

Business License Renewal

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

 EXOS Physical Therapy and Sports Medicine
 Licensing
 2861 NE INDEPENDENCE AVE ~~UNIT 102~~ ^{Suite 104}
 LEES SUMMIT, MO 64064

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: 2861 NE INDEPENDENCE AVE ^{Suite 104} LEES SUMMIT, MO 64064
 Business E-Mail Address:: DEVON.ELLIS@TEAMEXOS.COM
 Legal Name of Business: (if different than DBA): Boost Sports Performance, LLC
 Type of Organization: Health
 Business Classification: 600 Fitness/Tanning/Nutrition/Exercise

Renew on-line communications email address: _____

(If you would like to renew on-line, you must provide an email above. This email address could be different than the Business Email Address. This email address is the person that is responsible for Business Licenses/Renewals at your place of business- Further Instructions included)

Business Phone Numbers :

Primary	Cell	Fax
6023204391 816-272-8538		816-272-8539

Contact Information :

Primary	Secondary	Emergency
Travis Neff, Address:2105 Kara Court, Phone:(816) 377-5141	BOOST SPORTS PERFORMANCE LLC, Address:2105 KARA COURT STE A-1, Phone:(816) 524-1442	Travis Neff, Address:2105 Kara Court, Phone:(816) 377-5141

(Continued on back page)

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

Physical Therapy

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

*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: X 4

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.

FEE CALCULATION (please check those that apply):

X \$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 Traus Nell
Signature of Owner(s) or Corporation Agent/Owner

X OWNER
Title

4 / 6 / 2021
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 #