

**ZIP CODE**

64063

**COUNTRY**

United States

Selected  
Account

**COUNTY**

Jackson

**Mailing Address** ▼

**STREET ADDRESS**

705 South East Melody Lane Suite J

**CITY**

Lees Summit

**STATE**

Missouri

**ZIP CODE**

64063

**COUNTRY**

United States

**COUNTY**

Jackson

**Contact At Address** ▼

**ADDRESS TYPE**

Business Address

Active

**DISCIPLINARY STATUS**

Selected  
Account

**Business Information** 

**BUSINESS/AGENCY NAME**

Tao Massage

**EMPLOYER IDENTIFICATION NUMBER**

-

**FICTITIOUS NAME/D.B.A**

-

**PHONE**

9133253858

**FAX NUMBER**

-

**BUSINESS WEBSITE**

-

**MISSOURI SECRETARY OF STATE REGISTRATION NUMBER**

-

**EMAIL ADDRESS**

fimeima5764@gmail.com

**Business Address** 

**STREET ADDRESS**

705 South East Melody Lane Suite J

**CITY**

Lees Summit

**STATE**

Missouri



Selected Account  
**License Details**

Limei Ma ▼

**License Actions**

- Amend
- Request for Duplicate License
- Download a Copy of my License
- View Inspections & Regulatory Code Violations
- Update Email/Phone/Fax

ⓘ Please note credit/debit card transactions will incur a processing fee.

**License Details** ▼

**LICENSE TYPE**

Massage Therapy Business

**LICENSE NUMBER**

2025052162

**ORIGINAL ISSUANCE DATE**

12/10/2025

**ISSUE DATE**

12/10/2025

**EXPIRATION DATE**

1/31/2027

**STATUS**

Select Business License Category or NAICS code that best describes your business (choose one that applies)

Category	NAICS Code	Category	NAICS Code
<input type="checkbox"/> Animal Services	81	<input checked="" type="checkbox"/> Massage Therapy Establishment	81
<input type="checkbox"/> Automobile Body/Repair Shop/Car Wash	81	<input type="checkbox"/> Motel/Hotel indicate # of rooms _____	72
<input type="checkbox"/> Automobile Sales	81	<input type="checkbox"/> Nursery, Greenhouse	44-45
<input type="checkbox"/> Bail Bondsperson	81	<input type="checkbox"/> Pay Day/Title Loan	52
<input type="checkbox"/> Bank, Credit Union, Finance Company	52	<input type="checkbox"/> Precious Metal Dealer/Pawnbroker	81
<input type="checkbox"/> Contractor - Class A, B, C, or D	23	<input type="checkbox"/> Real Estate Rental and Leasing	52
<input type="checkbox"/> Contractor - Other	23	<input type="checkbox"/> Recreation Business - Indoor/Outdoor	71
<input type="checkbox"/> Day Care Provider - General (7-12)	81	<input type="checkbox"/> Rental and Leasing	53
<input type="checkbox"/> Day Care Provider - Limited (1-6)	81	<input type="checkbox"/> Restaurant and Food Service	72
<input type="checkbox"/> Drinking Establishment	72	<input type="checkbox"/> Retail	44-45
<input type="checkbox"/> Funeral Home	81	<input type="checkbox"/> School, for profit	61
<input type="checkbox"/> Gas Service Station & Convenience Store	81	<input type="checkbox"/> Service Provider	81
<input type="checkbox"/> Grocers	44-45	<input type="checkbox"/> Service Provider with Retail Sales	44-45 or 81
<input type="checkbox"/> Hospital, Nursing Home, Retirement Home, Health	62	<input type="checkbox"/> Special Event	71
<input type="checkbox"/> Insurance	52	<input type="checkbox"/> Telephone Call Center	81
<input type="checkbox"/> IT Services	54	<input type="checkbox"/> Tow Service Provider	81
<input type="checkbox"/> Landscaping-Mowing-Tree Trimmer	81	<input type="checkbox"/> Transportation - Bus/Taxi/Limo/Rental Car	48-49
<input type="checkbox"/> Liquor Store	44-45	<input type="checkbox"/> Vending Machine	81
<input type="checkbox"/> Manufacturing	31-33	<input type="checkbox"/> Waste Management and Recycling Services	56
<input checked="" type="checkbox"/> Massage Therapist (may/may not own business)	81	<input type="checkbox"/> Wholesale Sales	42

