



CITY OF CAPE GIRARDEAU

401 INDEPENDENCE
P O BOX 617
CAPE GIRARDEAU MO 63702
PH: 573-339-6322 FAX: 573-339-6306



APPLICATION FOR INFORMATION CHANGE

This form must be submitted to the City Finance Department if the status of your business changes

- INFORMATION CHANGE(S) REQUESTED:** **CHANGE OF ADDRESS**
- CHANGE OF MAILING ADDRESS**
- CHANGE OF NAME**

BUSINESS NAME _____ MERCHANT # _____

NEW BUSINESS NAME (if applicable): _____

PREVIOUS BUSINESS ADDRESS: _____

NEW BUSINESS ADDRESS _____

PREVIOUS MAILING ADDRESS: _____

NEW MAILING ADDRESS: _____

MANAGING OFFICER: _____ ADDRESS _____

BUSINESS TELEPHONE NUMBER: _____

TYPE OF BUSINESS _____

RETURN APPLICATION TO:

CITY OF CAPE GIRARDEAU
P O BOX 617
CAPE GIRARDEAU MO 63702-0617
FAX #: 573-339-6306

SIGNATURE OF APPLICANT DATE

DO NOT WRITE BELOW THIS LINE

ZONE _____

	APPROVED	DISAPPROVED	COMMENTS
CITY INSPECTOR	_____	_____	_____
FIRE INSPECTOR	_____	_____	_____
HEALTH INSPECTOR	_____	_____	_____