Expiration date: 12/31/2018



Business License Renewal

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

SEI BELLA SALON/KATHARINE BIVANS Licensing 458 SW WARD RD 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.

458 SW WARD RD LEES SUMMIT, MO 64081 Physical Business Address:

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

Business Classification: 800 Beauty Shop/Manicurist/Foot Reflexologist

E-Mail Address:

Business Phone Numbers:

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

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.

(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 January 01, 2019 through December 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 February 28, 2019 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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