2. The City may convert to e-billing in the future for some business types. Will you opt-in to the e-billing program?

Yes - Business/Billing Email Address: \_\_\_\_\_  No

3. Lee's Summit locations: Who would be able to provide access to your building for City Emergency personnel?

Print names in order of preference to call first:

a. Name \_\_\_\_\_ Tel # ( ) \_\_\_\_\_ Alternate Tel # ( ) \_\_\_\_\_  
 b. Name \_\_\_\_\_ Tel # ( ) \_\_\_\_\_ Alternate Tel # ( ) \_\_\_\_\_  
 c. Name \_\_\_\_\_ Tel # ( ) \_\_\_\_\_ Alternate Tel # ( ) \_\_\_\_\_

**CONTRACTOR LICENSING INFORMATION**

**\*\*\*Contractors -- please complete this section\*\*\***

Please select type of contractor license requested - \$25.00 annual contractor license fee for each Class

- Class A - General Contractor: construct, remodel, demolish, repair any structure
- Class B - Building Contractor: construct, remodel, demolish, repair all structures not exceeding 3 stories in height
- Class C - Residential Contractor: construct, remodel, demolish, repair any single family, duplex or townhouse structure
- Class D - Mechanical Contractor: perform mechanical (HVAC) services
- Class D - Electrical Contractor: perform electrical services
- Class D - Plumbing Contractor: perform plumbing services

Please provide name of licensed representative (master) to be licensed \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
 Email \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

If renewal - provide 8 hours of CEU (please provide documentation of completion) or include optional in lieu of CEU fee of \$100.00 per license classification

FEE CALCULATION (please check those that apply):

- \$50 Business License Fee
- \$25 Contractor License Fee (\$25 for each license classification ie: Mechanical & Plumbing = \$50)
- \$100 Contractor fee in lieu of completion of 8 hours of annual continuing education (CEU) for each license classification

Penalty for delinquent license is 5% per month not to exceed 25%

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.

LIME, ma  
 Signature of Owner(s) or Corporation Agent/Owner

Owner  
 Title

12/11/25  
 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 \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Fee Remitted \_\_\_\_\_

License # 62250920



### Business License Application

220 SE Green Street  
Lee's Summit, MO 64063  
Phone 816.969.1220 / Fax 816.969.1221 / [www.cityofls.net](http://www.cityofls.net)

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date 12/11/25 New Business (Y/N) Y In business since \_\_\_\_\_  
MM DD YY

Tao Massage \_\_\_\_\_  
Common/Preferred Name of Business (DBA) Legal Name of Business (if different than DBA)

Physical Business Address:  
705 SE Melody Ln. Suite J Lee's Summit MO 64063  
Address City State Zip  
816-457-0403 ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ taomassagemo@gmail.com  
Business Address Phone # Cell # Fax # Email

Mailing Address: (if different from Physical Address)  
Contact Name for Mailing Address: Tao Massage  DBA  Legal Name  Other \_\_\_\_\_  
Address City State Zip  
Mailing Address Phone # Cell # Fax # Email

Contacts:  
Primary Contact: Limei Ma Owner  
Name Title (Owner/Corp. Agent/Applicant)  
705 SE Melody Ln. Suite J Lee's Summit MO 64063  
Address City State Zip  
816-457-0403 ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ taomassagemo@gmail.com  
Phone # Cell # Fax # Email  
Date of Birth 05/07/64 K03-41-1860 KS  
MM DD YY Driver's License # State Issued

Secondary Contact: \_\_\_\_\_  
Name Title (Owner/Corp. Agent/Applicant)  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone # Cell # Fax # Email

Type of Organization (check one):  Individual  Partnership  Corporation  LLC  Other \_\_\_\_\_

Please complete this section if your business is physically located in Lee's Summit.  
Check if applicable: This is a change in  business name  business ownership  physical business address  
Is business located in a Lee's Summit commercial area N/Y (if Y please complete a Commercial Zoning Approval form)  
Is business located in a Lee's Summit residence? N/Y (if Y please complete a Home Occupation Zoning Approval form)  
Do you have an intrusion alarm? N/Y (if Y please complete an Alarm User Registration application)  
Total Building Square Footage \_\_\_\_\_ Missouri State Sales Tax Number \_\_\_\_\_  
All applicants who make retail sales must submit a Missouri Department of Revenue Statement of No Tax Due with a date of issuance not more than 90 days before date of business license application/renewal. MDR can be reached at 573.751.9268.  
Employee Headcount for this location: X Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_

Please provide a general description or scope of work for your business (i.e. electrical contractor, doctor, retail store, etc.):  
Service