



TEMPORARY CATERER'S LIQUOR LICENSE APPLICATION
CITY of CAPE GIRARDEAU

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

Applicant Name		D/B/A	
Phone Number	Email	Current City License Number	
Function or event for which license is requested:			
Name and address of location of function where license will be used and specific description of premises which license applied for would cover:			
License Fee (\$10 per day or fraction of day)		License Request Period (120 consecutive hours maximum)	
		TO	

I, the undersigned, understand and agree that if any of the above answers or statements are untrue and the license herein applied for is granted, such license may be suspended or revoked by the City Manager. I further understand and agree that if I, or any of my employees, shall violate the provisions of any ordinances of the City of Cape Girardeau, Missouri, or allow others to do so upon the license premises, the City Manager may revoke this temporary caterer's license. I further understand that this is a temporary permit and is good only for the period covered above.

Applicant Signature**Applicant Title****Date**

(Corporate Managing Officer/Proprietor/All Partners must be the same as on the original license application.)

OFFICE USE ONLY				
Building Inspector	Approve <input type="checkbox"/>	Disapprove <input type="checkbox"/>	Signature	Date
Zoning 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	