



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](http://www.cityofls.net)

JOSEPH SYMES CHIROPRACTIC LLC  
Licensing  
400 SW LONGVIEW BLVD, Unit 160  
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: 400 SW LONGVIEW BLVD 160 LEES SUMMIT, MO 64081  
Business E-Mail Address:: DR.JOE@REJUVENATEKC.COM  
Legal Name of Business: (if different than DBA):  
Type of Organization: Health  
Business Classification: 1700 Chiropractor  
300 Hospitals/Clinics/Dr Office

Renew on-line communications email address: DR.JOE@REJUVENATEKC.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
8167613944	8168100932	8665663002

#### Contact Information :

Primary	Secondary	Emergency
<del>KELLY THOMAS, Phone: (816) 761-3944</del> JOE SYMES PHONE: 816-810-0932	SCOTT SYMES, Address: 400 SW LONGVIEW BLVD, STE 160, Phone: (816) 761-3944	<del>KELLY THOMAS, Phone: (816) 761-3944</del> JOE SYMES 816-810-0932

(Continued on back page)

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

CHIROPRACTIC CARE

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 20875223

\*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 - 1400

Employee Headcount for this location:

Full Time: 2

Part Time:

Temporary:

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 20875223

IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S SUMMIT, PLEASE SUBMIT A NEW ZONING FORM. Zoning forms located on website at [www.cityofls.net](http://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)

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

X PRESIDENT  
Title

7/28/20  
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.*

FOR OFFICE USE ONLY

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