



Expiration date: 02/28/2020

Business License Renewal

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

CADUCEUS USA
Licensing
535 N CENTRAL AVE
HOPEVILLE, GA 30354

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: 805 NE RICE RD LEES SUMMIT, MO 64086
Legal Name of Business: (if different than DBA): CADUCEUS OCCUPATIONAL MEDICINE LLC
Type of Organization: Health
Business Classification: 300 Hospitals/Clinics/Dr Office

E-Mail Address: ~~GRACE.LEGENDRE@CADUCEUSUSA.COM~~

Business Phone Numbers: ~~FINANCE AP @ CADUCEUSUSA.COM~~

MAIN:	404-761-4040	CELL:		FAX:	
-------	--------------	-------	--	------	--

	Primary	Seconday
Contact Names	DR. STEPHEN DAWKINS	
Address	535 N. CENTRAL AVE.	
City, State, Zip	HAPEVILLE, GA 30354	
Emergency Contacts (if different)		
Phone Number		

*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 - 2000

Employee Headcount for this location:

Full Time: **3**

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.

(Continued on back page)

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

OCCUPATIONAL MEDICINE / PREVENTIVE INJURY

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)

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 [Signature]
Signature of Owner(s) or Corporation Agent/Owner

X MEDICAL DIRECTOR
Title

3,30,21
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 #