Expiration date: 01/31/2018



Business License Renewal

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

KANSAS CITY BONE & JOINT CLINIC MIKE STEPHENSON 10701 NALL AVE STE 200 OVERLAND PARK, KS 66211

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: 3151 NE CARNEGIE DR B LEES SUMMIT, MO 64064

Legal Name of Business: (if different than DBA): KANSAS CITY BONE & JOINT CLINIC DIVISION OF SIGNATURE MEDICAL

GROUP OF KANSAS CITY, PA

Type of Organization: Health

Business Classification: 300 Hospitals/Clinics/Dr Office

E-Mail Address: MSTEPHENSON@KCBJ.COM

Business Phone Numbers:

MAIN:	CELL:	FAX:	

	Primary	Seconday
Contact Names		
Address		
City, State, Zip		
Emergency Contacts (if different)		
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 - 2476

Employee Headcount for this location:

Full Time: 2 Part Time: 2 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 v	vork for your bu	siness:			
					_
FEE CALCULATION (please check those that apply):					
\$50 Business License Fee (base fee)					
Penalty for delinquent license is 5% p	per month not to	exceed 25% (is delinque	nt 60 days after expirat	ion)	
Total fee					
I declare under penalty of perjury that to the best of my	y knowledge and	belief the statements m	ade herein are true and	l correct.	
X	X			'/_	
X Signature of Owner(s) or Corporation Agent/Owner	Title		Date		
The filing of this application or the granting of a busines the provisions of the zoning code, and is further subject specific occupations and businesses. Payment by Check	to all applicable	federal, state and local l	aws and regulations wh		,
FOR OFFICE USE ONLY License Effective from/	_//	_ Fee Remitted \$	License #		_



Dear Business Owner:

Enclosed you will find the **Business License Renewal Form** for the license year February 01, 2018 through January 31, 2019.

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 March 31, 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.

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