Expiration date: 07/31/2025



Business License Renewal

220 SE Green Street Lee's Summit, MO 64063 Phone 816.969.1220 / Fax 816.969.1221 / <u>www.cityofls.net</u>

IMAGE Studios Lee's Summit Licensing 16836 Goddard Street Overland Park, KS 66221

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Please Update your Information. If there are changes to the information provided, please draw a line through and

| correct. | | |
|---|--|--|
| Physical Business Address: Business E-Mail Address:: lily.mantych Legal Name of Business: (if different t Type of Organization: Please provide your NAIC Code: Renew on-line communications email add (If you would like to renew on-line, you mu- Address. This email address is the person t | Managment, Company, Enterprise I'y Monty Ch Olm Iress: The many Olm all stress or the provide an email above. This email address countries is responsible for Business Licenses/Renewals by your Business License online, please visit | agestudios 360-con Studios. Com Ild be different than the Business Email at your place of business) |
| E-Mail Address:: (ii).mantyche of Business: (if different t ganization: ovide your NAIC Code: line communications email add d like to renew on-line, you musis email address is the person t NT! If you would like to RENI services.cityofls.net/renew-b | Managestudios 360.com han DBA): IMAGE Studios KC2 LLC Managment, Company, Enterprise Ind. Monty Ch. O. M. Mress: Ind. Monty Ch. O. | agestudios 360-con Studios. Com Ild be different than the Business Email at your place of business) |

| Primary | COMPANY OF THE PROPERTY OF THE | |
|------------|--|--|
| 9134442201 | | |
| | | |

Contact Information:

| Primary | Secondary | Emergency |
|--|-----------|--|
| Lily Mantych, Address:16836 Goddard Street, Phone:(913) 444-2201 | | Lily Mantych, Address:16836 Goddard Street, Phone:(913) 444-2201 |
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| Please provide a general description or scope of work for your business | |
|---|--|
| Swite Mentals for beauty Profess | 10 hals operating as |
| Suite Mentals for beauty profess Sole Imprietors and for compa | mies. |
| sole gropmetors and to | |
| | ottor) |
| IF DOING ANY RETAIL SALES (provide copy of current no sales tax due I | etter) - |
| | |
| *For businesses physically located in Lee's Summit this section MUST | be completed* |
| | |
| Has your Physical Address changed over the last year? Y on (If yes con | nplete Zoning Approval Form) |
| Is business located in a Lee's Summit Commercial area or Residential? (c Do you have an intrusion alarm? Y or N (circle) | rcie) |
| Total Building Square Footage - 1090 | |
| 47/0 | |
| Employee Headcount for this location: | |
| Part Time: | |
| Temporary: | |
| IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - | |
| IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S SUMMIT, PLEASE SUBMI | A NEW ZONING FORM. Zoning forms located on |
| website at www.cityofls.net. | |
| | |
| | |
| FEE CALCULATION (please check those that apply): | |
| X \$50 Business License Fee (base fee) | |
| | |
| Penalty for delinquent license is 5% per month not to exceed | 25% (is delinquent 60 days after expiration) |
| Total fee | |
| I declare under combe of continue that a the best of continue the least of continue the | |
| I declare under penalty of perjury that to the best of my knowledge and belief | the statements made herein are true and correct. |
| × hy × owner | 08,05,25 |
| Signature of Owner(s) or Corporation Agent/Owner Title | Date |
| The filing of this application or the granting of a business license neither confirmed the provisions of the confine code, and is further subject to all applicable for | MS POS GENERALOS the averaged to |
| | |
| specific occupations and businesses. Payment by Check – make check payable to | o City of Lee's Summit. |
| | |
| FOR OFFICE USE ONLY License Effective from / / to / / | |
| License Effective from | Remitted \$ License # |
| | |