Expiration date: 09/30/2016



Business License Renewal

220 SE Green Street Lee's Summit, MO 64063 Phone 816.969.1220 / Fax 816.969.1221 / <u>www.cityofls.net</u>

LEES SUMMIT FAMILY CHIROPRACTIC/LORETTO J RAY LMT LORETTO J RAY 420 NE LAKEVIEW DR BLUE SPRINGS, MO 64014

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: Massage Therapist Business Classification: 1200 Massage Therapist E-Mail Address: LSFAMILYCHIRO@GMAIL.COM Business Phone Numbers: __ (MAIN) (CELL) (FAX) Contact Name 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
Employee Headcount for this location:
Full Time:

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)

Part Time: Temporary:

Please provide a genera	I description or scope of work for your l	ousiness:	
<u></u>			
_			
		ntractors – please complete this s	
Plea	e select type of contractor license requested -	\$25.00 annual contractor license for	ee for each Class
Class A – General Contra	ctor: construct, remodel, demolish, repair an	y structure	
Class B – Building Contractor: construct, remodel, demolish, repair all structures not exceeding 3 stories in height			in height
Class C – Residential Co	tractor: construct, remodel, demolish, repair	any single family, duplex or townh	ouse structure
Class D – Mechanical Co	ntractor: perform mechanical (HVAC) services		
Class D – Electrical Cont	actor: perform electrical services		
	ractor: perform plumbing services		
Please provide name o	licensed representative (master) to be licens	ed:	Phone #: ()
	Fmail	Cell#: (1
If renewal – provide 8 h	ours of CEU (please provide documentation of	completion) or include optional in	lieu of CEU fee of \$100.00 per lice
classification	,,	. ,	•
	Fee (\$25 for each license classification ie:		
S100 Contractor fee in	lieu of completion of 8 hours of annual con	tinuing 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	ee		
declare under penalty of process.	erjury that to the best of my knowledge an	nd belief the statements made he	erein are true and
(X		
	Signature of Owner(s) or	r Corporation Agent/OwnerTitle	
	Date		
nder the provisions of the	n or the granting of a business license neith zoning code, and is further subject to all ap upations and businesses. Payment by Check	plicable federal, state and local l	aws and regulations
OR OFFICE USE ONLY icense Effective from icense #	// to//	_Fee Remitte	



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 October 01, 2016 through September 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 November 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.