



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

APPLICATION FOR LIQUOR LICENSE

Please fill in information, print and sign.

DATE: _____

The undersigned applies for a LIQUOR license for the calendar year ending June 30, 2017, to sell liquor containing more than six per centum (6%) of alcohol by volume, as provided by Chapter 1, Title 26, of the Louisiana Revised Statutes of 1950, as amended, on the premises hereinafter described, at which location of said premises the sale of such liquor is not prohibited by federal, state or local laws, and hereby agrees to comply with all laws, ordinances and regulations of the state, federal and city governments affecting the sale of alcoholic beverages.

BUSINESS OWNER'S NAME: _____

TRADE NAME: _____

ADDRESS OF PREMISES: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

Attach copy of applicant's driver's license.

License Fee \$265.00 - Remit with application

Signature of Applicant

Amount Paid