

## **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>

MASSAGE HEIGHTS/MELISSA WATSON MELISSA WATSON 508 LAUREN STREET LIBERTY , MO 64068

## PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Please Update your Information.	. If there are changes to the	e information provided,	, please draw a lir	ne through and
correct.				

Physical Business Address: 970 NW BLUE PKWY D LEES SUMMIT, MO 64086 Legal Name of Business: (if different than DBA): Type of Organization: Massage Therapist Business Classification: 1200 Massage Therapist

E-Mail Address: MELISSA.WATSON24@YAHOO.COM

Business Phone Num	oers:			
(CELL)		(FAX)	(MAI	N)
Contact Name Address City - State Phone Number	(1st)		(2nd) 	
Emergency Contacts :	(1st) _		(2nd)	(3rd)
Phone number	(1st)		(2nd)	(3rd)
*F	or busine	sses physically lo	cated in Lee's Summit this section <u>ML</u>	J <u>ST</u> be completed*
	n a Lee's sion ala	s Summit <b>Comme</b> rm? <b>Y or N</b> (circl	ast year? <b>Y or N</b> (If yes complete Z <b>rcial area or Residential?</b> (circle) e)	Coning Approval Form)
Employee Headcount Full Time: 1 Part Time: Temporary:	for this	location:		
IF DOING ANY RETAIL	SALES (pr	ovide copy of curr	ent no sales tax due letter) -	
IF PHYSICAL ADDRESS website at www.cityof		NGED WITHIN LE	E'S SUMMIT, PLEASE SUBMIT NEW Z	ONING FORM. Zoning forms located on
(Continued on back pa	ag <mark>e)</mark>			

Please provide a general description or scope of work for your business:

FEE CALCULATION (please check those that apply):

FEE CALCULATION (please check those that apply):

Second State Statements and the statement of the statement

X	Х	/	/
Signature of Owner(s) or Corporation Agent/Owner	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 Massage Therapists and Massage Facilities of the City of Lee's Summit:

Enclosed you will find the **business license renewal application** for the license year September 01, 2017 through August 31, 2018.

As governed by City Ordinance #28-30, the base license fee \$50. A Massage Facility license is **\$50 per ordinance #28-63**. Businesses are required to have a separate license for each location and for each massage therapist. Under the provisions of the ordinance, it is unlawful for any person to engage in any business in the City of Lee's Summit without first securing a business license.

Please submit:

- Massage Therapist or Facility Business License Renewal Application as applicable
- Zoning Approval for new Facilities or in the case of an address change.
- Copy of the current certificate / license issued by Missouri Department of Economic Development, Division of Professional Registration, Missouri Board of Therapeutic Massage.
- Two (2) passport photographs of the massage therapist
- Appropriate fees (\$50 massage therapist; \$50 massage facility)

Facilities: Please note that you are responsible for any act or conduct in violation of the ordinance of any massage therapist on the massage facility premises and that all therapists hold a current license.

All renewals not received by October 31, 2017 will be considered delinquent and subject to penalty. If you will not be doing business in Lee's Summit during the license year, please **send notification**.

If you should have questions regarding your renewal form, please call the Development Center at (816) 969-1220.

Thank you for your prompt attention.

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