LEE'S SUMMIT
MISSOURI

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

AXIS CHIROPRACTIC AND WELLNESS LLC/YOUR BALANCED BODY LLC
Licensing
664 SE BAYBERRY LN, Unit 102
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: 664 SE BAYBERRY LN 102 LEES SUMMIT, MO 64063
Business E-Mail Address:: BOBBI@YOURHEALTHBALANCEKC.COM
Legal Name of Business: (if different than DBA): Your Balanced Body, LLC
Type of Organization: Massage Therapist
Business Classification: 1200 Massage Therapist

Renew on-line communications email address: bobbi@yourhealthbalancekc.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
9136365631		

Contact Information :

Primary	Secondary	Emergency
BOBBI BROWN, Address:902 WILDWOOD DR, Phone:(913) 636-5631		

(Continued on back page)

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

Massage Therapy

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 - 2500

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 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 _____ X Owner/therapist 08/25/2020
Signature of Owner(s) or Corporation Agent/Owner **Title** **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 # _____

State of Missouri

Department of Insurance, Financial Institutions and Professional Registration
Division of Professional Registration
Missouri Board of Therapeutic Massage

Massage Therapist

VALID THROUGH JANUARY 31, 2021
ORIGINAL CERTIFICATE/LICENSE NO. 2014022480

BOBBI J BROWN

EXECUTIVE DIRECTOR

DIVISION DIRECTOR