

TAXATION DIVISION  
PO BOX 3000  
JEFFERSON CITY, MO 65105-3000



*Missouri*  
**DEPARTMENT OF REVENUE**

Telephone: 573-751-5860  
Fax: 573-522-1722  
E-mail: [businesstaxregister@dor.mo.gov](mailto:businesstaxregister@dor.mo.gov)

BODY WELLNESS  
LATRICE CLAYTON OR JANEL JACKSON  
2656 NE 42ND ST  
KANSAS CITY, MO 64117-1686

March 06, 2020

### **CERTIFICATE OF NO TAX DUE**

RE: Notice Number 2012525988  
MISSOURI ID: 26065177

To whom it may concern: The Department of Revenue, State of Missouri, certifies that the above listed taxpayer/account has filed all required returns and paid all SALES TAX due, including penalties and interest, or does not owe any SALES TAX, according to the records of the Missouri Department of Revenue, as of March 06, 2020. These records do not include returns that are not required to be filed as of this date for taxes previously collected or that have been filed but not yet processed by the Department.

This statement only applies to SALES TAX due and does not limit the authority of the Director of Revenue to assess, or collect liabilities under appeal, in default of an installment agreement entered into with the Director of Revenue or that become known to the Department as a result of an audit, a review of taxpayer's records, or a determination of successor liability.

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

TAXATION DIVISION

**ZONING APPROVAL**  
FOR ALL BUSINESSES  
EXCEPT HOME OCCUPATIONS

DATE:

3-3-20

APPLICANT:

Latrice Clayton + Janel Jackson

BUSINESS NAME:

Body Wellness

ADDRESS:

419B SW Ward Rd

TYPE OF BUSINESS:

Body + Wellness

TELEPHONE:

816 335-8322

ZONING DISTRICT:

CP-2

(To be completed by the Planning Dept.)

NEW BUSINESS

CHANGE OF ADDRESS

X CHANGE OF OWNERSHIP

If applicable, what type of business previously occupied the space? (Include name of business if known)

~~Franchise Systems~~ will be Body Wellness.  
KM98 Enterprise LLC will be Body Wellness.

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.

Adding a room

Business Address  
(Administrative Use)

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.

Latrice Clayton  
APPLICANT SIGNATURE

APPROVED BY:

[Signature]  
DEPT. OF PLANNING & DEV.

[Signature]  
CODES ADMINISTRATION

NA  
FIRE DEPARTMENT

☒ If checked, permits are required prior to performing any framing, mechanical, electrical or plumbing alterations or additions.