



Expiration date: 06/30/2017

Business License Renewal

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

RAINTREE FAMILY DENTAL CARE
TIM HARTMAN
1200 NETWORK CENTRE DR
EFFINGHAM, IL 62401

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: 3751 SW HOLLYWOOD DR LEES SUMMIT, MO 64082
Legal Name of Business: (if different than DBA): MISSOURI DENTAL PROFESSIONALS
Type of Organization: Health
Business Classification: 300 Dental Lab/Office

E-Mail Address:

Business Phone Numbers: _____
(MAIN) (CELL) (FAX)

Contact Name (1st) _____ (2nd) _____
Address _____
City - State _____
Phone Number _____

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)
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 - 2415

Employee Headcount for this location:
Full Time: 8
Part 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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Please provide a general description or scope of work for your business:

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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 my knowledge and belief the statements made herein are true and correct.

X _____
Signature of Owner(s) or Corporation Agent/Owner

X _____
Title

____/____/____
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 ____/____/____ 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 <http://dor.mo.gov/business/sales/notaxdue/> 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 **not** be doing business in Lee's Summit during the next Business License year and you are not located in Lee's Summit, **please send notification**. If you should have questions regarding your renewal, please contact the Development Center at 816-969-1220.

Thank you for your prompt attention.

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