

Business License Renewal

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

AMERICAN TOWER MANAGEMENT LLC #00036075 Licensing **10 PRESIDENTIAL WAY** WOBURN, MA 01801

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: 1059 NW BLACK TWIG LN LEES SUMMIT, MO 64081 Business E-Mail Address:: ATCLICENSES@AMERICANTOWER.COM Legal Name of Business: (if different than DBA): Type of Organization: Service Please provide your NAIC Code:

Α iense o i o 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) ****IMPORTANT!** If you would like to **RENEW** your Business License online, please visit https://devservices.cityofls.net/renew-business-license.html for instructions.

Business Phone Numbers :

	Primary	Cell	Fax
7819264744			

Contact Information :

Primary	Secondary		Emergency	
* KYLE GEISELMAN, Address:10 PRESIDENTIAL WAY, Phone:(781) 926-4744		et or	perations pt	enter

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

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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 y	year? Y on (If yes complete Zoning Approval Forr	n)
Is business located in a Lee's Summit Commercial	l 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:		
Part Time:		
Temporary:		
IF DOING ANY RETAIL SALES (provide copy of current i	no sales tax due letter) -	
IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S S website at <u>www.cityofls.net</u> .	SUMMIT, PLEASE SUBMIT A NEW ZONING FORM. Zonir	ng forms located on
FEE CALCULATION (please check those that apply):		
X \$50 Business License Fee (base fee)		
		· ·· ·
Penalty for delinquent license is 5% p	per month not to exceed 25% (is delinquent 60 days aft	er expiration)
Total fee		
I declare under penalty of perjury that to the best of m	y knowledge and belief the statements made herein ar	e true and correct.
, ms	x Authorized Representative	, ,
Signature of Owner(s) or Corporation Agent/Owner	Title	// Date
Signature of Owner(3)-of Corporation Agent/Owner	inte	Date
The filing of this application or the granting of a busine.	ss license neither confirms nor approves the use of land	d as regulated under
the provisions of the zoning code, and is further subject	to all applicable federal, state and local laws and regu	-
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 #

Power of Attorney

NOTICE IS HEREBY GIVEN THAT American Tower Corporation. the "Company"), a Corporation formed under the laws of Delaware, does hereby appoint C T Corporation System ("CT") and its affiliates and subcontractors, and CT's and each relevant affiliate's or subcontractor's employees and contract personnel (but only for so long as each of them, respectively, remains an employee or contractor of CT, CT's affiliate or such subcontractor) as attorney-in-fact for the Company to act for the Company and its affiliates listed on Exhibit A hereto (if any), specifically incorporated herein by reference ("the Affiliates"), in the Company's and the Affiliates' names for the limited purposes authorized herein.

The Company and each of the Affiliates hereby grants its attorney-in-fact the power to execute the documents necessary to file annual reports, annual registrations, business license filings/renewals, assumed name filings/renewals, and forms of similar import on behalf of the Company and the Affiliates in any state of the United States and in the District of Columbia.

This Power of Attorney expires when revoked by the Company.

IN WITNESS WHEREOF the undersigned have executed this Power of Attorney on
the 27 day of <u>JANUATRV</u> 2020.
Date Month Year
Signature
Name, Title Kyle Geiselman Sr. Director Financial Support/Services
Sworn to and subscribed before me this 27 day of <u>JANUAPU</u> , 20.20 .
Date Month Year
Signature of Notary MULA K Kanto
Notary Public, State of MP
State
LAURA R. SCAFATI
Commission Expires: 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
M/D/YYYY May 18, 2023
May 15, 2023