



MIKE COOPER
Mayor

CITY OF COVINGTON
OCCUPATIONAL LICENSE DEPARTMENT
317 North Jefferson Avenue
Post Office Box 778
Covington, Louisiana 70434
phone 985.867.1214
fax 985.273.3014
website www.covla.com

POLICE BACKGROUND CHECK*

***Required with applications for liquor/beer/wine licenses, daycare businesses and peddler's permits.**

Date of Application: _____

This form must be filled out separately by all individuals involved in business ownership/participation.

Type of activity for which the right to do business is desired:

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Liquor License | <input type="checkbox"/> Beer License | <input type="checkbox"/> Wine License |
| <input type="checkbox"/> Daycare Business | <input type="checkbox"/> Cart Sales | <input type="checkbox"/> Soliciting Funds/Donations |

Other Describe: _____

The following business has submitted an application for one of the above listed categories. Please conduct appropriate checks and return this form and the results as soon as possible.

Business Name: _____

Business Address: _____

Applicant's Full Name: _____

Have you ever used any other name, nickname or alias? Yes _____ No _____

If yes, list all names or aliases: _____

Applicant's Address: _____

If you have lived at your current address for less than two years, list your addresses for the past two years:

Applicant's Telephone: _____ **Applicant's SS#:** _____

Applicant's Date of Birth: ____/____/____ **Applicant's Email:** _____

Corporation: Yes _____ No _____

Are any co-owners, partners, counter letters involved in this business ownership? Yes _____ No _____

If yes, attach corporation documents and identify corporation officer, including home address.

Have you submitted an application for a Louisiana State Alcoholic Beverage Control Liquor License?

Yes _____ Date of Application ____/____/____ No _____

Have you ever been arrested? Yes _____ No _____

If yes, on an attached sheet state date(s) and place(s) of arrest(s) and charge(s).

Have you ever been convicted of any crime, misdemeanor or violation of any municipal ordinance?

Yes _____ No _____ If yes, on an attached sheet state the date(s), location(s), nature(s) of offense(s), and punishment(s) or penalty (fees) assessed.

