Date Submitted: _____

Effective Date: _____

DOWNTOWN MOBILE VENDOR PERMIT

CITY *of* CAPE GIRARDEAU

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

Business Name		**Owner's Name**	**Owner's Date of Birth**
Business Address		Owner's Home Address	
Requested mobile unit location (attach illustration)		Business Phone	Owner's Home Phone
No. of carts/vehicles and brief description:		Description of food to be served	
Dates of Operation	Time of Operation	Owner's E-Mail address	
Missouri Sales Tax Number	Owner's Driver License Number	Owner's Social Security Number - -	

Downtown Mobile Vendor Permits are **$100 per month vending less 15 days or less; $150 per month vending 16 days or more.**

The City of Cape Girardeau will need a copy of your Missouri Sales Tax Certificate registered in Cape Girardeau, along with a "No Sales Tax Due" statement, available from the Missouri Department of Revenue.

MISSOURI DEPARTMENT OF REVENUE
3102 BLATTNER
CAPE GIRARDEAU, MO 63701
PHONE: 573-290-5850

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
P O BOX 617
CAPE GIRARDEAU MO 63702-0617

_____ _____
Applicant's Signature **Date**

OFFICE USE ONLY				
Building Inspector	Approve ☐	Disapprove ☐	Signature	Date
Health Inspector	Approve ☐	Disapprove ☐	Signature	Date
Fire Inspector	Approve ☐	Disapprove ☐	Signature	Date
Finance Division	Approve ☐	Disapprove ☐	Signature	Date
Taxes ☐	**Utilities** ☐	**Special Assessment** ☐	**No Tax Due** ☐	
License #		**Setup Issue**		
HMR Tax #		**Setup**		

Revised 01/31/2017