Licensing
2412 SW RIVER TRAIL RD
LEES SUMMIT, MO 64082

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: 2704 NE INDEPENDENCE AVE LEES SUMMIT, MO 64064
Business E-Mail Address:: KIDZFIRSTTHERAPYKC@GMAIL.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: kidzfirsttherapykc@gmail.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
8164469018	8166940598	8165541379

Contact Information :

Primary	Secondary	Emergency
NICOLE LINDEMANN, Address:2412 SW RIVERTRAIL RD, Phone:(816) 694-0598	JOSH LINDEMANN, Phone:(816) 719-3298	

(Continued on back page)

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) Already done
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 - ~~10,602~~ m2 10,621 sq ft.

Employee Headcount for this location:
Full Time: X 19
Part Time: 6
Temporary: 2

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

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):

__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 Jason Lindemann — X Owner — 11/2/25

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 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 1/1/26 to 12/31/26 Fee Remitted $50 License # 62180036