBER</td>
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<tr>
<td>BUSINESS NAMES</td>
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<tr>
<td>MAILING ADDRESS</td>
<td>STATUS</td>
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<tr>
<td>CITY</td>
<td>BUSINESS LOCATION</td>
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<tr>
<td>HOME PHONE NUMBER</td>
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<td>DESCRIPTION OF SALES</td>
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<td>OR BUSINESS ACTIVITIES</td>
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<tr>
<td>OWNER'S NAME</td>
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<td>DATE OF BIRTH</td>
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<td>MANAGER</td>
<td>WARD</td>
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<td>DATE OF BIRTH</td>
<td>CODE</td>
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<td>BUSINESS LOCATION</td>
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<td>STREET OR ROAD</td>
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<td>CITY</td>
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<td>BUSINESS PHONE NO.</td>
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<tr>
<th>FROM WHO</th>
<th>VENDOR NUMBER</th>
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<th>SOCIAL SECURITY NO.</th>
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<thead>
<tr>
<th>BUSINESS LOCATION INSIDE CITY LIMITS?</th>
<th>YES OR NO</th>
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<tbody>
<tr>
<td>IS BUSINESS LOCATED</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>DATE BUSINESS STARTED OR WILL START AT THIS LOCATION. MO.</th>
<th>DAY</th>
<th>YR.</th>
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<tr>
<th>ORGANIZATION</th>
<th>INDIVIDUAL</th>
<th>CORPORATION</th>
<th>PARTNERSHIP</th>
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<tr>
<td></td>
<td>NON-PROFIT</td>
<td>GOVERNMENT</td>
<td>OTHER</td>
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<th>(OTHER)</th>
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<tr>
<th>REFERENCE</th>
<th>NAME</th>
<th>ADDRESS</th>
<th>PHONE</th>
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<th>SIGNATURE</th>
<th>DATE</th>
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</table>
**ANNUAL CHAIN STORE TAX**  
**CITY OF HAMMOND, LOUISIANA**  
**OCCUPATIONAL LICENSE TAX DIVISION**

P.O. BOX 2788  
HAMMOND, LOUISIANA 70404-2788

To the City Tax Collector, Occupational License Division, Hammond, Louisiana as required by Title 47, Chapter 12, of the Louisiana Revised Statutes of 1950, as amended by Act 706.

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
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<thead>
<tr>
<th>KIND OF BUSINESS</th>
<th>(STATE IF GROCERY AND MEATS, HARDWARE, DRUGS, LIQUOR, MEN'S CLOTHING, GENERAL MERCHANDISE, ETC.)</th>
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<thead>
<tr>
<th>HAMMOND STORE</th>
<th>STREET ADDRESS</th>
<th>OPENING DATE IF NEW</th>
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</table>

Total Stores Operating in Hammond Listed Above, as of January 1, Current Year

Total Stores Operating Wherever Located Including Above, Under Same General Management, Supervision, Ownership or Control as of January 1, Current Year

Number of New Stores Opened in Hammond After January 1, Current Year

NOTE: Opening Date to be Shown Opposite Name and Address and Tax to be Paid as Explained in Line 5 on Reverse Side

**COMPUTATION OF TAX**  
(See Explanation on Back)

<table>
<thead>
<tr>
<th>AMOUNT OF TAX</th>
<th>$</th>
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<tbody>
<tr>
<td>INTEREST</td>
<td></td>
</tr>
<tr>
<td>PENALTY</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>$</td>
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</tbody>
</table>

**AFFIDAVIT**

I swear (or affirm that this report has been examined by me, and, to the best of my knowledge and belief is true and correct.

