



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 / www.cityofls.net

MASSAGE HEIGHTS/ERIKA SHROUT
 Licensing
 312 SW ASCOT DR
 LEES SUMMIT, MO 64082

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 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:	
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	Primary	Secondary
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 -

 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.

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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% per month not to exceed 25% (is delinquent 60 days after expiration)

_____ Total fee

I declare under penalty of perjury that to the best of my knowledge and belief the statements made herein are true and correct.

X _____
Signature of Owner(s) or Corporation Agent/Owner

X _____
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 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 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.

