



STAR Application

Business Name _____

Contact Name _____

Email Address _____

Phone Number _____ **Fax Number** _____

Primary Business Address _____

Please list any other participating business addresses.

Business Website Address _____

Discount Details _____

How is this discount greater than discounts offered to the general public?

By signing this application, you agree to all conditions set forth in this application and the STAR policy. This application shall not be viewed or used as a contract.

Signature of Business Owner or Authorized Agent Date

Printed Name

**Please return completed STAR Application form to:
STAR Program; 321 N. Theard St.; Covington, LA 70433**

If you have any questions about the STAR Program or need assistance with the application, please contact the STAR Program at star@stpsb.org.