Expiration date: 07/31/2016



## **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

LEES SUMMIT FAMILY CHIROPRACTIC ERICA SIMPSON 618 3RD ST SW, Unit H 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: 618 SW 3RD ST H 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: LSFAMILYCHIRO@GMAIL.COM Business Phone Numbers: (MAIN) (CELL) (FAX) Contact Name \_\_\_ (2nd) \_\_\_\_\_ 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 - 1600

Employee Headcount for this location:

Full Time: 1 Part Time: 4 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

(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
<del>-</del>	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 August 01, 2016 through July 31, 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 <a href="http://dor.mo.gov/tax/business/sales/notaxdue/">http://dor.mo.gov/tax/business/sales/notaxdue/</a> 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 September 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.