Expiration date: 06/30/2020



Business License Renewal

220 SE Green Street Lee's Summit, MO 64063 Phone 816.969.1220 / Fax 816.969.1221 / www.cityofis.ne!

SALON RITZ/AMY SIMPSON Licensing 24002 POINDEXTER LEES SUMMIT, MO 64086

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:

203 SW JEFFERSON ST LEES SUMMIT, MO 64063

Business E-Mail Address: COWGIRESTYLIST@GMAIL.COM

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

Business Classification:

800 Beauty Shop/Manicurist/Foot Reflexologist

Renew on-line communications email address: Low girlst (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 |
|------------|------------|---|
| 8165254909 | 8167295367 | 8162726054 |
| | | TATE OF THE PARTY AND THE PARTY AND THE |

Contact Information:

| Primary | Secondary | Emergency |
|---|-----------|--|
| AMY SIMPSON, Address :24002 POINDEXTER RD, Phone:(816) 729-5637 | | AARON SIMPSON, Phone (816) 582-7106 |
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| Please provide a general description or scope of work for your business: | |
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| F DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) | |
| P DOING ANT RETAIL SALES (provide copy of current no sales tax due letter) | - |
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| | |
| For businesses physically located in Lee's Summit this section MUST be con | mpleted* |
| 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) | coming approval rotting |
| Do you have an intrusion alarm? Yor N (circle) | |
| Total Building Square Footage - 1408 | |
| Caracteristic Advances on the Taxon | |
| 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 website at www.cityofis.net . | W ZONING FORM. Zoning forms located on |
| | - |
| FEE CALCULATION (please check those that apply): | |
| X \$50 Business License Fee (base fee) | |
| Penalty for delinquent license is 5% per month not to exceed 25% (in | s delinquent 60 days after expiration) |
| 460 Total fee | |
| I declare under penalty of perjury that to the best of my knowledge and belief the stat | rements made herein are true and correct. |
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| Company of the Compan | (J) 20 / 20 |
| Signatule of Owner(s) or Corporation Agent/Owner Title | Date |
| | approves the use of land as regulated under |
| The filing of this application or the granting of a business license neither confirms nor of the provisions of the zoning code, and is further subject to all applicable federal, state specific occupations and businesses. Payment by Check – make check payable to City of | and local laws and regulations which apply to |
| the provisions of the zoning code, and is further subject to all applicable federal, state | and local laws and regulations which apply to |
| the provisions of the zoning code, and is further subject to all applicable federal, state | and local laws and regulations which apply to if Lee's Summit. |