



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

NEW BUSINESS OCCUPATIONAL LICENSE APPLICATION

Application Date ____ / ____ / ____

APPLICANT INFORMATION:

Business Open Date ____ / ____ / ____

Business Taxpayer Name

Trade Name/DBA

Mailing Address

City State Zip

Physical Address

City State Zip

Phone Cell

Email

Purchased Existing Business: Yes No
(If yes)

Name of Previous Owner _____

Other _____

Please refer to respective checklists for additional information and requirements available online at www.covla.com or the Occupational License Department. Return application and documents to the above address.

Federal Tax ID or Social Security Number

LA Sales Tax Number

Local Sales Tax Number

Advise Location of Accounting Records:

Mailing Address Physical Address

Type of Business:

Check one: Individual Corporation
 LLC Partnership Professional Association
 Non-Profit Governmental Other (specify): _____

Check one: Retail Wholesale Building Contractor
 Service Professional Manufacturer Rental
Other (specify): _____

Description of Sales or Activity:

(Example: Retail, women's clothing . . .)

Agent or Attorney (who would be served if a suit or charges were filed)

Provide information on owner(s) below. If corporation or partnership, provide information for officers or partners.
For corporation, provide state of incorporation: _____

Name	Title	Social Security Number
Resident Address		Telephone Number
Name	Title	Social Security Number
Resident Address		Telephone Number

For additional names, please write on back of page.

Signature of Applicant: _____ Print Name: _____