Expiration date: 02/28/2021



Business License Renewal

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

BROWS BY MACE Licensing 1160 NE DOUGLAS ST LEES SUMMIT, MO 64086

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: 1160 NE DOUGLAS ST LEES SUMMIT, MO 64086

Business E-Mail Address:: INFO@VISION1SALONS.COM

Legal Name of Business: (if different than DBA): Brows by Mace

Type of Organization:

Service

Business Classification: 800 Beauty Shop/Manicurist/Foot Reflexologist

Business Phone Numbers:

Primary	Cell	Fax
8168001114	8165000877	

Contact Information:

Primary	Secondary	Emergency
Macee Mosier, Address:1725 N Millburn Avenue		Macee Mosier, Address:1725 N Millburn Avenue

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Please provide a general description or scope of work for your business:
Esthetician services
IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 84-51213347
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*For businesses physically located in Lank Committee on the Automorphism of the state of
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? or N (circle)
Total Building Square Footage -
Employee Headcount for this location:
Full Time: 1 Part Time:
Temporary:
IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 84-51213347
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)
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.
M - M
X / W / W X BY MALE Date Signature of Owner(s) or Corporation Agent/Owner Title
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 #