

TAXATION DIVISION
PO BOX 3666
JEFFERSON CITY, MO 65105-3666



Missouri
DEPARTMENT OF REVENUE

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

ABSOLUTE SALON
19013 E RINGO CIR
INDEPENDENCE, MO 64057-1409

DATE: 06/16/2020
VALID THROUGH: 09/16/2020
LEE'S SUMMIT

CERTIFICATE OF NO TAX DUE

MISSOURI ID: 20792794
Notice Number 2014844234

To Whom It May Concern: The Department of Revenue, State of Missouri, certifies the above listed taxpayer has filed all required returns and paid all sales or withholding tax due, including penalties and interest, and does not owe any sales and withholding tax, as of June 15, 2020. 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 License Renewal

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

 ABSOLUTE SALON
 Licensing
 19013 E RINGO CIR
 INDEPENDENCE, MO 64057

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: 236 NW OLDHAM PKWY LEES SUMMIT, MO 64081
 Business E-Mail Address: maryann_salonji@yahoo.com
 Legal Name of Business: (If different than DBA):
 Type of Organization: Retail
 Business Classification: 800 Beauty Shop/Manicurist/Foot Reflexologist

Renew on-line communications email address: maryann_salonji@yahoo.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
8162467467	8168204726	

Contact Information :

Primary	Secondary	Emergency
MARY ANN RODRIGUEZ, Address:19013 E RINGO CIR, Phone:(816) 820-4726		

(Continued on back page)

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

Salon

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 20792794

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 - 1650

Employee Headcount for this location:

Full Time:

Part Time: 4

Temporary:

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 20792794

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):

X \$50 Business License Fee (base fee)

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

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 Mary Ann Roelzig
Signature of Owner(s) or Corporation Agent/Owner

x Owner
Title

06/18/2020
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.

FOR OFFICE USE ONLY

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