



Expiration date: 11/30/2025

Business License Renewal

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

SUMMIT EYE CENTER LLC
Licensing
1621 NW BLUE PKWY
LEES SUMMIT, MO 64086

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: 1621 NW BLUE PKWY LEES SUMMIT, MO 64086

Business E-Mail Address:: AHALL@SUMMIT-EYEKC.COM

Legal Name of Business: (if different than DBA):

Type of Organization: Health Care, Social Assistance

Please provide your NAIC Code:

Renew on-line communications email address: ahall@summit-eyeKC.com

(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
8162462111	9136360110	8162463931

Contact Information :

Primary	Secondary	Emergency
APRIL HALL, Phone:(913) 636-0110		

(Continued on back page)

eye care center

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: **1018**
Part Time: 3
Temporary:

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 22747982

IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S SUMMIT, PLEASE SUBMIT A NEW ZONING FORM. Zoning forms located on website at www.cityofls.net.

_____ **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

X April Hall X _____ Date ____/____/____
Signature of Owner(s) or Corporation Agent/Owner Title

FOR OFFICE USE ONLY
License Effective from 12/1/25 to 12/30/2026 Fee Remitted \$ 50 License # 62151093

TAXATION DIVISION
PO BOX 3666
JEFFERSON CITY, MO 65105-3666



Missouri
DEPARTMENT OF REVENUE

Telephone: 573-751-9268
Fax: 573-522-1265
E-mail: taxclearance@dor.mo.gov

SUMMIT EYE CENTER LLC
1621 NW BLUE PKWY
LEES SUMMIT, MO 64086-5708

DATE: 10/10/2025
VALID THROUGH: 01/08/2026
LEE'S SUMMIT

CERTIFICATE OF NO TAX DUE

MISSOURI ID: 22747982
Notice Number 2059277883

To Whom It May Concern: The Department of Revenue, State of Missouri, certifies the above listed taxpayer has filed all required returns and paid all sales or withholding tax due, including penalties and interest, and does not owe any sales and withholding tax, as of October 9, 2025. This review does not include returns that are not required to be filed as of this date or that have been filed but not yet processed by the Department.

This statement only applies to sales and withholding tax due and is not to be construed as limiting the authority of the Director of Revenue to assess, or pursue collection of liabilities resulting from final litigation, default in payment of any installment agreement entered into with the Director of Revenue, any successor liability that may become due in the future, or audits or reviews of the taxpayer's records as provided by law.

THIS CERTIFICATE REMAINS VALID FOR 90 DAYS FROM THE ISSUANCE DATE.

TAXATION DIVISION