



BUSINESS LICENSE INFORMATION CHANGE
CITY of CAPE GIRARDEAU

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

Date Submitted: _____

Effective Date: _____

Merchant Number

This form must be submitted to the City Finance Department if the status of your business changes. Indicate the type of change(s) to be submitted on this form: Physical Address ☐ Mailing Address ☐ Business Name ☐

Current Information

(As it would appear on your license before submitting this form)

Business Name

Business (Physical) Address

Mailing Address

Owner's Name

Owner's Address

Owner's Phone

Owner's Email

Business Primary Phone Number

Type of Business

New Information

(Leave space blank if no change is made)

New Business Name *(if applicable)*

Business (Physical) Address *(if applicable)*

Mailing Address *(if applicable)*

PRINT, SIGN AND 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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
License #			Setup Issue	
HMR Tax #			Setup	