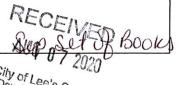
8/1/20-7/31/21

### **Business License Application**

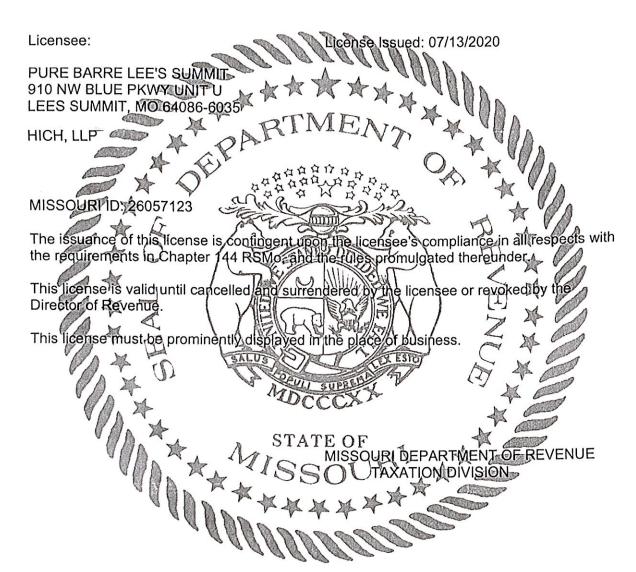
220 SE Green Street Lee's Summit, MO 64063 Phone 816.969.1220 / Fax 816.969.1221 / www.cityofls.net



PLEASE NO	TIFY US IF YOU DISC	ONTINUE YOUR BUSINI	Developmen	5,500
Date 08 / 05 /2020 New Business	(Y/N) <u>Y</u>	In business since New	Developmen	Center
Pure Barre Lee's Summit  Common/Preferred Name of Business (DBA)  LSPB LLC  Legal Name of Business (if different than DBA)				
Physical Business Address:				
910 NW Blue Pkwy Unit U <sup>Address</sup>	<u>Lee</u> City	's Summit	State	64086-6035 Zip
816-874-0550 ( ) Business Address Phone # Cell #	( ) Fax #	Lee		parre.com
Mailing Address: (if different from Physical Address)				
Contact Name for Mailing Address: Rachel Hilton		DBA 🗆 Legal Nam	e ø Other <u>Rachel F</u>	Hilton
25601 SW Cowherd Rd Address	Blue	Springs		64015 Zip
( )	( ) Fax #		il	
Contacts:				
■ Primary Contact: Rachel Hilton		Owner		
Name		Title (Owner/Corp.	Agent/Applicant)	
25601 SW Cowherd Rd		e Springs	<u>MO</u> _	64015
Address	City		State	Zip
( ) 720-378-3062	()		ilton@purebarre.	com
Phone # Cell #	Fax#	Ema	II	
Date of Birth 03 /17 /1993 112A0240  MM DD YY Driver's License		MO State Issued		
Secondary Contact:				
Name		Title (Owner/Corp.	Agent/Applicant)	
( ) ( )	()			
Phone # Cell #	Fax #	Ema	il .	
Type of Organization (check one):   Individual	☐ Partnership ☐	Corporation 🗹 LLC	□ Other	
Please complete this secti	on if your busines	s is physically located	l in Lee's Summit.	
Check if applicable: This is a change in  business now business located in a Lee's Summit commercial area is business located in a Lee's Summit residence?  Do you have an intrusion alarm?  Total Building Square Footage 1687  All applicants who make retail sales must submit a Missibnan 90 days before date of business license application Employee Headcount for this location: Full T	N/X (if Y please co X/Y (if Y please co X/Y (if Y please co Missouri Stat souri Department of R n/renewal. MDR can b ime 5 Pai	omplete a Commercial Zonomplete a Home Occupation of the English o	on Zoning Approval for gistration application) 7123  Fax Due with a date of 3. porary	
Please provide a general description or scope of work f Boutique Fitness Studio	or your business (i.e. e	lectrical contractor, docto	r, retail store, etc.):	

