



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 / [www.cityofls.net](http://www.cityofls.net)

A HEALTHY ALTERNATIVE/ALBERTA ADKINS  
 ALBERTA ADKINS  
 13310 13TH ST  
 GRANDVIEW, MO 64030

**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: 316 SE GREEN ST 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: ALBERTA.ADKINS@GMAIL.COM

Business Phone Numbers: \_\_\_\_\_ (MAIN)  
 \_\_\_\_\_ (CELL) \_\_\_\_\_ (FAX)

Contact Name (1st) \_\_\_\_\_ (2nd) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City - State \_\_\_\_\_  
 Phone Number \_\_\_\_\_

Emergency Contacts: (1st) \_\_\_\_\_ (2nd) \_\_\_\_\_ (3rd)  
 \_\_\_\_\_

Phone number (1st) \_\_\_\_\_ (2nd) \_\_\_\_\_ (3rd)  
 \_\_\_\_\_

**\*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:  
 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 NEW ZONING FORM. Zoning forms located on website at [www.cityofls.net](http://www.cityofls.net)**

(Continued on back page)

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>CONTRACTOR LICENSING INFORMATION ***Contractors – please complete this section***</b>	
<b>Please select type of contractor license requested - \$25.00 annual contractor license fee for each Class</b>	
<input type="checkbox"/>	<b>Class A – General Contractor:</b> construct, remodel, demolish, repair any structure
<input type="checkbox"/>	<b>Class B – Building Contractor:</b> construct, remodel, demolish, repair all structures not exceeding 3 stories in height
<input type="checkbox"/>	<b>Class C – Residential Contractor:</b> construct, remodel, demolish, repair any single family, duplex or townhouse structure
<input type="checkbox"/>	<b>Class D – Mechanical Contractor:</b> perform mechanical (HVAC) services
<input type="checkbox"/>	<b>Class D – Electrical Contractor:</b> perform electrical services
<input type="checkbox"/>	<b>Class D – Plumbing Contractor:</b> perform plumbing services
Please provide name of licensed representative (master) to be licensed: _____ Phone #: (    ) _____	
Email: _____ Cell #: (    ) _____	
<input type="checkbox"/>	<b>If renewal – provide 8 hours of CEU (please provide documentation of completion) <u>or</u> include optional in lieu of CEU fee of \$100.00 per license classification</b>

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

- \$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.

X \_\_\_\_\_ 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 # \_\_\_\_\_



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.**

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