

(Continued on back page)

LINDA SKAGGS-KIMBROUGH, Address:7928 HEDGES, Phone:(816) 588-3474	FALICIA HOOKS, Address:5601 PARKVIEW, Phone:(913) 850-8476	LINDA SKAGGS-KIMBROUGH, Address:7928 HEDGES, Phone:(816) 588-3474
Primary	Secondary	Emergency

Contact Information :

9138508476	Cell	Fax
Primary		

Business Phone Numbers :
<https://devservices.citvoftis.net/renew-business-license.html> for instructions.
 *IMPORTANT! If you would like to RENEW your Business License online, please visit
 Address. This email address is the person that is responsible for Business Licenses/Renewals at your place of business)
 (If you would like to renew on-line, you must provide an email address above. This email address could be different than the Business Email
 Renew on-line communications email address: *Managing Partner @ 360 wellness counseling, com*

Physical Business Address: 684 SE BAYBERRY LN 101 LEES SUMMIT, MO 64063
 Business E-Mail Address: *hooks@360wellnesscounseling.com*
 Legal Name of Business: (if different than DBA): *Managing Partner @ 360 wellness counseling, com*
 Type of Organization: Health Care, Social Assistance
 Please provide your NAIC Code:

Please Update your information, if there are changes to the information provided, please draw a line through and correct.
 PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

360 Wellness Counseling LLC
 Licensing
 684 SE BAYBERRY LN STE 101-102
 LEES SUMMIT, MO 64063

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



FOR OFFICE USE ONLY
 License Effective from _____ to _____ Fee Remitted \$ _____ License # _____

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.

X Falicia Hooks Signature of Owner(s) or Corporation Agent/Owner
 X Managing Partner Title
 Date 2/6/26

I declare under penalty of perjury that to the best of my knowledge and belief the statements made herein are true and correct.

_____ Total fee
 _____ Penalty for delinquent license is 5% per month not to exceed 25% (is delinquent 60 days after expiration)
 X _____ \$50 Business License Fee (base fee)

FEE CALCULATION (please check those that apply):

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

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

Employee Headcount for this location: _____
 Full Time: 3
 Part Time: _____
 Temporary: _____

Total Building Square Footage - _____

Do you have an intrusion alarm? Y or N (circle)

Is business located in a Lee's Summit Commercial area or Residential? (circle)

Has your Physical Address changed over the last year? Y or N (if yes complete Zoning Approval Form)

*For businesses physically located in Lee's Summit this section **MUST** be completed*

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

_____ private mental health practice

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