



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/ANDREA ROCK ANDREA ROCK 12806 E 49TH S TERR INDEPENDENCE, MO 64055

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: 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: Business Phone Numbers: (MAIN) (CELL) (FAX) (1st) _____ (2nd) ____ Contact Name Address City, State, & Zip Code Phone Number (3rd) Emergency Contacts: (1st) (2nd) (1st) _____ (2nd) ____ (3rd) ____ Phone number:

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: Part Time: Temporary:

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

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 l	ousiness:	
FEE CALCULATION (please check those that apply):			
\$50 Business License Fee (base fee)			
Penalty for delinquent license is 5%	per month not t	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 ar	d belief the statements r	made herein are true and correct.
X	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 applicabl	e federal, state and local	laws and regulations which apply to
FOR OFFICE USE ONLY License Effective from / / to	, ,	Fee Remitted \$	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 January 01, 2018 through December 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 February 28, 2018 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 Services Department at (816) 969-1220.

Thank you for your prompt attention.