



MIKE COOPER
Mayor

CITY OF COVINGTON

CODE ENFORCEMENT OFFICE

317 North Jefferson Avenue

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website www.covla.com

APPLICATION FOR BUS PERMIT

Please fill in information, print and sign.

DATE: _____ / _____ / _____

BUS OWNER NAME: _____

DRIVER'S LICENSE NUMBER: _____

BUSINESS OWNER MAILING ADDRESS: _____
Street

_____ *City* _____ *State* _____ *Zip Code*

PHONE NUMBER: _____ FAX: _____

LOCATION OF BUS (IF DIFFERENT FROM MAILING ADDRESS):

_____ *Street* _____ *City*

LICENSE PLATE NUMBER: _____ BUS NUMBER: _____

SIGNATURE:

DATE:

_____ / _____ / _____

For office use only

Approved

Denied

BUS PERMIT # _____

Comments _____

Reviewed by _____ Date _____ / _____ / _____