City of Cape Girardeau

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

APPLICATION FOR TEMPORARY TRAVELER'S BUSINESS LICENSE

NAME OF BUSINESS_____
LOCATION: _____SUITE_____
NAME OF OWNER_____
BUSINESS TELEPHONE # _____
MAILING ADDRESS _____
OWNER'S HOME ADDRESS_____
OWNER'S DATE OF BIRTH_____HOME TELEPHONE#_____
OWNER'S DRIVER'S LICENSE#_____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 TRAVELER'S LICENSES ARE $**50.00 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
573-290-5852

*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 #_____