Expiration date: 06/30/2018



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>

FENDER FAMILY DENTISTRY Licensing 519 SW 3RD ST, Unit G LEES SUMMIT, MO 64063

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: 519 SW 3RD ST G LEES SUMMIT, MO 64063

Legal Name of Business: (if different than DBA): Type of Organization: Health

Business Classification: 300 Dental Lab/Office

E-Mail Address: LRILEY@FENDERFAMILYDENTISTRY.COM

CELL:

Business Phone Numbers:

MAIN:

		Primary	Seconday
Contact Names			
Address			
City, Sta	te, Zip		
Emerger	ncy Contacts (if different)		
Phone N	umber		

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 - 3000

Employee Headcount for this location:

Full Time: 6 Part Time: 2 Temporary:

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 16426207

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 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 July 01, 2018 through June 30, 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 August 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.

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