Expiration date: 08/31/2025



Business License Renewal

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

JUPITER SAGE COLLECTIVE LLC Licensing 100 SW OXFORD PL LEES SUMMIT, MO 64063

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

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Bu Le Ty Ple	ysical Business Address: siness E-Mail Address::JUPITERSAGEO gal Name of Business: (if different tha pe of Organization: ease provide NAIC Code:	Health Care, Social Assistance	
Add	enew on-line communications email addre ou would like to renew on-line, you must lress. This email address is the person tha MPORTANT! If you would like to RENEW os://devservices.cityofls.net/renew-bu Business Phone Numbers:	Y your Business License online, pleas	ress could be different than the Business Email newals at your place of business) se visit
_	Primary	Cell	Fax
-	8167789249		
	010//03243		

Contact Information :

	Emergency
Secondary	
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Please provide a general description or scope of work for your business: plovice Therespetic massage for pair ulies quelexatur IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) -*For businesses physically located in Lee's Summit this section MUST be completed* Has your Physical Address changed over the last year? Y or 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? Yor N (circle) Total Building Square Footage -Employee Headcount for this location: Full Time: 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 SUBMIT A NEW ZONING FORM. Zoning forms located on 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. Signature of Owner(s) or Corporation Agent/Owner x Dronck 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. 9,1250 8312026 Fee Remitted \$50 License # 62240629 FOR OFFICE USE ONLY License Effective from