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>

CVS PHARMACY #4088 KEVIN V DANIEL 1 CVS DR MC1160 WOONSOCKET, RI 02895

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: 3351 SW 3RD ST LEES SUMMIT, MO 64081
Legal Name of Business: (if different than DBA): MISSOURI CVS PHARMACY LLC
Type of Organization: Retail

Business Classification: 700 Drug Store 900 Liquor Stores

| E-Mail Address: | | | | |
|---|-------|--------|--------|-------------|
| Business Phone Numb | bers: | (MAIN) | (CELL) | (FAX) |
| Contact Name Address City - State Phone Number | | (2nd | | |
| 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 - 12900

Employee Headcount for this location:

Full Time: 5 Part Time: 13 Temporary:

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 19489951

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)

| lease provide a general descript | tion or scope of work for your business: | |
|---|--|---|
| | | |
| | | |
| | | |
| | | |
| CONTRACTOR LICE | NSING INFORMATION ***Contractors – please c | complete this section*** |
| Please select ty | pe of contractor license requested - \$25.00 annual cont | ractor license fee for each Class |
| Class A – General Contractor: const | ruct, remodel, demolish, repair any structure | |
| | ruct, remodel, demolish, repair all structures not exce | eeding 3 stories in height |
| - | nstruct, remodel, demolish, repair any single family, d | |
| | erform mechanical (HVAC) services | ., |
| Class D – Electrical Contractor: perf | | |
| Class D – Plumbing Contractor: perf | | |
| | epresentative (master) to be licensed: | Phone #: () |
| ricuse provide name or neenseare | spresentative (master) to be needed. | n none ii. () |
| | Email:(please provide documentation of completion) <u>or</u> inclu | Cell #: () |
| If renewal – provide 8 hours of CEU classification | (please provide documentation of completion) <u>or</u> inclu | ude optional in lieu of CEU fee of \$100.00 per lie |
| \$50 Business License Fee (base f | • | skins - ĆEO) |
| | for each license classification ie: Mechanical & Plum | |
| \$100 Contractor fee in lieu of con | npletion of 8 hours of annual continuing education (| CEU) for each license classification |
| Penalty for deling | uent license is 5% per month not to exceed 25% (is | delinquent 60 days after expiration) |
| Total fee | | |
| eclare under penalty of perjury tha | t to the best of my knowledge and belief the staten | nents made herein are true and correct. |
| | Y | / / |
| | Agent/Owner X | / Date |
| gnature of Owner(s) or Corporation | | |
| e provisions of the zoning code, and | anting of a business license neither confirms nor app I is further subject to all applicable federal, state and Payment by Check – make check payable to City of L | proves the use of land as regulated under d local laws and regulations which apply to |
| e filing of this application or the groeper provisions of the zoning code, and | anting of a business license neither confirms nor app I is further subject to all applicable federal, state and | proves the use of land as regulated under d local laws and regulations which apply to |
| e filing of this application or the gro provisions of the zoning code, and | anting of a business license neither confirms nor app I is further subject to all applicable federal, state and | proves the use of land as regulated under d local laws and regulations which apply to |
| e filing of this application or the gro e provisions of the zoning code, and ecific occupations and businesses. I | anting of a business license neither confirms nor app I is further subject to all applicable federal, state and | proves the use of land as regulated under d local laws and regulations which apply to Lee's Summit. |



Dear Business Owner

Enclosed you will find the **Business License Renewal Form** for the license year July 01, 2016 through June 30, 2017. Please take a moment to review the information, particularly verifying the accuracy of the **Missouri Sales Tax ID** number and business address noting any corrections or additions.

Missouri Senate Bill 30 became effective January 1, 2009; requiring a statement of "No-Tax Due" from the Missouri Department of Revenue before the issuance of a business license by the City for any business engaging in retail sales. A business owner can enter their Missouri Tax Identification Number and PIN at http://dor.mo.gov/tax/business/sales/notaxdue/ to print their statement and include with the business license renewal. Business license renewals that are submitted without a no tax due certificate cannot be processed.

BUSINESS LICENSE FEES INFORMATION

As governed by City Ordinance #28-30, the base license fee is \$50.00. Businesses are required to have a separate license for each location.

All renewals not received by August 30, 2016 will be considered delinquent and subject to penalty. Penalty is 5% per month not to exceed 25%. Please make checks payable to "City of Lee's Summit".

If you will <u>not</u> be doing business in Lee's Summit during the next Business License year and you are not located in Lee's Summit, <u>please send notification</u>. If you should have questions regarding your renewal, please contact the Development Center at 816-969-1220.

Thank you for your prompt attention.