TEMPORARY CARNIVAL BUSINESS LICENSE APPLICATION

CITY *of* CAPE GIRARDEAU

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

Date Submitted: _____

Opening Date: _____

Business Name		**Owner's Name**	**Owner's Date of Birth**
Business Location		Business Mailing Address	
Owner's Home Address		Business Phone	Owner's Home Phone
Type of Business Retail ☐ Restaurant ☐ Other ☐		Brief Description of Business Activity	
Anticipated Opening Date	Anticipated Closing Date	If already opened, what date?	
Missouri Sales Tax Number	Owner's Driver License Number	Owner's Social Security Number - -	

Temporary Carnival Business Licenses are **$75 per day.**
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

If setting up on a parking lot, you must have written permission from the lot's owner.

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
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**