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.cityofls.net

ENCOMPASS MEDICAL GROUP Licensing 615 SW 3RD ST LEES SUMMIT, MO 64063

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:

615 SW 3RD ST LEES SUMMIT, MO 64063

Business E-Mail Address::

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: ____CSouthGencompasSM (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
8165243799		9134953727

Contact Information:

Primary	Secondary	Emergency
CHRISTINE SOUTH, Phone:(816) 524-3799	HERBERT DEMPSEY, Phone:(816) 260-0568	Chris South (816) 591-5511

(Continued on back page)

Medicu	eneral description or scope of work for your business: 1 Office
F DOING ANY RETAI	L SALES (provide copy of current no sales tax due letter) -
For businesses ph	ysically located in Lee's Summit this section <u>MUST</u> be completed*
Has your Physical	Address changed over the last year? Y or N (If yes complete Zoning Approval Form)
Is husiness locate	ed in a Lee's Summit Commercial area or Residential? (circle)
Do you have an in	trusion alarm vor N (circle)
Total Building Squ	uare Footage - 6784
	ount for this location:
	AIL SALES (provide copy of current no sales tax due letter) -
IF PHYSICAL ADDR	ESS HAS CHANGED WITHIN LEE'S SUMMIT, PLEASE SUBMIT A NEW ZONING FORM. Zoning forms located on tyofls.net.
X S I declare under pen X Signature of Owner The filing of this applications of the	(please check those that apply): \$500 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 **Rational Corporation Agent/Owner** Title **Date** **Date** **Date** **Delication or the granting of a business license neither confirms nor approves the use of land as regulated under the zoning code, and is further subject to all applicable federal, state and local laws and regulations which apply to
the provisions of the specific occupation FOR OFFICE USE O	ONLY