

Expiration date: 05/31/2021

**LEE'S SUMMIT MISSOURI**  
Business License Renewal  
220 SE Green Street  
Lee's Summit, MO 64063  
Phone 816 969 1220 / Fax 816 969 1221 / [www.itsmofls.net](http://www.itsmofls.net)

SUMMIT MESSAGE AND WELLNESS  
Licensing  
208 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: 208 SE 3RD ST LEES SUMMIT, MO 64063  
Business E-Mail Address: LORNA@SUMMITMESSAGEWELLNESS.COM  
Legal Name of Business: (if different than DBA)  
Type of Organization: Message Facility  
Please provide NAIC Code:

Renew on-line communications email address: lorna@summitmessagewellness.com  
(If you would like to renew on-line, you must provide an email above. This email address must 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 <http://itsmofls.net/renew-business-license.html> for instructions.

Business Phone Numbers:

Primary	Cell	Fax
8166004421	8167973925	

Contact Information:

Primary	Secondary	Emergency
LORNA HOOPER, Address 2105 CHEROKEE DR, Phone (816) 797-3925		

(Continued on back page)

Please provide a general description or scope of work for your business:  
Massage 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: \_\_\_\_\_  
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 website at [www.itsmofls.net](http://www.itsmofls.net)

**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 aft  
\_\_\_\_\_ 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.  
LORNA HOOPER Owner  
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 any premises for the purposes of the zoning code, and is further subject to all applicable federal, state and local laws and regulations specific to 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 # \_\_\_\_\_