

Date Submitted:	
Effective Date: _	

Business Name			Owner's Name		MO Sales Tax Number
Business Location		Business Mailing Address			
Owner's Home Address		Business Phone		Owner's Home Phone	
Brief Description of	Business Activity		I		
Anticipated Opening	g Date An	ticipated Closing Dat	e If already opened	, what date?	
Owner's Date of Birt	th	Owner's Driver	License Number	Owner's So	ocial Security Number
MISSOURI DEPARTME DNLINE: DOR.MO.GO HONE: (573) 751-44.	ENT OF REVENUE <u>V</u> 50		issouri Department of F		
HEREBY GIVE MY CO	ONSENT TO A PRI	E-LICENSE INSPECTIO	SION TROM THE IOT'S OWN		THE ABOVE
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RETURN APPLICATION CITY OF CAPE GIRARE 44 N. LORIMIER CAPE GIRARDEAU, M OFFICE USE ONLY Building Inspector Zoning Inspector Fire Inspector FOG Inspector	Approve Approve Approve Approve Approve Approve Approve Approve	Disapprove Disapprove Disapprove Disapprove Disapprove Disapprove Disapprove Disapprove	Applicant's Sig Signature Signature Signature Signature Signature	nature	Date Date Date Date Date Date Date