



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)

RAINTREE PEDIATRICS  
Licensing  
995 SW 34TH ST  
LEES SUMMIT, MO 64082

#### 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: 995 SW 34TH ST LEES SUMMIT, MO 64082  
Business E-Mail Address:: JBROWN@LSPHYSICIANS.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: jbrown@Lsp Physicians.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
8165254700	8167293851	8165252697

Contact Information :

Primary	Secondary	Emergency
JODY BROWN, Phone:(816) 524-3223 Ext:150	MATTHEW HORNING, Address:1425 NW BLUE PKWY, Phone:(816) 524-3223 Ext:148	JODY BROWN, Phone:(816) 524-3223 Ext:150

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

Medical facility seeing pediatric patients

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 - 9100

Employee Headcount for this location:

Full Time: 29

Part Time: 5

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 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)

\_\_\_\_\_ 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.

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

x Director  
Title

8/19/2020  
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 # \_\_\_\_\_