



BUSINESS LICENSE INFORMATION CHANGE
CITY of CAPE GIRARDEAU

COMMUNITY DEVELOPMENT DEPARTMENT, 44 N. LORIMIER, CAPE GIRARDEAU, MO 63701 (573) 339-6327

Date Submitted: _____

Effective Date: _____

Merchant Number

This form must be submitted to the City Finance Department if the status of your business changes. Indicate the type of change(s) to be submitted on this form: Physical Address Mailing Address Business Name

Current Information <i>(As it would appear on your license before submitting this form)</i>		New Information <i>(Leave space blank if no change is made)</i>
Business Name		New Business Name <i>(if applicable)</i>
Business (Physical) Address		Business (Physical) Address <i>(if applicable)</i>
Mailing Address		Mailing Address <i>(if applicable)</i>
Owner's Name		
Owner's Address		
Owner's Phone	Owner's Email	
Business Primary Phone Number		
Type of Business		

PRINT, SIGN AND RETURN APPLICATION TO:

**CITY OF CAPE GIRARDEAU
44 N LORMIER ST.
CAPE GIRARDEAU MO 63701**

Applicant's Signature

Date

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	