



BUSINESS INFORMATION UPDATE
CITY of CAPE GIRARDEAU

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

Date Submitted: _____

License No. _____

The City is implementing a new software system for all business licensing and emergency notification. In order to update records, please complete the form below. Answers should be typed or legibly printed.

| | | |
|--|---|------------------------|
| Business Name | State Sales Tax No. | Federal ID No. |
| Business Physical Address | Business E-Mail | |
| Business Mailing Address | Business Phone | Business Fax |
| Business Type to be Performed on the Licensed Premises | Business Operated Out of Home? <input type="checkbox"/> Yes <input type="checkbox"/> No | Original Open Date / / |
| Business Ownership Type <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____ | | |

BUSINESS OWNER - CORPORATION/LLC/PARTNERSHIP/LLP

| | | |
|---|---|--------------------|
| Corporation/Partnership Name | Date and Place of Incorporation/Partnership Formation | |
| Corporation/Partnership Principal Office Physical Address | Corporation Phone | Corporation E-Mail |

Corporation/LLC - Include a current certificate of registration issued by the Missouri Secretary of State.

Officers of Corporation/Partners (must be completed for all officers/partners):

| Full Name | Full Address | Driver License No. | Soc. Security No. | Date of Birth |
|-----------|--------------|--------------------|-------------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

BUSINESS OWNER - SOLE PROPRIETORSHIP/OTHER

| | | |
|---------------------------|------------------------------------|---------------------|
| Owner Name | Owner Phone | |
| Owner Mailing Address | Owner E-Mail | |
| Owner Social Security No. | Owner Driver License No. and State | Owner Date of Birth |

Other Companies Owner is Affiliated With _____

BUSINESS MANAGING OFFICER (If different than owner)

| | | |
|--------------------------------------|---|-----------------------|
| Managing Officer Name | Managing Officer Phone | |
| Managing Officer Address | Managing Officer E-Mail | |
| Managing Officer Social Security No. | Managing Officer Driver License No. and State | Officer Date of Birth |

Other Companies Managing Officer is Affiliated With _____

ADDITIONAL INFORMATION FOR EMERGENCY SERVICES

| | |
|-----------------------------|---|
| Building Owner | Building Owner Phone Number |
| Alarm Company | Alarm Company Phone Number (toll free #/not local business #) |
| Business Hours of Operation | On-Site After Hours Phone Number |

List in order of contact 3 local responsible parties that have access to this business (do not include work number if same as above)

| <i>Full Name</i> | <i>Phone</i> | <i>Other Contact Information</i> |
|------------------|--------------|----------------------------------|
| | | |
| | | |
| | | |

Additional Pertinent Information for Emergency Responders:

Contact Information for Person Completing this form

| | |
|---------|--------|
| Name | E-Mail |
| Address | Phone |

Preference for Receiving Future License Renewals, Notifications, Etc.

- E-Mail _____ (address)
- Mail _____ (address)
- Both
-

Thank you for assisting the City by updating your business information. Return this form to:

City of Cape Girardeau

- E-mail: billing@cityofcape.org
- Mail: P.O. Box 617, Cape Girardeau, MO 63702-0617
- Fax: 573-339-6306