



Expiration date: 11/30/2024

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

WaxPro
 Licensing
 529 SE 2nd St, Unit B
 Independence, MO 64057

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: 529 SE 2ND ST B LEES SUMMIT, MO 64063
 Business E-Mail Address:: Waxingprofessionals@gmail.com
 Legal Name of Business: (if different than DBA):
 Type of Organization: Other Services Not Pub Admin
 Please provide your NAIC Code:

Renew on-line communications email 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 |
|------------|------|-----|
| 8164565842 | | |

Contact Information :

| Primary | Secondary | Emergency |
|--|-----------|-----------|
| MICHELLE ADAMS, Address:2123 HIGH RIDGE DR APT A, Phone:(816) 456-5842 | | |

(Continued on back page)

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

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? **Y** or **N** (circle)

Total Building Square Footage -

Employee Headcount for this location:

Full Time: 1

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 website at www.cityofls.net.

FEE CALCULATION (please check those that apply):

\$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 _____
Signature of Owner(s) or Corporation Agent/Owner

X _____
Title

____/____/____
Date

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

12/1/25 to 11/30/26

Fee Remitted \$ 1240

License # 81170820

**ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS**

DATE: 9/29/25
APPLICANT: Michelle C Adams
BUSINESS NAME: WAXPRO

ADDRESS: 6885E Bayberry Lane Suite 103B

TYPE OF BUSINESS: Waxing (Aesthetics)

TELEPHONE: (816)456-5842 ZONING DISTRICT: CP-1

(To be completed by the Planning Dept.)

NEW BUSINESS CHANGE OF ADDRESS
 CHANGE OF OWNERSHIP

If applicable, what type of business previously occupied the space? (Include name of business if known)

Salon Serenity

If locating in a previously occupied space, are there any building structural, mechanical, plumbing or electrical alterations or additions proposed? If so, please describe the nature of the alterations or additions.

No

AFTER THIS ZONING APPROVAL FORM HAS BEEN SIGNED, AN OCCUPANTIONAL/BUSINESS LICENSE APPLICATION AND FEE MAY BE ACCEPTED FOR FINAL PROCESSING IN THE FINANCE DEPARTMENT AT LEE'S SUMMIT, MISSOURI CITY HALL.

NOTE: This form is required prior to acceptance of an application for an occupational/business license and issuance of a temporary permit to operate if the business location is within the limits of the City of Lee's Summit. New businesses with no physical location within the city do not require this form.

Michelle Adams
APPLICANT SIGNATURE

APPROVED BY: [Signature]
DEPT. OF PLANNING & DEV.

[Signature]
CODES ADMINISTRATION

n/a
FIRE DEPARTMENT

If checked, permits are required prior to performing any framing, mechanical, electrical or plumbing alterations or additions.

Business Address (Administrative Use)