Sworn to and subscribed before me this day of 19

Signature of Officer Administering Oath

Signature

Title

Title
# LICENSE TAX SCHEDULE

Belonging to a chain or group having
(1) Not more than 10 stores  | $10.00 per store in Hammond
(2) More than 10, but not more than 35 stores | $15.00 per store in Hammond
(3) More than 35, but not more than 50 stores | $20.00 per store in Hammond
(4) More than 50, but not more than 75 | $25.00 per store in Hammond
(5) More than 75, but not more than 100 stores | $30.00 per store in Hammond
(6) More than 100, but not more than 125 stores | $50.00 per store in Hammond
(7) More than 125, but not more than 150 stores | $100.00 per store in Hammond
(8) More than 150, but not more than 175 stores | $150.00 per store in Hammond
(9) More than 175, but not more than 200 stores | $200.00 per store in Hammond
(10) More than 200, but not more than 225 stores | $250.00 per store in Hammond
(11) More than 225, but not more than 250 stores | $300.00 per store in Hammond
(12) More than 250, but not more than 275 stores | $350.00 per store in Hammond
(13) More than 275, but not more than 300 stores | $400.00 per store in Hammond
(14) More than 300, but not more than 400 stores | $450.00 per store in Hammond
(15) More than 400, but not more than 500 stores | $500.00 per store in Hammond
(16) More than 500 stores | $550.00 per store in Hammond

1. RATE OF TAX

The rate of tax is determined from the total retail stores operated under the same general management, supervision, ownership or control, and all stores enjoying the benefit of centralized purchasing, advertising or warehousing, wherever located, including the stores covered by this report. Refer to License Tax Schedule above.

2. MEASURE OF TAX

The measure, or the amount of tax due the City of Hammond is determined by applying the rate of tax to the total retail stores in Hammond.

3. EXAMPLE

If an operator of a total of 36 retail stores located in Texas, New York, Alabama and Louisiana, operates 5 stores in Hammond the amount of chain store tax would be computed as follows: The license tax schedule above shows that the rate of tax on a chain of between 35 and 50 stores is $20.00 per Hammond store. Therefore, the amount of tax due would be 5 Hammond stores at $20.00 each or a total of $100.00.

4. INTEREST AND PENALTY

If return is not filed and the tax paid before March 1st each year, there will be added to the tax interest at the rate of 12% per annum until paid and penalty at the rate of 5% for each thirty days or fraction thereof of delinquency not to exceed 25% in the aggregate.

5. NEW STORES OPENED DURING TAXABLE YEAR

The rate of tax for stores opened in Hammond after January 1st shall be the same as though the new stores were added to the number in operation on January 1st.

If a store is opened in Hammond after June 30th of any year, the rate applicable to such store for the first year shall be one-half of the rate determined as hereinabove provided.

This report must be made to the City Tax Collector, Hammond, Louisiana. The remittance to cover the tax evidenced by this report must be mailed to the City Tax Collector, P.O. Box 2788, Hammond, LA 70404-2788 before March 1st.
General Information
Account Name: ________________________________

Service Address: ____________________________________________

Start Date: _______ Property Ph: (____) ____-____ Fax (____) ____-

State Tax ID# ________________________________

Billing Information: Send bill to service address? (Y/N): _____
If NO, send bill to
Management or Attention: _______________________________________
Street or P.O. Box#: _______________________________________
City, State, Zip: ________________________________

Responsible Party (Please do not repeat DBA name.)
Name: _______________________________________
Address: ________________________________ Fax: _______
Phone: ________________________________

TERMS OF SERVICE

1. Payment is due upon receipt, but no later than 10th of each month.
2. All unpaid balances will receive penalty charges after the 11th of each month and are subject to disconnection of service.
3. If service has been disconnected for non-payment a $25.00 reconnect fee will be assessed prior to reconnection.
4. In order for water service to be turned on, you or your representative must be on premises. NO EXCEPTIONS!
5. A $25.00 Fee will be added for all returned checks, if service has been disconnected a reconnect fee will also apply.
6. By signing below you will have full responsibility for all damage/tampering of the meter that services this address.

I understand that any information provided that is found to be false, incomplete, or misrepresented in any respect will be sufficient cause for denial, suspension, or revocation of service.

***DEPOSITS ARE NON-TRANSFERABLE

X ________________________________