

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>

KANSAS CITY BONE & JOINT CLINIC MIKE STEPHENSON 10701 NALL AVE STE 200 OVERLAND PARK, KS 66211

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: 3151 NE CARNEGIE DR B LEES SUMMIT, MO 64064 Legal Name of Business: (if different than DBA): KANSAS CITY BONE & JOINT CLINIC DIVISION OF SIGNATURE MEDICAL GROUP OF KANSAS CITY, PA Type of Organization: Health Business Classification: 300 Hospitals/Clinics/Dr Office

E-Mail Address: MSTEPHENSON@KCBJ.COM

Business Phone Num	pers:				
		(MAIN)		(CELL)	(FAX)
Contact Name Address City - State Phone Number	(1st) 		(2nd) 		
Emergency Contacts:	(1st)		nd)	(3rd)	
Phone number	(1st)	(2	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 - 2476			
Employee Headcount for this location: Full Time: 2 Part Time: 2 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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Please pro	ovide a general	description or sc	ope of work for	your business:
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FEE CALCULATION (please check those that apply):			
\$50 Business License Fee (base fe	≥e)		
Penalty for delinquent license is 59	6 per month not to e	xceed 25% (is delinquent 60 days a	fter expiration)
Total fee			
I declare under penalty of perjury that to the best of m	vy knowledge and be	elief the statements made herein a	e true and correct.
X Signature of Owner(s) or Corporation Agent/Owner	X		//
Signature of Owner(s) or Corporation Agent/Owner	Title		Date
The filing of this application or the granting of a busine the provisions of the zoning code, and is further subjec specific occupations and businesses. Payment by Check	t to all applicable fe	deral, state and local laws and regu	5

 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 February 01, 2017 through January 31, 2018.

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 <u>http://dor.mo.gov/business/sales/notaxdue/</u> 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 March 31, 2017 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.

