

Business License Renewal

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

 LEES SUMMIT FAMILY CARE - LAKEWOOD
 Licensing
 600 NW MURRAY RD STE 210
 LEES SUMMIT, MO 64064

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: 3490 NE RALPH POWELL RD B LEES SUMMIT, MO 64064
 Business E-Mail Address:: DIANE.CAREY@HCAHEALTHCARE.COM
 Legal Name of Business: (if different than DBA):
 Type of Organization: Health
 Business Classification: 300 Hospitals/Clinics/Dr Office

 Renew on-line communications email address: *Jennifer.Ring@hcahealthcare.com*
 (If you would like to renew on-line, you must provide an email above. This email address could be different than the Business Email Address. This email address is the person that is responsible for Business Licenses/Renewals at your place of business- Further Instructions included)

Business Phone Numbers :

Primary	Cell	Fax
8165547100		8164780288

Contact Information :

Primary	Secondary	Emergency
DIANE CAREY, Address: 600 NW MURRAY RD, SUITE 210, Phone: (816) 524-2626 <i>Jennifer Ring 3490 Ralph Powell Rd Ste B LS, MO 64063 816-554-7100</i>		<i>Jennifer Ring 3490 Ralph Powell Rd Ste B LS, MO 64063 816-554-7100</i>

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Please provide a general description or scope of work for your business:

medical office

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) -

*For businesses physically located in Lee's Summit this section **MUST** be completed*

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: 16
 Part Time: 8
 Temporary: 0

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.

FEE CALCULATION (please check those that apply):

\$50 Business License Fee (base fee)

Penalty for delinquent license is 5% per month not to exceed 25% (is delinquent 60 days after expiration)

\$50 Total fee

I declare under penalty of perjury that to the best of my knowledge and belief the statements made herein are true and correct.

X [Signature] X Manager Date 6/9/20
Signature of Owner(s) or Corporation Agent/Owner Title

The filing of this application or the granting of a business license neither confirms nor approves the use of land as regulated under the provisions of the zoning code, and is further subject to all applicable federal, state and local laws and regulations which apply to specific occupations and businesses. Payment by Check – make check payable to City of Lee's Summit.

FOR OFFICE USE ONLY

License Effective from ___/___/___ to ___/___/___ Fee Remitted \$ _____ License # _____

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LEES SUMMIT FAMILY CARE
 Licensing
 600 NW MURRAY RD, STE 210
 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.

Physical Business Address: 600 NW MURRAY RD 210 LEES SUMMIT, MO 64081

Business E-Mail Address:: DIANE.CAREY@HCAHEALTHCARE.COM

Legal Name of Business: (if different than DBA):

Type of Organization: Health

Business Classification: 300 Hospitals/Clinics/Dr Office

Renew on-line communications email address: Jennifer.Ring@hcahealthcare.com
 (If you would like to renew on-line, you must provide an email above. This email address could be different than the Business Email Address. This email address is the person that is responsible for Business Licenses/Renewals at your place of business- Further Instructions included)

Business Phone Numbers :

Primary	Cell	Fax
8165242626		8165240173

Contact Information :

Primary	Secondary	Emergency
DIANE CAREY , Address:600 NW MURRAY RD, SUITE 210, Phone:(816) 524-2626 <i>Jennifer Ring</i>		DIANE CAREY , Address:600 NW MURRAY RD, SUITE 210, Phone:(816) 524-2626 <i>Jennifer Ring</i>

(Continued on back page)

Please provide a general description or scope of work for your business:

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) -

For businesses physically located in Lee's Summit this section MUST be completed

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: **23**
 Part Time: **21**
 Temporary: **0**

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.

FEE CALCULATION (please check those that apply):

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I declare under penalty of perjury that to the best of my knowledge and belief the statements made herein are true and correct.

X [Signature]
Signature of Owner(s) or Corporation Agent/Owner

X manager
Title

6/9/20
Date

The filing of this application or the granting of a business license neither confirms nor approves the use of land as regulated under the provisions of the zoning code, and is further subject to all applicable federal, state and local laws and regulations which apply to specific occupations and businesses. Payment by Check – make check payable to City of Lee's Summit.

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License Effective from ___/___/___ to ___/___/___ Fee Remitted \$ _____ License # _____