



Expiration date: 12/31/2019

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

RED DOT STORAGE 79 LEE' S SUMMIT LLC
 Licensing
 248 CENTENNIAL PKWY STE 100
 LOUISVILLE, CO 80027

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: 1200 NW SLOAN ST LEES SUMMIT, MO 64086
 Legal Name of Business: (if different than DBA):
 Type of Organization: Rentals/Leasing
 Business Classification: 800 Moving/Storage/Warehouse

E-Mail Address: SUZANNE@REDDOTSTORAGE.COM

Business Phone Numbers:

MAIN:	303-749-0377	CELL:		FAX:	
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	Primary	Secondary
Contact Names	Suzanne Biesendorfer	
Address	248 Centennial Pkwy Suite 100	
City, State, Zip	Louisville, CO 80027	
Emergency Contacts (if different)		Emergency Contact: Jason Turner
Phone Number	303-749-0377	303-910-4731

*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 - 34,225

Employee Headcount for this location: 0
 Full Time:
 Part Time:
 Temporary:

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

IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S SUMMIT, PLEASE SUBMIT A NEW ZONING FORM. Zoning forms located on website at www.cityofls.net.

(Continued on back page)

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

Self Storage Facility

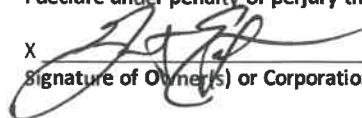
FEE CALCULATION (please check those that apply):

\$50.00 \$50 Business License Fee (base fee)

\$12.50 Penalty for delinquent license is 5% per month not to exceed 25% (is delinquent 60 days after expiration)

\$62.50 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  X Managing Director 9 / 22 / 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 # _____