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 / www.cityofls.net

LEE'S SUMMIT FAMILY EYECARE Licensing 519 SW 3RD ST, Unit A 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 A LEES SUMMIT, MO 64063

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

Business Classification: 300 Hospitals/Clinics/Dr Office

1700 Optometrist

E-Mail Address: PARSON@LSFAMILYEYECARE.COM

CELL:

**Business Phone Numbers:** 

MAIN:

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

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: 5 Part Time: Temporary:

**Phone Number** 

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 18880002

IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S SUMMIT, PLEASE SUBMIT A NEW ZONING FORM. Zoning forms located on website at <a href="https://www.cityofls.net">www.cityofls.net</a>.

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<sup>\*</sup>For businesses physically located in Lee's Summit this section MUST be completed\*

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 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 <a href="http://dor.mo.gov/business/sales/notaxdue/">http://dor.mo.gov/business/sales/notaxdue/</a> 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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