## **Business License Application**

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

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.    New Business (Y/H)	P	LEASE NOTIFY US IF YO	U DISCONTINUE YOU	JR BUSINESS.	JUI 9 ,	3
MM DD Y	Date/ Ne	w Business (Y/N)	In business sinc	e		2079
Legal Name of Business (if different than DBA)   Physical Business Address:   Legal Name of Business (if different than DBA)   Address	MM DD YY	· · · · · · · · · · · · · · · · · · ·	<u> </u>		7	
Physical Business Address:	Nicoles Irinketzz					·
Contacts:	Common/Preferred Name of Business (DBA	)	Legal Name of E	Business (if different	than DBA)	
Address    City   State   Zip   Small	Physical Business Address:	•		)		
Address    City   State   Zip   Small	11047 SLA MANOR (	eke Or	LOOS SIM		WN	(°40x°)
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Business Address Phone # Cell # Fax # Email  Mailing Address: [if different from Physical Address]  Contact Name for Mailing Address:	25 MG	7-4753	1	aprila	icale 102	1 (100)
Contacts:    Primary Contact:			, <del>†</del>	Email		-36 h 1100 CO
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Address    City   State   Zip			. DBA m	Legal Name - Othe	r	
Mailing Address Phone # Cell # Fax # Email   Contacts:	Contact Name for Maining Address.		- BORG	cegai Name 🗆 Othe	'	<del></del>
Fax #   Email	Address	•	Citv		State	7in
Primary Contact: APRIL Robinson  Name    1647   Shi   Mahor Lake   Dr.	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,	1		otate	2.19
Primary Contact: APRIL Robinson  Name    1647   Shi   Mahor Lake   Dr.	Mailing Address Phone # Cell #	( Fax #	) ŧ	– Email	:	
Primary Contact: APPU (2001) SOM.  Name    City   State   Zip	The state of the s		•			
Name	N 2011 12	1 10 - 1	6	0		
Title (Owner/Corp. Agent/Applicant)   G4082	■ Primary Contact: APIOL ICC	1011/20H		<del></del>		
Address  ( )	Name *	11.00			oplicant)	1.11000
Date of Birth D YY Driver's License # State Issued    Secondary Contact:	164 I SW MANOIC	Lake DR	LOES SUMM	nit	M	<u>09062</u>
Date of Birth D YY Driver's License # State Issued    Secondary Contact:		117/2	City		State	Zip
Date of Birth D YY Driver's License # State Issued    Secondary Contact:	() $(08)$ $30$	<u>1-4 /53                                    </u>	)	<u>aprilul</u>	100/21020	segmailicon
Secondary Contact:    Name   Title (Owner/Corp. Agent/Applicant)		Fax #	ŧ	Email		_
Secondary Contact:    Name   Title (Owner/Corp. Agent/Applicant)	Date of Birth 04 / 29 / 71		<u> </u>	_		
Title (Owner/Corp. Agent/Applicant)  ( )		er's License #	State Issued			
Title (Owner/Corp. Agent/Applicant)  ( )	■ Secondary Contact:					
Please complete this section if your business is physically located in Lee's Summit.  Check if applicable: This is a change in   business name   business ownership   physical business address  Is business located in a Lee's Summit commercial area   N / Y   (if Y please complete a Commercial Zoning Approval form)  Is business located in a Lee's Summit residence?   N / Y   (if Y please complete a Home Occupation Zoning Approval form)  Do you have an intrusion alarm?   N / Y   (if Y please complete an Alarm User Registration application)  Total Building Square Footage   Missouri State Sales Tax Number   Y   (if Y please complete an Alarm User Registration application)  All applicants who make retail sales must submit a Missouri Department of Revenue Statement of No Tax Due with a date of issuance not more than 90 days before date of business license application/renewal. MDR can be reached at 573.751.9268.  Employee Headcount for this location:   Full Time   Part Time   Temporary  Please provide a general description or scope of work for your business (i.e. electrical contractor, doctor, retail store, etc.):			Title (Ow	/ner/Corp. Agent/Ap	plicant)	
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Employee Headcount for this location: Full Time Part Time Temporary  Please provide a general description or scope of work for your business (i.e. electrical contractor, doctor, retail store, etc.):					with a date of i	ssuance not more
Please provide a general description or scope of work for your business (i.e. electrical contractor, doctor, retail store, etc.):				_		
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VICTUAL DIVINO STOVO	Please provide a general description or scor	<del>-</del>	ess (i.e. electrical contra	ctor, doctor, retail s	tore, etc.):	

Category	NAICS Code	Category	NAICS Co
Animal Services	81	Massage Therapy Establishment	81
Automobile Body/Repair Shop/Car Wash	81	Motel/Hotel Indicate # of rooms	72
Automobile Sales	81	Nursery, Greenhouse	44-45
Bail Bondsperson	81	Pay Day/Title Loan	52
Bank, Credit Union, Finance Company	52	Precious Metal Dealer/Pawnbroker	81
Contractor - Class A, B, C, or D	23	Real Estate Rental and Leasing	53
Contractor - Other	23	Recreation Business - Indoor/Outdoor	71
Day Care Provider - General (7-12)	81	Rental and Leasing	53
Day Care Provider - Limited (1-6)	81	Restaurant and Food Service	72
Drinking Establishment	72	Retail	44-45
Funeral Home	81	School, for profit	61
Gas Service Station & Convenience Store	81	Service Provider	81
Grocers	44-45	Service Provider with Retail Sales	44-45 or
Hospital, Nursing Home, Retirement Hom	ne, Health 62	Special Event	71
Insurance	52	Telephone Call Center	81
IT Services	54	Tow Service Provider	81
Landscaping-Mowing-Tree Trimmer	81	Transportation - Bus/Taxi/Limo/Rental Car	48-49
Liquor Store	44-45	Vending Machine	81
Manufacturing	31-33	Waste Management and Recycling Services	56
Massage Therapist (may/may not own bu		Wholesale Sales	42
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