

Cape Girardeau County Public Health Center

Environmental Services

1121 Linden Street, P.O. Box 1839

Cape Girardeau, MO 63702-1839 Tel: 573-335-7846

FOOD & BEVERAGE PERMIT APPLICATION

Please return completed application with your check to the Health Center upon Receipt of this Notice

TO:

AMOUNT DUE \$

DATE:

Application is hereby made for a permit to operate. By this application it is agreed that the establishment will comply with the provisions of Ordinance #08-02 (also known as the Cape Girardeau County Food Ordinance) as adopted by the Cape Girardeau County Commission. It is further agreed that said establishment shall be open to inspection by authorized agents of the Cape Girardeau County Public Health Center.

Please Type or Print Legibly

Establishment NAME	_____
Street Address	_____
City, State, Zip	_____
Phone	_____
Establishment MAILING ADDRESS	(If Different From Physical Address)
Street Address	_____
P.O. Box	City _____
State, Zip	Phone _____
CORPORATE Name	_____
Mailing Address	_____
City, State, Zip	_____
Phone	_____
OWNER Name	_____
Mailing Address	_____
City, State, Zip	_____
CELL	_____

Printed Name and Title of Person Completing Application	

Signature of Person Completing Application	

<i>Official Use Only</i>	
Amount Paid \$ _____	Date Permit Issued _____
Establishment # _____	