

**DOWNTOWN MOBILE VENDOR PERMIT****CITY of CAPE GIRARDEAU**

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

Date Submitted: _____

Effective Date: _____

Business Name		Owner's Name	Owner's Date of Birth
Business Address		Owner's Home Address	
Requested mobile unit location (attach illustration)		Business Phone	Owner's Home Phone
No. of carts/vehicles and brief description:		Description of food to be served	
Dates of Operation	Time of Operation	Owner's E-Mail address	
Missouri Sales Tax Number	Owner's Driver License Number	Owner's Social Security Number	

Downtown Mobile Vendor Permits are **\$100 per month vending less 15 days or less; \$150 per month vending 16 days or more.**

The City of Cape Girardeau will need a copy of your Missouri Sales Tax Certificate registered in Cape Girardeau, along with a "No Sales Tax Due" statement, available from the Missouri Department of Revenue.

MISSOURI DEPARTMENT OF REVENUE

ONLINE: DOR.MO.GOV

PHONE: (573) 751-4450

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****44 N. LORIMIER****CAPE GIRARDEAU, MO 63701**_____
Applicant's Signature_____
Date

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