

CITY OF CAPE GIRARDEAU
401 INDEPENDENCE
P O BOX 617
CAPE GIRARDEAU MO 63702
PH: 573-334-1332 FAX: 573-335-7946

HOME-OCCUPATION BUSINESS LICENSE APPLICATION

I hereby apply for a license to do business in a residential district and submit the following information:

Applicant Name _____ Business Name _____

Address _____ Telephone _____
(street) (city) (zip code)

Date of Birth _____ SSN _____

Business Start Date: _____

Type of Business (describe in detail) _____

What services will be provided? _____

What products or goods will be sold? _____

MO. Sales Tax ID Number _____
(copy of Missouri Sales Tax Certificate required if sales of anything other than services)

Number of non-resident employees working at the premises at any given time _____

What products or inventory will be kept on the premises, if any? _____

What building alterations or construction will be needed to accommodate the business?

What type of chemicals will be used or stored for business purposes? _____

(Please answer "yes" or "no" to the following questions:

Will equipment be used which creates Noise? _____ Vibration? _____ Glare? _____
Fumes? _____ Smoke? _____ Dust? _____ Heat? _____ Odor? _____ Electrical or electronic
interference to radio or television reception? _____

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How many deliveries to this location are expected per day (excluding regular postal service)? _____

How many vehicle trips will be generated by business customers, clients and vendors (estimate trips per day on a weekly average)? _____

I hereby give my consent to a pre-license inspection and subsequent annual inspections of the above described premises by the City Zoning Inspector and to a periodic audit of my financial records by the Finance Department. I also certify that the business will be operated as shown above and that any proposed deviation from the information furnished above will be first reviewed with the Customer Service Office. I have read the attached rules and regulations governing home-occupation businesses and understand the information contained therein.

Signature of Applicant _____ Date _____

(Do not write below this line)

Building Inspector _____ Date _____

Fire Inspector _____ Date _____
(if required)

Health Inspector _____ Date _____
(if required)

City Collector _____ Date _____