



City of Cape Girardeau

401 INDEPENDENCE ST.
P.O. BOX 617
CAPE GIRARDEAU, MO 63702



APPLICATION FOR CARNIVAL BUSINESS LICENSE

NAME OF BUSINESS _____
 LOCATION: _____ SUITE _____
 NAME OF OWNER _____
 BUSINESS TELEPHONE # _____
 MAILING ADDRESS _____
 OWNER'S HOME ADDRESS _____
 OWNER'S DATE OF BIRTH _____ HOME TELEPHONE# _____
 OWNER'S DRIVER'S LICENSE# _____ SSN# _____
 TYPE OF BUSINESS: RETAIL _____ RESTAURANT _____ OTHER _____
 SALES TAX NO. _____ (Please attach a copy of your Missouri Sales Tax)
 ANTICIPATED OPENING DATE? _____ CLOSING DATE? _____

IF ALREADY OPENED, WHAT DATE? _____

BRIEF DESCRIPTION OF BUSINESS ACTIVITY _____

I HEREBY GIVE MY CONSENT TO A PRE-LICENSE INSPECTION AND SUBSEQUENT INSPECTIONS OF THE ABOVE DESCRIBED PREMISES BY THE CITY INSPECTORS

RETURN APPLICATION TO:

CITY OF CAPE GIRARDEAU
401 INDEPENDENCE
P O BOX 617
CAPE GIRARDEAU MO 63702-0617

PHONE: 573-339-6322
FAX: 573-339-6306

SIGNATURE OF APPLICANT DATE

- * TEMPORARY CARNIVAL LICENSES ARE **\$75.00 PER DAY**.
- * NEED COPY OF MISSOURI SALES TAX CERTIFICATE REGISTERED IN CAPE GIRARDEAU ALONG WITH A "NO SALES TAX DUE" STATEMENT.

MO DEPT OF REVENUE ADDRESS AND PHONE:
 3102 BLATTNER
 CAPE GIRARDEAU
 573-290-5852

*IF SET UP ON A PARKING LOT, MUST HAVE WRITTEN PERMISSION FROM OWNER OF LOT.

OFFICE USE

TYPE OF LICENSE _____
 TIME PERIOD OF LICENSE START _____ CLOSE _____
 AMOUNT PAID _____ RECEIPT # _____