



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)

LEE'S SUMMIT MEDICAL CENTER  
MATT SOGARD  
2100 SE BLUE PKWY  
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: 2100 SE BLUE PKWY LEES SUMMIT, MO 64063

Legal Name of Business: (if different than DBA):

Type of Organization: Health

Business Classification: 300 Hospitals/Clinics/Dr Office

E-Mail Address:

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 - 2170

Employee Headcount for this location:

Full Time: 276

Part Time: 84

Temporary: 1

**IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 18347924**

**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:

—

—

**CONTRACTOR LICENSING INFORMATION**

**\*\*\*Contractors – please 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 family, 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 #: (    ) \_\_\_\_\_

☐

**If renewal – provide 8 hours of CEU (please provide documentation of completion) or include optional in lieu of CEU fee of \$100.00 per license classification**

**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 \_\_\_\_\_

**Signature of Owner(s) or Corporation Agent/Owner**

X \_\_\_\_\_

**Title**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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

**Thank you for your prompt attention.**

