



TRADE LICENSE CONTACT INFORMATION SHEET
CITY of CAPE GIRARDEAU

DEVELOPMENT SERVICES DEPARTMENT, 401 INDEPENDENCE ST, CAPE GIRARDEAU, MO 63703 (573) 339-6327

Contractor's Name		
Mailing Address	City, State, Zip	
Email	Telephone	Fax
Business Name <input type="checkbox"/> Check here if your business contact info is the same as above		
Mailing Address	City, State, Zip	
Email	Telephone	Fax
Please send a copy of building plan review comments to me by (Choose One): <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Regular Mail		
Please send the trade license renewal reminder to me by (Choose One): <input type="checkbox"/> Email <input type="checkbox"/> Regular Mail		
I hereby authorize the following persons to obtain permits on my behalf: _____ _____ _____ _____ _____ _____ _____ _____	List each of your trade licenses and indicate if each is active (A) or inactive (I): <div style="text-align: right; margin-bottom: 5px;">A I</div> _____ — — _____ — — _____ — — _____ — — _____ — — _____ — — _____ — — _____ — —	
_____ Signature	_____ Date	
OFFICE USE ONLY		
Date Received _____		
Updated Munis CID _____		
Updated Munis Business Account _____		