

## **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>

JOSEPH SYMES CHIROPRACTIC LLC KELLY THOMAS 400 SW LONGVIEW BLVD, Unit 160 LEES SUMMIT, MO 64081

## 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: 400 SW LONGVIEW BLVD 160 LEES SUMMIT, MO 64081 Legal Name of Business: (if different than DBA): Type of Organization: Health Business Classification: 1700 Chiropractor 300 Hospitals/Clinics/Dr Office

E-Mail Address: DR.JOE@REJUVENATEKC.COM

| Business Phone Numb                                     | oers: |        |           |        |       |
|---|-------|--------|-----------|--------|-------|
|   |       | (MAIN) |           | (CELL) | (FAX) |
| Contact Name<br>Address<br>City - State<br>Phone Number | (1st) |        | (2nd)<br> |        |       |
| 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? Y or N (If yes complete Zoning Approval Form)<br>Is business located in a Lee's Summit <b>Commercial area or Residential?</b> (circle)<br>Do you have an intrusion alarm? Y or N (circle)<br>Total Building Square Footage - 1400 |  |  |  |  |
|---|--|--|--|--|
| Employee Headcount for this location:<br>Full Time: 2<br>Part Time:<br>Temporary:   |  |  |  |  |
| IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 20875223  |  |  |  |  |
| 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: |
|------------|-----------------|-------------------|-----------------|----------------|
|------------|-----------------|-------------------|-----------------|----------------|

| -   |                        |                                      |                     |
|---|------------------------|--------------------------------------|---------------------|
|   |                        |                                      |                     |
| -   |                        |                                      |                     |
|   |                        |                                      |                     |
| 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<br>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<br>the provisions of the zoning code, and is further subjec<br>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 July 01, 2017 through June 30, 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 <a href="http://dor.mo.gov/business/sales/notaxdue/">http://dor.mo.gov/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 August 30, 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.

