

## **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>

TRUMPET BEHAVIORAL HEALTH LLC ASHLEY BURKHEAD 5729 SONOMA DR STE F PLEASANTON , CA 94566

## 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: 471 SW WARD RD LEES SUMMIT, MO 64081 Legal Name of Business: (if different than DBA): Type of Organization: Health Business Classification: 300 Hospitals/Clinics/Dr Office

E-Mail Address: ABURKHEAD@TBH.COM

Business Phone Numb	oers:	(MAIN)	(CELL)	(FAX)
				ζ,
Contact Name Address City - State Phone Number		(2nd)		
Emergency Contacts:	(1st)	(2nd)	(3rd)	
Phone number	(1st)	(2nd)	(3rd)	
Has your Physical Add	dress changed ov n a Lee's Summit sion alarm? <b>Y or</b>	nysically located in Lee's Summit t er the last year? Y or N (If yes of Commercial area or Residential? N (circle)	complete Zoning Approval	
Employee Headcount Full Time: 4 Part Time: 21 Temporary:	for this location	:		
IF DOING ANY RETAILS	SALES (provide cop	y of current no sales tax due lette	r) -	
IF PHYSICAL ADDRESS website at www.cityof	ls.net	THIN LEE'S SUMMIT, PLEASE SUB	MIT NEW ZONING FORM. Zo	ning forms located on

(Continued on back page)

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 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.

