

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>

C & S ACCOUNTING SOLUTIONS LLC SHIRLEY DAVIS 620 SE M 291 HWY , Unit 102 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: 620 SE M 291 HWY 102 LEES SUMMIT, MO 64063 Legal Name of Business: (if different than DBA): Type of Organization: Service Business Classification: 800 Accounting/Bookkeeping/Billing/Tax Service

E-Mail Address: CSACCOUNTING@COMCAST.NET

Business Phone Numb	pers:			
		(MAIN)	(CELL)	(FAX)
Contact Name Address City - State Phone Number		(2nd) 		
Emergency Contacts:	(1st)	(2nd)	(3rd)	
Phone number	(1st)	(2nd)	(3rd)	
Has your Physical Add	Iress changed o n a Lee's Summ sion alarm? Y o	wer the last year? Y or N (If yes control of the last year? Y or N (If yes control of the last year? Y or N (If yes control of the last year? Y or N (If year control of the last year? Y or N (circle)	omplete Zoning Approval Form)	
Employee Headcount Full Time: Part Time: Temporary:	for this locatio	n:		
IF DOING ANY RETAIL S	ALES (provide co	py of current no sales tax due letter)) -	
IF PHYSICAL ADDRESS I website at www.cityofl	s.net	/ITHIN LEE'S SUMMIT, PLEASE SUBN	IIT NEW ZONING FORM. Zoning for	ms 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 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 <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.

