

## **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>

MIDWEST HEART & VASCULAR SPECIALISTS NICOLE SCHMIDT 2000 SE BLUE PKWY, Unit 210 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.

Physical Business Address: 2000 SE BLUE PKWY 210 LEES SUMMIT, MO 64063 Legal Name of Business: (if different than DBA): Type of Organization: Health Business Classification: 300 Hospitals/Clinics/Dr Office

E-Mail Address:

Business Phone Numl	oers:	(MAIN)	(CELL)	(FAX)
		(MAIN)		(ГАЛ)
Contact Name Address City - State Phone Number		(2nd) 		-
Emergency Contacts:	(1st)	(2nd)	(3rd)	
Phone number	(1st)	(2nd)	(3rd)	
	*For businesses	physically located in Lee's Summit th	is section <u>MUST</u> be completed	*
, ,	n a Lee's Summ sion alarm? <b>Y o</b>	ver the last year? <b>Y or N</b> (If yes c it <b>Commercial area or Residential?</b> ( <b>r N</b> (circle)		rm)
Employee Headcount Full Time: 9 Part Time: Temporary:	for this locatio	n:		
IF DOING ANY RETAIL	SALES (provide co	py 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 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.

