

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

Private In Home Care Services in the home

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 - **16**

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.

Muson Deen Howell TTEE Trustee
Signature of Owner(s) or Corporation Agent/Owner Title

12/10/2020
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

2/1/26 to 1/31/27 Fee Remitted \$50 License # 62180103



Expiration date: 01/31/2026

Business License Renewal

220 SE Green Street

Lee's Summit, MO 64063

Phone 816.969.1220 / Fax 816.969.1221 / www.cityofls.net

COURAGEOUS HOME CARE LLC

Licensing

300 SW NOEL ST

LEES SUMMIT, MO 64063

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: 300 SW NOEL ST LEES SUMMIT, MO 64063

Business E-Mail Address: MHARRELLBHHC@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: _____

(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 |
|------------|------------|------------|
| 8166992352 | 8166991822 | 8167744389 |

Contact Information :

| Primary | Secondary | Emergency |
|--|-----------|-----------|
| MUSUDEEN HARRELL, Address: 501 SE DOUGLAS STE C, Phone: (816) 699-1822 <i>300 SW Noel St Lee's Summit Mo 64063 (816) 699-2352</i> | | |

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DEC 15 2025

City of Lee's Summit
Development Center