

## **Business License Renewal**

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

**ART & FRAME WAREHOUSE** MICHAEL KIM 9216 METCALF AVE OVERLAND PARK, KS 66212

## 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: 107 SE M 291 HWY LEES SUMMIT, MO 64063 Legal Name of Business: (if different than DBA): ART & FRAME WAREHOUSE INC Type of Organization: Retail Business Classification: 700 Photo Finishing/Supplies

E-Mail Address: MIKE@AFWKC.COM

| (MAIN)       (CELL)         Contact Name       (1st)       (1st)         Address       (2nd)       (2nd)         City - State       (2nd)       (3rd)         Phone Number       (2nd)       (3rd)         Emergency Contacts:       (1st)       (2nd)       (3rd)         Phone number       (1st)       (2nd)       (3rd)       (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 - 1324       Employee Headcount for this location:         Full Time: 2       Part Time: 1         Temporary:       IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 21611734         IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S SUMMIT, PLEASE SUBMIT NEW ZONING FORM. Zoning forms located o website at www.cityofis.net | Business Phone Num                            | bers:                                     |  |                                |               |
|---|---|---|--|--------------------------------|---------------|
| Address   |   |   | (MAIN)   | (CELL)                         | (FAX)         |
| Phone number       (1st)  | Address<br>City - State                       |   |  |                                |               |
| *For businesses physically located in Lee's Summit this section <u>MUST</u> be completed*<br>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 Commercial area or Residential? (circle)<br>Do you have an intrusion alarm? Y or N (circle)<br>Total Building Square Footage - 1324<br>Employee Headcount for this location:<br>Full Time: 2<br>Part Time: 1<br>Temporary:<br>IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 21611734<br>IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S SUMMIT, PLEASE SUBMIT NEW ZONING FORM. Zoning forms located o  | Emergency Contacts:                           | (1st)                                     | (2nd)  | (3rd)                          |               |
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| Full Time: 2         Part Time: 1         Temporary:         IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 21611734         IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S SUMMIT, PLEASE SUBMIT NEW ZONING FORM. Zoning forms located o  | Is business located i<br>Do you have an intru | n a Lee's Summi<br>sion alarm? <b>Y o</b> | t Commercial area or Residential? (c<br>r N (circle) | · · · · ·                      |               |
| IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S SUMMIT, PLEASE SUBMIT NEW ZONING FORM. Zoning forms located o  | Full Time: 2<br>Part Time: 1                  | for this location                         | n:   |                                |               |
|   | IF DOING ANY RETAIL                           | SALES (provide co                         | py of current no sales tax due letter)               | - 21611734                     |               |
| (Continued on back page)  | website at www.cityof                         | ls.net                                    | /ITHIN LEE'S SUMMIT, PLEASE SUBM                     | IT NEW ZONING FORM. Zoning for | ms located on |

| 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 August 01, 2017 through July 31, 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 September 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.

