

CITY OF CAPE GIRARDEAU
401 INDEPENDENCE
P O BOX 617
CAPE GIRARDEAU MO 63702
PH: 573-339-6322 FAX: 573-339-6306

HOME-OCCUPATION BUSINESS LICENSE APPLICATION

I hereby apply for a license to do business in a residential district and submit the following information: (Please answer each question completely)

Applicant Name _____ Business Name _____

Address _____ Telephone _____

(Street) (City) (Zip code)

Date of Birth _____ SSN _____

Business Start Date: _____

Type of Business (describe in detail) _____

What services will be provided? _____

What products or goods will be sold? _____

MO Sales Tax ID Number _____

(copy of Missouri Sales Tax Certificate required if sales of anything other than services)

****If selling goods at retail, please attach a copy of your "No Sales Tax Due" letter issued by the Missouri Department of Revenue: 573-290-5850

Number of non-resident employees working at the premises at any given time _____

What products or inventory will be kept on the premises, if any? _____

What building alterations or construction will be needed to accommodate the business?

What type of chemicals will be used or stored for business purposes? _____

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(Please answer "yes" or "no" to the following questions:

Will equipment be used which creates Noise? _____ Vibration? _____ Glare? _____
Fumes? _____ Smoke? _____ Dust? _____ Heat? _____ Odor? _____ Electrical or electronic
interference to radio or television reception? _____

How many deliveries to this location are expected per day (excluding regular postal service)? _____

How many vehicle trips will be generated by business customers, clients and vendors (estimate trips per
day on a weekly average)? _____

I hereby give my consent to a pre-license inspection and subsequent annual inspections of the above
described premises by the City Zoning Inspector and to a periodic audit of my financial records by the
Finance Department. I also certify that the business will be operated as shown above and that any
proposed deviation from the information furnished above will be first reviewed with the Customer
Service Office. I have read the attached rules and regulations governing home-occupation businesses and
understand the information contained therein.

Signature of Applicant _____ Date _____

(Do not write below this line)

Building Inspector _____ Date _____

Fire Inspector _____ Date _____
(if required)

Health Inspector _____ Date _____
(if required)

City Collector _____ Date _____

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1. Please list the name(s) of any firms, partnerships, joint ventures, associations, corporations, organizations or entities of any kind in which the applicant(s) holds any stock, title, or other ownership or controlling interest and the amount of interest held in percentage amount. This should include any that are delinquent on any or all taxes, fees, or accounts owed to the City.

<u>Name</u>	<u>Type of Ownership Interest</u>	<u>Percentage Held</u>
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2. Please list the name(s) of any firms, partnerships, joint ventures, associations, corporations, organizations or entities of any kind which hold any stock, title, or other ownership or controlling interest in the applicant(s), and the amount of interest held in percentage amount. This should include any that are delinquent on any or all taxes, fees, or accounts owed to the city.

<u>Name</u>	<u>Type of Ownership Interest</u>	<u>Percentage Held</u>
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3. Please list the name(s) of any firms, partnerships, joint ventures, associations, corporations, organizations or entities of any kind in which any person or entity listed in your response to question number 2 holds any stock, title, or other ownership or controlling interest, and the amount of interest held in percentage amount. This should include any that are delinquent on any or all taxes, fees, or accounts owed to the City.

<u>Name</u>	<u>Type of Ownership Interest</u>	<u>Percentage Held</u>
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