Expiration date: 06/30/2016



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>

REJUVENE' SKINCARE/KELLY RUNYAN KELLY RUNYAN 544 SE ASHTON CT 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: 521 SE 2ND ST D 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: MAIL@REJUVENEWELLENSSCENTER.COM Business Phone Numbers: __ (MAIN) (CELL) (FAX) Contact Name Address City - State Phone Number (1st) _____ (2nd) ____ (3rd) Emergency Contacts: (1st) _____ (2nd) _____ (3rd) Phone number

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
Employee Headcount for this location:
Full Time:

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 NEW ZONING FORM. Zoning forms located on website at www.cityofls.net

(Continued on back page)

Part Time: Temporary:

Please provide a genera	I description or scope of work	for your business:		
_				
	CTOR LICENSING INFORMATION	·	ease complete this se	
Plea	se select type of contractor license re	equested - \$25.00 annu	al contractor license fe	e for each Class
Class A – General Contra	actor: 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 Co	ntractor: construct, remodel, demoli	ish, repair any single far	nily, duplex or townho	use structure
Class D – Mechanical Co	ntractor: perform mechanical (HVAC	C) services		
Class D – Electrical Cont	ractor: perform electrical services			
	ractor: perform plumbing services			
Please provide name o	flicensed representative (master) to	o be licensed:		Phone #: ()
	Fmail:		Cell #· (1
If renewal – provide 8 h	ours of CEU (please provide documen	ntation of completion) c	or include optional in li	/ eu of CEU fee of \$100.00 per lice
classification				-
	Fee (\$25 for each license classific			
\$100 Contractor fee in	lieu of completion of 8 hours of a	nnual continuing educa	ation (CEU) for each li	cense classification
Penalty	for delinquent license is 5% per n	nonth not to exceed 25	5% (is delinquent 60 d	ays after expiration)
Total	ee			
declare under penalty of orrect.	perjury that to the best of my know	wledge and belief the	statements made her	ein are true and
(Х			
/	Signature of Ov	wner(s) or Corporation	Agent/OwnerTitle	
nder the provisions of the	n or the granting of a business lice zoning code, and is further subjec upations and businesses. Payment	t to all applicable fede	ral, state and local la	ws and regulations
OR OFFICE USE ONLY icense Effective from icense #	// to/	/Fee Remitt	re	



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 July 01, 2016 through June 30, 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 August 30, 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.