



ADULT ENTERTAINMENT LICENSE APPLICATION FOR BUSINESS

Date Submitted: _____

CITY of CAPE GIRARDEAU

CUSTOMER SERVICE OFFICE, 401 INDEPENDENCE ST., CAPE GIRARDEAU, MO 63703, 573-339-6322

**All questions on this application must be answered completely before the application will be considered.
Answers must be typed or legibly printed.**

Business Name		Applicant's Name	Social Security Number
Business Address		Applicant's Address	
City, State, Zip		City, State, Zip	
Business Phone		Date of Birth	Place of Birth
Building Owner's Name	Email	Applicant's Occupation	

Type of business to be performed on the licensed premises

FOR CORPORATIONS ONLY – Please include a current certificate of registration issued by the Missouri Secretary of State.

Exact corporate name of applicant	Date and place of incorporation
Corporation's principal office street address	City, State, Zip

Complete the following on all officers of the corporation:

Full Name	Full Address	Social Security Number	Date of Birth

Complete the following on all stockholders who own 10% or greater interest in the corporation:

Full Name	Full Address	Social Security Number	Date of Birth

Complete the following on all directors of the corporation:

Full Name	Full Address	Social Security Number	Date of Birth

FOR PARTNERSHIPS ONLY

Partnership Name	Date Partnership Formed
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Complete the following on all partners:

<i>Full Name</i>	<i>Full Address</i>	<i>Social Security Number</i>	<i>Date of Birth</i>

FOR PARTNERS OR SOLE PROPRIETORS

STATE OF MISSOURI

COUNTY OF CAPE GIRARDEAU

_____, of lawful age being first duly sworn upon oaths, depose and say that (he, she) have read this application and the instructions with reference thereto and that (he, she, they) fully understand the same; that (he, she) know the contents and the statements contained therein and that the same are true. Applicant has personal knowledge of the information contained the application and has read the provisions of Article XV of Chapter 15 of the Code of Ordinances of the City of Cape Girardeau, Missouri.

Subscribed and sworn to me before this ____ day of _____, _____

SIGNATURE

NOTARY PUBLIC

My Commission Expires:

OFFICE USE ONLY				
Building Inspector	Approve	Disapprove	Signature	Date
Zoning Inspector	Approve	Disapprove	Signature	Date
Health Inspector	Approve	Disapprove	Signature	Date
Fire Inspector	Approve	Disapprove	Signature	Date
Finance Division	Approve	Disapprove	Signature	Date
Taxes	Utilities	Special Assessment		No Tax Due
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
License #			Setup Issue	
HMR Tax #			Setup	