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

NEW LIFE CHIROPRACTIC DR AMANDA CAMPBELL 1008 SW 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: 1008 SW 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

1700 Chiropractor

E-Mail Address: NEWLIFECHIROPRACTIC@GMAIL.COM

Business Phone Numbers:		(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? ${\bf Y}$ or ${\bf N}$ (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 - 1680

Employee Headcount for this location:

Full Time: 2 Part Time: 1 Temporary:

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 20668503

IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S SUMMIT, PLEASE SUBMIT NEW ZONING FORM. Zoning forms located on website at www.cityofls.net

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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.