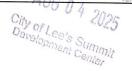
Expiration date: 09/30/2025



## **Business License Renewal**

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

The Aviary Recovery Center Licensing 22933 US Highway 61 Eolia, MO 63344



## 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:

3340 NE RALPH POWELL RD A LEES SUMMIT, MO 64064

Business E-Mail Address:: michelle.hagan@aviaryrc.com

Legal Name of Business: (if different than DBA): Summit BHC Saint Louis, LLC d/b/a The Aviary Recovery Center

Type of Organization:

Health Care, Social Assistance

Please provide your NAIC Code:

Renew or	n-line communications email address:
(If you wou	ld like to renew on-line, you must provide an email above. This email address could be different than the Business Ema
Adaress. I	his email address is the person that is responsible for Business Licenses/Renewals at your place of husiness)
**IMPORT/	ANT! If you would like to RENEW your Business License online, please visit
https://de	vservices.cityofls.net/renew-business-license.html for instructions.
Busines	s Phone Numbers :

Primary	Cell	Fax
5732252599		

## Contact Information:

Primary	Secondary	Emergency
Michelle Hagan, Address:389 Nichol Mill Lane	•	Michelle Hagan, Address:389 Nichol Mill Lane

(Continued on back page)

Please provide a general description or scope of work for your business:

## outpatient treatment center

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) -

*For businesses physically located in Lee's Summit this section <u>MUST</u> be completed*
Has your Physical Address changed over the last year? Y o(N) (If yes complete Zoning Approval Form)
Is business located in a Lee's Summit Commercial area or Residential? (circle)
Do you have an intrusion alarm? (Y) or N (circle)
Total Building Square Footage - 5554
Employee Headcount for this location:
Full Time: 2.
Part Time: 3
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 SUBMIT A NEW ZONING FORM. Zoning forms located on website at <a href="https://www.cityofls.net">www.cityofls.net</a> .
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 penalty of perjury that to the best of my knowledge and belief the statements made herein are true and correct.
x Director Business Office 7,30,25 Signature of Owner(s) or Corporation Agent/Owner  X Director Business Office 7,30,25  Title
The filing of this application or the granting of a business license neither confirms nor approves the use of land as regulated under the provisions of the zoning code, and is further subject to all applicable federal, state and local laws and regulations which apply to specific occupations and businesses. Payment by Check – make check payable to City of Lee's Summit.
FOR OFFICE USE ONLY License Effective from 10,125 to 930,2016 Fee Remitted \$ D. License # 62230699