

\*new  
Address



Expiration date: 03/31/2020

### 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)

DYER OIL GRAPHICS  
Licensing  
~~1001 SW LEA DR~~  
LEES SUMMIT, MO 64081

226 SE Douglas St Suite 201

#### 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: ~~1001 SW LEA DR LEES SUMMIT, MO 64081~~  
Legal Name of Business: (if different than DBA):  
Type of Organization: Service  
Business Classification: 800 Marketing/Advertising/Consulting/Manuf Rep  
800 Engineer/Drafter/Architect/Surveyor/Planner/Design

E-Mail Address: RONNIE@DYEROIL.COM

Business Phone Numbers:

MAIN:	816 434 5000	CELL:	816 838 1959	FAX:	
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	Primary	Seconday
Contact Names	Ronnie Dyer	Rachel Dyer
Address	226 SE Douglas St #201	
City, State, Zip	Lee's Summit MO 64063	
Emergency Contacts (if different)		
Phone Number	816 838 1959	720 840 9569

\*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 -

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

(Continued on back page)

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

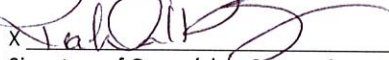
FEE CALCULATION (please check those that apply):

\_\_\_\_\_ \$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 of Owner(s) or Corporation Agent/Owner

X owner  
Title

5/29/20  
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

4/1/20 to 3/31/21 Fee Remitted \$ 50<sup>00</sup> License # LC800170240