



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, 2018, 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