



## **Business License Renewal**

220 SE Green Street / P.O. Box 1600 Lee's Summit, MO 64063 Phone 816.969.1220 / Fax 816.969.1221 / <u>www.cityofls.net</u>

SHERRY BRAATEN MASSAGE/SHERRY BRAATEN SHERRY BRAATEN 209 SE M 291 HWY LEES SUMMIT, MO 64063

## PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Please Update your Information. If there	are changes to the inform	nation provided, please dra	w a line through and
correct.			

Physical Business Address: 209 SE M 291 HWY LEES SUMMIT, MO 64063
Legal Name of Business: (if different than DBA):
Type of Organization: Massage Therapist
Business Classification: 1200 Massage Therapist

E-Mail	Address:	SLBRUB	@AOL.COM
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Business Phone Numb	pers:			
(CELL)		(FAX)	(MAIN	
Contact Name Address City - State Phone Number	(1st) _			
Emergency Contacts :	(1st) _		(2nd)	(3rd)
Phone number	(1st)		(2nd)	(3rd)
*F	or busine	sses physically loc	ated in Lee's Summit this section <u>MUS</u>	<u>T</u> be completed*
	n a Lee's sion alar	s Summit <b>Comme</b> rm? <b>Y or N</b> (circle	ust year? Y or N (If yes complete Zo rcial area or Residential? (circle) e)	ning Approval Form)
Employee Headcount Full Time: 1 Part Time: Temporary:	for this	location:		
IF DOING ANY RETAILS	SALES (pr	ovide copy of curre	ent no sales tax due letter) -	
IF PHYSICAL ADDRESS	HAS CHA	NGED WITHIN LEE	'S SUMMIT, PLEASE SUBMIT NEW ZON	NING FORM. Zoning forms located on

website at www.cityofls.net

(Continued on back page)

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

CONTRACTOR LICENSING INFORMATION ***Contractors – plea	ase 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 fam	ily, 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 #: ( )

## FEE CALCULATION (please check those that apply):

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\$50 Business License Fee (base 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% (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.

Χ	X
//	Signature of Owner(s) or Corporation Agent/OwnerTitle
	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 Remitte	
License #						



March 07, 2016

Dear Massage Therapists and Massage Facilities of the City of Lee's Summit:

Enclosed you will find the **business license renewal application** for the license year June 01, 2016 through May 31, 2017.

As governed by City Ordinance #28-30, the base license fee \$50. A Massage Facility license is \$50 per ordinance #28-63. Businesses are required to have a separate license for each location and for each massage therapist. Under the provisions of the ordinance, it is unlawful for any person to engage in any business in the City of Lee's Summit without first securing a business license.

Please submit:

- Massage Therapist or Facility Business License Renewal Application as applicable
- Zoning Approval for new Facilities or in the case of an address change.
- Copy of the current certificate / license issued by Missouri Department of Economic Development,
- Division of Professional Registration, Missouri Board of Therapeutic Massage.
- Two (2) passport photographs of the massage therapist
- Appropriate fees (\$50 massage therapist; \$50 massage facility)

Facilities: Please note that you are responsible for any act or conduct in violation of the ordinance of any massage therapist on the massage facility premises and that all therapists hold a current license.

All renewals not received by July 31, 2016 will be considered delinquent and subject to penalty. If you will not be doing business in Lee's Summit during the license year, please **send notification**.

If you should have questions regarding your renewal form, please call the Development Center at (816) 969-1220.

Thank you for your prompt attention.

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