



MIKE COOPER  
Mayor

**CITY OF COVINGTON**  
OCCUPATIONAL LICENSE DEPARTMENT  
419 N. New Hampshire Street  
Post Office Box 778  
Covington, Louisiana 70434  
phone 985.892.1873  
fax 985.867.1205  
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](http://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: \_\_\_\_\_