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 / www.cityofls.net SEP 0 8 2025
City of Lee's Summit

Senior Helpers of Lees Summit Licensing 5531 Locust St Kansas City , MO 64110

## 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:

504 SW 3RD ST D LEES SUMMIT, MO 64063

Business E-Mail Address:: began@seniorhelpers.com

Legal Name of Business: (if different than DBA): Wealth Manifested Type of Organization: Health Care, Social Assistance

Please provide your NAIC Code:

Danau	an line com		mail address:	20
Kenew (	on-line comi	nunications e	maii address:	

(If you would like to renew on-line, you must provide an email above. This email address could be different than the Business Email Address. This email address is the person that is responsible for Business Licenses/Renewals at your place of business)

\*\*IMPORTANT! If you would like to RENEW your Business License online, please visit

https://devservices.cityofls.net/renew-business-license.html for instructions.

Business Phone Numbers:

Primary	Cell	Fax
7857665769	7857665782	

## Contact Information:

Primary	Secondary	Emergency	
William Egan, Address: 517 2ND ST SE, Phone: (785) 766-5769	Lisa Egan, Address:5531 Locust St.	William Egan, Address : <del>517 2ND ST</del> SE, Phone:(785) 766-5769	
	7301 W. 114TH	Ly)	
504 SW 3rd ST	TERR		
LS, M 64063	OVERUAND PARK		
	ONERLAND PARK		

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Please provide a general description or scope of work for your business:	
F 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 For	rm)
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 -	
Employee Headcount for this location:	
Full Time: 78	
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. Zon website at www.cityofls.net.	ing forms located on
website at www.cityons.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 a	fter expiration)
Total fee	
I declare inder penalty of perjury that to the best of my knowledge and belief the statements made herein a	are true and correct.
× OWNER	7/8/25
Signature of Owner(s) or Corporation Agent/Owner Title	Date
The filing of this application or the granting of a business license neither confirms nor approves the use of latthe provisions of the zoning code, and is further subject to all applicable federal, state and local laws and registeric occupations and businesses. Payment by Check – make check payable to City of Lee's Summit.	nd as regulated under gulations which apply to
FOR OFFICE USE ONLY License Effective from	<u>(02)2 (De lo</u> 2