

#### Missouri DEPARTMENT OF REVENUE

Telephone: 573-751-9268 Fax: 573-522-1265 E-mail: taxclearance@dor.mo.gov

ANTONIO INC PO BOX 64 LONE JACK, MO 64070-0064

DATE: August 20, 2019 VALID THROUGH: 11/20/2019

LEES SUMMIT

August 20, 2019

#### CERTIFICATE OF NO TAX DUE

**MISSOURI TAX IDENTIFICATION NUMBER: 13316249** 

To Whom it May Concern: The Missouri Department of Revenue certifies the above listed taxpayer has filed all required returns and paid all WITHHOLDING AND SALES TAX due, including penalties and interest, and does not owe any WITHHOLDING AND SALES TAX, as of August 19, 2019. This review does not include returns that are not required to be filed as of this date or that have been filed but not yet processed by the Department.

This statement only applies to sales and withholding tax due and is not to be construed as limiting the authority of the Director of Revenue to assess, or pursue collection of liabilities resulting from final litigation, default in payment of any installment agreement entered into with the Director of Revenue, any successor liability that may become due in the future, or audits or reviews of the taxpayer's records as provided by law.

THIS CERTIFICATE REMAINS VALID FOR 90 DAYS FROM THE ISSUANCE DATE.

**TAXATION DIVISION** 

# Business Address Administrative Usa

### **ZONING APPROVAL**

## FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

DATE:	8-21-19			
APPLICANT:	atanio Inc DA	A Bike America		
BUSINESS NAME:	Bike Americ	Gr		
ADDRESS:	5225 W 300	LSM0 64063		
TYPE OF BUSINESS:	retail Salest	Service		
TELEPHONE:	816-524-1819	ZONING DISTRICT: (To be completed by the Planning Dept.)		
N	EW BUSINESS	CHANGE OF ADDRESS		
CHANGE OF OWNERSHIP				
If applicable, what type of business previously occupied the space? (Include name of business if known)				
If locating in a previously occupied space, are there any building structural, mechanical, plumbing or electrical alterations or additions proposed? If so, please describe the nature of the alterations or additions.				
AFTER THIS ZONING APPROVAL FORM HAS BEEN SIGNED, AN OCCUPANTIONAL/BUSINESS LICENSE APPLICATION AND FEE MAY BE ACCEPTED FOR FINAL PROCESSING IN THE FINANCE DEPARTMENT AT LEE'S SUMMIT, MISSOURI CITY HALL.  NOTE: This form is required prior to acceptance of an application for an occupational/business license				
and issuance of a temporary permit to operate if the business location is within the limits of the City of Lee's Summit. New businesses with no physical location within the city do not require this form.				
APPLICANT SI	GNATURE SEC.	APPROVED BY:  8-21-19  DEPT. OF PLANNING & DEV.		
performing an	rmits are required prior to y framing, mechanical, lumbing alterations or	CODES ADMINISTRATION  NA  FIRE DEPARTMENT		

# Business Address (Administrative Use

### **ZONING APPROVAL**

FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

DATE:	8-7-19			
APPLICANT:	B, KeAme	riea Patricia Albert		
BUSINESS NAME:	Bike Ame	rica		
ADDRESS:	522 SW.	3rd. LSMO.		
TYPE OF BUSINESS:	retail	Service BIXE		
TELEPHONE:	524-1819	ZONING DISTRICT: C-P-Q		
	913-381-5431. Jeron	(To be completed by the Planning Dept.)		
N	IEW BUSINESS	CHANGE OF ADDRESS		
CHANGE OF OWNERSHIP				
If applicable, what type of business previously occupied the space? (Include name of business if known)				
If locating in a previously occupied space, are there any building structural, mechanical, plumbing or electrical alterations or additions proposed? If so, please describe the nature of the alterations or additions.    Occupied space, are there any building structural, mechanical, plumbing or electrical alterations or additions.				
AFTER THIS ZONING APPROVAL FORM HAS BEEN SIGNED, AN OCCUPANTIONAL/BUSINESS LICENSE APPLICATION AND FEE MAY BE ACCEPTED FOR FINAL PROCESSING IN THE FINANCE DEPARTMENT AT LEE'S SUMMIT, MISSOURI CITY HALL.  NOTE: This form is required prior to acceptance of an application for an occupational/business license				
and issuance of a temporary permit to operate if the business location is within the limits of the City of Lee's Summit. New businesses with no physical location within the city do not require this form.				
APPLICANT S	GNATURE	DEPT. OF PLANNING & DEV.		
performing ar	rmits are required prior to ny framing, mechanical, lumbing alterations or	CODES ADMINISTRATION  NA  FIRE DEPARTMENT		