NONPROFIT BUSINESS LICENSE APPLICATION

Date Submitted:_____

CITY *of* CAPE GIRARDEAU

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

Business Name		**Owner's Name**
Physical Address	Mailing Address	Owner's Address
City, State Zip		City, State Zip

Primary Telephone	Other Telephone	Email
Sales Tax Number *(Attach a copy of the Missouri Sales Tax if selling goods at retail along with a "no sales tax due" letter from the Department of Revenue)*	Drivers License Number If purchased, previous name and owner:	Social Security Number Opening Date
Food Sales Prepared ☐ Packaged ☐ None ☐	Type of Business Wholesale ☐ Restaurant ☐ Hotel/Motel ☐ Other ☐ _____	

Describe Business Activity	How many pool tables (owned, not rented)? How many video game machines (owned, not rented)?

In what other cities have you operated and under what name?

List any other companies you are affiliated with:

I HEREBY GIVE MY CONSENT TO A PRE-LICENSE INSPECTION AND SUBSEQUENT ANNUAL INSPECTIONS OF THE ABOVE DESCRIBED PREMISES BY THE CITY INSPECTOR AND TO A PERIODIC AUDIT OF MY FINANCIAL RECORDS BY THE FINANACE 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 FINANCE DEPARTMENT. I HAVE READ THE ATTACHMENT AND UNDERSTAND THE INFORMATION. IN ADDITION, APPLICANT UNDERSTANDS THAT ANY FALSE STATEMENT CONTAINED IN THIS APPLICATION MAY RESULT IN PROSECUTION UNDER THE CODE OF ORDINANCES FOR THE CITY OF CAPE GIRARDEAU, MISSOURI, AND/OR STATE LAW.

RETURN APPLICATION TO: City of Cape Girardeau, P. O. Box 617, Cape Girardeau, MO 63702-0617

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Applicant's Signature Date

OFFICE USE ONLY				
Building Inspector	Approve ☐	Disapprove ☐	Signature	Date
Zoning 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**