



**BUSINESS LICENSE INFORMATION CHANGE**  
**CITY of CAPE GIRARDEAU**

CUSTOMER SERVICE OFFICE, 401 INDEPENDENCE ST, CAPE GIRARDEAU, MO 63703, 573-339-6322

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

<b>Current Information</b> <i>(As it would appear on your license before submitting this form)</i>		<b>New Information</b> <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**  
**P. O. BOX 617**  
**CAPE GIRARDEAU MO 63702-0617**

\_\_\_\_\_  
 Applicant's Signature                      Date

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