

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

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.

The Food and Beverage Permit fee is \$120.00 per year. The fee is due prior to opening and renews annually in January.

Please Type or Print Legibly		
Establishment NAME Street Address City, State, Zip Phone Email		
Establishment MAILIN	G ADDRESS (If Different From Physical Ac	ddress)
Street Address P.O. Box City, State, Zip CORPORATE Name Mailing Address		
City, State, Zip Phone		
OWNER Name Mailing Address City, State, Zip Cell Phone		
Pri	inted Name and Title of Person Completing Application	
Official Use Only	Signature of Person Completing Application	
Amount Paid \$	Date Permit Issued	