Expiration date: 05/31/2018



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/ANGELA MCGUIRE Licensing 206 SW SUNSET DR LEES SUMMIT, MO 64081

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: BOUNDINGCOMET@YAHOO.COM

CELL:

Business Phone Numbers:

MAIN:

	Primary	Seconday
Contact Names		
Address		
City, State, Zip		
Emergency Contacts (if different)		
Phone Number		

FAX:

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: 1
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)

^{*}For businesses physically located in Lee's Summit this section MUST be completed*

Please provide a general description or scope of	work for your business:	
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 delinquent 60 day	s after expiration)
Total fee		
I declare under penalty of perjury that to the best of my	y knowledge and belief the statements made here	in are true and 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 laws and	_
FOR OFFICE USE ONLY License Effective from/ to	/ Fee Remitted \$ Licens	e #



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 June 01, 2018 through May 31, 2019.

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 July 31, 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.