Expiration date: 01/31/2021



Business License Renewal

220 SE Green Street Lee's Summit, MO 64063 Phone 816.969.1220 / Fax 816.969 1221 / www.cityofls.net

LIBATIONS & COMPANY Licensing 23 SE 3RD ST 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:

23 SE 3RD ST LEES SUMMIT, MO 64063

Business E-Mail Address:: SETH@GIVEDRINK.COM

Legal Name of Business: (if different than DBA): LIBATIONS LLC

Type of Organization:

Retail

Business Classification:

900 Liquor Stores

400 Furniture

	ions email address: Seth@9ive, you must provide an email above. This email address person that is responsible for Business Licenses/Rene	
Primary	Cell	Fax
8164345770	816-729-1563	

Contact Information:

Primary	Secondary	Emergency				
SETH ALLEN, Address:23 SE 3RD ST, Phone:(816) 729-1563						

(Continued on back page)

Please provide a general description or scope of v	work fo	r you	busii	ness:						
RETAIL SALES OF SPIRE	TS			3-1						
F DOING ANY RETAIL SALES (provide copy of curr	ent no	sales	s tax (due let	ter) - 2	326219	2			
*For businesses physically located in Lee's Sumr										
Has your Physical Address changed over the last	vear? Y	or N	(If ye	s com	olete Z	oning Ap	proval	Form)		
Is business located in a Lee's Summit Commercia	al area o	or Res	identia	l? (cire	cle)					- 1
Do you have an intrusion alarm? Y or N (circle)										9
Total Building Square Footage - 1053										1
Employee Headcount for this location:										1
Full Time: 1										1
Part Time:										1
Temporary:										l l
IF DOING ANY RETAIL SALES (provide copy of current IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S website at www.cityofls.net .	SUMMI	IT, PLE	ASE S	JBMIT	A NEW	ZONING	FORM. Z	Zoning fo	orms located	on
FEE CALCULATION (please check those that apply): X\$50 Business License Fee (base fee					/ /:-	1.10	-• E0 da	uc after	expiration)	
Penalty for delinquent license is 5%	per mo	onth n	ot to e	xceed	25% (15	delinque	int oo da	ys arrer		
Total fee								•		-a-
declare under penalty of perjury that to the best of r	ny knov	vledg	e and l	oelief t	he state	ements r	nade her	ein are t	true and cor	1ect.
Sett all	X	Pa	ZES	IDE	MT				12/2	4 203
ignature of Owner(s) or Corporation Agent/Owner	Title	•							Date	
The filing of this application or the granting of a busing the provisions of the zoning code, and is further subject specific occupations and businesses. Payment by Check						Mary Control of the C		of land o d regula	as regulated tions which	d under apply to
FOR OFFICE USE ONLY License Effective from	/_	/_		_ Fee	Remitt	ed \$	_ Licen	se#		