Expiration date: 01/31/2019



## **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>

RESEARCH NEUROSCIENCE INSTITUTE Licensing 2000 SE BLUE PKWY, Unit 270 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: 2000 SE BLUE PKWY 270A LEES SUMMIT, MO 64063

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

Business Classification: 300 Hospitals/Clinics/Dr Office

E-Mail Address: JAIME.PERKINS@HCAHEALTHCARE.COM

CELL:

**Business Phone Numbers:** 

MAIN:

		Primary	Seconday	
Contact Names				
Address	S			
City, St	ate, 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 <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	work for your b	ousiness:	
FEE CALCULATION (please check those that apply):			
\$50 Business License Fee (base fee)			
Penalty for delinquent license is 5%	per month not t	o exceed 25% (is delinqu	ent 60 days after expiration)
Total fee			
I declare under penalty of perjury that to the best of m	y knowledge ai	nd belief the statements i	made herein are true and correct.
X	Χ		/ /
X Signature of Owner(s) or Corporation Agent/Owner	Title		Date
The filing of this application or the granting of a busine the provisions of the zoning code, and is further subjec specific occupations and businesses. Payment by Check	t to all applicab	le federal, state and local	l laws and regulations which apply to
FOR OFFICE USE ONLY License Effective from / / to	/ /	Fee Remitted \$	license #



## Dear Business Owner:

Enclosed you will find the **Business License Renewal Form** for the license year February 01, 2019 through January 31, 2020.

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 March 31, 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.