



## **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/BEVERLY REICHERT BEVERLY REICHERT 14906 GRAND SUMMIT BLVD 204 GRANDVIEW, MO 64030

Physical Business Address: 618 SW 3RD ST 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.

Legal Name of Business: (if different than DBA): Type of Organization: Massage Therapist Business Classification: 1200 Massage Therapist E-Mail Address: 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 <u>MUST</u> 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:

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

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Part Time:

Please provide a general description or scope of work for your business:			
			<del></del>
FEE CALCULATION (please check those that apply):			
\$50 Business License Fee (base fee)			
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 m correct.	y knowledge and belief the statements made h	erein are true ar	nd
XX Signature of Owner(s) or Corporation Agent/Owner Tit		/	J
Signature of Owner(s) or Corporation Agent/Owner Tit	tle	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 License #	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 November 01, 2016 through October 31, 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 December 31, 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.