Expiration date: 11/30/2017



Business License Renewal

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

SUMMIT EYE CENTER LLC KEVIN SKELSEY 1741 NE DOUGLAS ST, Unit 100 LEES SUMMIT, MO 64086

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

correct. Physical Business Address: 1741 NE DOUGLAS ST 100 LEES SUMMIT, MO 64086 Legal Name of Business: (if different than DBA): Type of Organization: Service Business Classification: 300 Hospitals/Clinics/Dr Office E-Mail Address: ADAVIS@SUMMITEYEKC.COM **Business Phone Numbers:** (MAIN) (CELL) (FAX) Contact Name Address City, State, & Zip Code 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 -

Employee Headcount for this location:

Full Time: 10 Part Time: 3 Temporary:

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 22747982

IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S SUMMIT, PLEASE SUBMIT A NEW ZONING FORM. Zoning forms located on website at www.cityofls.net.

(Continued on back page)

Please provide a general description or scope of	work for your b	usiness:	
FEE CALCULATION (please check those that apply):			
\$50 Business License Fee (base fee)			
Penalty for delinquent license is 5%	per month not to	o exceed 25% (is delinqu	ent 60 days after expiration)
Total fee			
I declare under penalty of perjury that to the best of m	y knowledge an	d belief the statements i	made herein are true and correct.
X	Х		/ /
X Signature of Owner(s) or Corporation Agent/Owner	Title		Date 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 applicabl	e federal, state and local	l laws and regulations which apply to
FOR OFFICE USE ONLY License Effective from / / to	/ /	Fee Remitted \$	license #



Dear Business Owner:

Enclosed you will find the **Business License Renewal Form** for the license year December 01, 2017 through November 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 January 30, 2018 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 Services Department at 816-969-1220.

Thank you for your prompt attention.