Category	NAICS Code	Category	NAICS Code
Animal Services	81	Massage Therapy Establishment	81
Automobile Body/Repair Shop/Car Wash	81	Motel/Hotel indicate # of rooms	72
Automobile Sales	81	Nursery, Greenhouse	44-45
Bail Bondsperson	81	Pay Day/Title Loan	52
Bank, Credit Union, Finance Company	52	Precious Metal Dealer/Pawnbroker	81
Contractor - Class A, B, C, or D	23	Real Estate Rental and Leasing	53
Contractor - Other	23	Recreation Business - Indoor/Outdoor	71
Day Care Provider - General (7-12)	81	Rental and Leasing	53
Day Care Provider - Limited (1-6)	81	Restaurant and Food Service	72
Drinking Establishment	72	Retail	44-45
Drinking Establishment Funeral Home	81	School, for profit	61
Gas Service Station & Convenience Store	81	Service Provider	81
Grocers	44-45	Service Provider with Retail Sales	44-45 or 81
Hospital, Nursing Home, Retirement Home, Health	62	Special Event	71
Insurance	52	Telephone Call Center	81
IT Services	54	Tow Service Provider	81
Landscaping-Mowing-Tree Trimmer	81	Transportation - Bus/Taxi/Limo/Rental Car	48-49
Liquor Store	44-45	Vending Machine	81
Manufacturing	31-33	Waste Management and Recycling Services	56
Massage Therapist (may/may not own business)	81	Wholesale Sales	42
<ul> <li>2. The City may convert to e-billing in the future for some busi         □ Yes − Business/Billing Email Address:     </li> <li>3. Lee's Summit locations: Who would be able to provide acce</li> </ul>		□ No	
Print names in order of preference to call first:			
	el#[720 <del>]378-3062</del>		
	el # (816) <u>-256-6854</u>		
c. NameT	el#( )	Alternate Tel # ( )	
CONTRACTOR LICENSING INFORM	MATION ***	*Contractors – please complete this section***	
U Class A – General Contractor: construct, remodel, demodel, Class B – Building Contractor: construct, remodel, demodel Class C – Residential Contractor: construct, remodel, demodel Class D – Mechanical Contractor: perform mechanical (U Class D – Electrical Contractor: perform electrical servicul Class D – Plumbing Contractor: perform plumbing servicul Please provide name of licensed representative (master	olish, repair any structur olish, repair all structure emolish, repair any singl HVAC) services ees ces ) to be licensed 	es not exceeding 3 stories in height	an almosification
☐ If renewal – provide 8 hours of CEU (please provide doc	cumentation of complet	ion) or include optional in fied of CEO fee of \$100.00 per ficen	se classification
FEE CALCULATION (please check those that apply):			
☐ \$25 Contractor License Fee (\$25 for each license cla	assification ie: Mechani	ical & Plumbing = \$50)	
☐ \$100 Contractor fee in lieu of completion of 8 hour	rs of annual continuing	education (CEU) for each license classification	
Penalty for delinquent license is 5% per mont	th not to exceed 25%		
<u>\$50</u> Total fee			
I declare under penalty of perjury that to the best of my know		atements made herein are true and correct.  \[ \frac{\sqrt{8}}{\text{Date}} / \frac{\sqrt{0}}{2} / \frac{2\text{2}}{2}	.0
The filing of this application or the granting of a business licens and is further subject to all applicable federal, state and local lacheck payable to City of Lee's Summit.			
FOR OFFICE USE ONLY - License Effective from $8/1/2$	Q. 7, 31, 200	e Remitted $50^{00}$ License # $C00200$	535

# State of Missouri Missouri Retail Sales License



This business is registered INSIDE the city limits of LEE'S SUMMIT in JACKSON COUNTY and you are liable to collect and remit all applicable state and local sales taxes.

This license is not assignable or transferable.

#### CERTIFICATE OF NO TAX DUE

RE: Notice Number 2015418831 MISSOURI ID: 26057123

To whom it may concern: The Department of Revenue, State of Missouri, certifies that the above listed taxpayer/account has filed all required returns and paid all SALES TAX due, including penalties and interest, or does not owe any SALES TAX, according to the records of the Missouri Department of Revenue, as of 07/13/2020. These records do not include returns that are not required to be filed as of this date for taxes previously collected or that have been filed but not yet processed by the Department.

This statement only applies to SALES TAX due and does not limit the authority of the Director of Revenue to assess, or collect liabilities under appeal, in default of an installment agreement entered into with the Director of Revenue or that become known to the Department as a result of an audit, a review of taxpayer's records, or a determination of successor liability.

THIS CERTIFICATE REMAINS VALID FOR 90 DAYS FROM THE ISSUANCE DATE.

**TAXATION DIVISION** 

## Business Address (Administrative Us

### **ZONING APPROVAL**

FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

	/ LXOLI I HOWL OU	OOIATIONO	
DATE:	8/6/20		
APPLICANT:	Rachel Hilton		
BUSINESS NAME:	Pure Barre Cycle B	ar	
ADDRESS:	910 NW Blue Prusy U.	it utw	
TYPE OF BUSINESS:	Fitness Studio		
TELEPHONE:	720-378-3062	ZONING DISTRICT:(To be completed	ted by the Planning Dept.)
	NEW BUSINESS	CHANG	E OF ADDRESS
	CHANGE OF OWNERSHIP		
If applicable, what type	of business previously occupied t	he space? (Include name d	of business if known)
	usly occupied space, are there and radditions proposed? If so, ple		
OCCUPANTIONAL/EFOR FINAL PROCESCITY HALL.  NOTE: This form is reand issuance of a temporary in the control of t	ZONING APPROVAL FOR BUSINESS LICENSE APPLICES SING IN THE FINANCE DEPARTMENT OF THE PROPERTY O	ARTMENT AT LEE'S Seapplication for an occupation is within the	onal/business license e limits of the City of
BOO PLICANT SI	GNATURE	APPROVED BY:  DEPT. OF PL	ANNING & DEV.
performing ar	ermits are required prior to ny framing, mechanical, lumbing alterations or	CODES ADM	MINISTRATION  PARTMENT