



# City of Cape Girardeau

401 INDEPENDENCE ST.  
P.O. BOX 617  
CAPE GIRARDEAU, MO 63702



## APPLICATION FOR TEMPORARY PEDDLER'S BUSINESS LICENSE

NAME OF BUSINESS \_\_\_\_\_  
 LOCATION: \_\_\_\_\_ SUITE \_\_\_\_\_  
 NAME OF OWNER \_\_\_\_\_  
 BUSINESS TELEPHONE # \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_  
 OWNERS HOME ADDRESS \_\_\_\_\_  
 OWNER'S DATE OF BIRTH \_\_\_\_\_ HOME TELEPHONE# \_\_\_\_\_  
 OWNER'S DRIVERS LIC# \_\_\_\_\_ SSN# \_\_\_\_\_  
 TYPE OF BUSINESS: RETAIL \_\_\_\_\_ RESTAURANT \_\_\_\_\_ OTHER \_\_\_\_\_  
 SALES TAX NO. \_\_\_\_\_ (Please attach a copy of your Missouri Sales Tax)  
 ANTICIPATED OPENING DATE? \_\_\_\_\_ CLOSING DATE? \_\_\_\_\_  
 IF ALREADY OPENED, WHAT DATE \_\_\_\_\_

BRIEF DESCRIPTION OF BUSINESS ACTIVITY \_\_\_\_\_

I HEREBY GIVE MY CONSENT TO A PRE-LICENSE INSPECTION AND SUBSEQUENT INSPECTIONS OF THE ABOVE DESCRIBED PREMISES BY THE CITY INSPECTORS .

**RETURN APPLICATION TO:**

**CITY OF CAPE GIRARDEAU**  
**401 INDEPENDENCE**  
**P O BOX 617**  
**CAPE GIRARDEAU MO 63702-0617**

**PHONE: 573-339-6322**  
**FAX: 573-339-6306**

\_\_\_\_\_  
SIGNATURE OF APPLICANT    DATE

- \* TEMPORARY PEDDLER'S LICENSES ARE **\$25.00 PER MONTH.**
- \* NEED COPY OF MISSOURI SALES TAX CERTIFICATE REGISTERED IN CAPE GIRARDEAU ALONG WITH A "NO SALES TAX DUE" STATEMENT.

MO DEPT OF REVENUE ADDRESS AND PHONE:  
 3102 BLATTNER  
 CAPE GIRARDEAU  
 573-290-5850

\*IF SET UP ON A PARKING LOT, MUST HAVE WRITTEN PERMISSION FROM OWNER OF LOT.

**OFFICE USE**

TYPE OF LICENSE \_\_\_\_\_  
 TIME PERIOD OF LICENSE    START \_\_\_\_\_ CLOSE \_\_\_\_\_  
 AMOUNT PAID \_\_\_\_\_ RECEIPT # \_\_\_\_\_