LEE'S SUMMIT

Men 6/21 205-3122

Business License Application

220 SE Green Street Lee's Summit, MO 64063

Phone 816.969.1220 / Fax 816.969.1221 / www.cityofls.net

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	PLEASE NOTIFY US IF Y	OU DISCONTINUE YOU	IR BUSINESS.	JUN 2 1 2021
Date <u>06 121 121</u>	New Business (Y/N)	In business since	e	Davelopment Commit
MM DD YY		The	Social	October Sommit
Common/Preferred Name of Business (DBA)	Legal Name of B	Business (if different th	an DBA)
Physical Business Address:	Allh			10 1 1 X C/
Address	Garlam	privy lees	Summit	$\frac{\text{YN}}{\text{State}}$ $\frac{\text{G4081}}{\text{Zip}}$
	t 11.	City .	Walli	CUPP amoul
Business Address Phone # Cell #	(Fa) x#	Email	Svew grunt
Mailing Address: (if different from Ph	ysical Address)		U	
Contact Name for Mailing Address:		DBA 🗆	Legal Name □ Other _	*
3				
Address		City		State Zip
() () Mailing Address Phone # Cell #	(Fa:) × #	Email	
Contacts:	14/11	,	€.	
■ Primary Contact: Alor	ie Wadle	(Swher	
3907 SW Wan	d Rd.	Lees Sun	vner/Corp. Agent/Appl	MU 64082
Address	// \	City	Mall	State Zip
(8)6) 728-0033 ()_ Phone # Cell #	(Fa)	<u> </u>	ISUE OF GRAN-COM
Date of Birth 0/10/186	T201177013	40		,
	Driver's License #	State Issued	=	
■ Secondary Contact:	900000000000000000000000000000000000000			
ALA A ASS NETGET WILL I	The contractor	Title (Ow	ner/Corp. Agent/Appl	icant)
(A)49/49/	()		
'PKohe'#* Cell#	Fa	K #	Email	
Type of Organization (check one):	□ Individual □ Partner	ship Corporation	LLC 🗆 Other	
Please compl	ete this section if your	business is physicall	y located in Lee's	Summit.
Check if applicable: This is a change in		The state of the s	physical business add	
Is business located in a Lee's Summit co Is business located in a Lee's Summit re		Y please complete a <u>Comr</u> Y please complete a Hom e		
Do you have an intrusion alarm?		Y please complete a <u>nom</u> Y please complete an Alar	700 EX - 1 700 - 0x - 1 - 100	
Total Building Square Footage		ssouri State Sales Tax Nun		· · ·
All applicants who make retail sales mu	st submit a Missouri Depar	tment of Revenue Statem	ent of No Tax Due wi	th a date of issuance not more
than 90 days before date of business lic	NT A1	TOTAL PROCESSOR	The second secon	
Employee Headcount for this location:		Part Time	Temporary	
Please provide a general description or Harv Salon	scope of work for your busi	ness (i.e. electrical contra	ctor, doctor, retail sto	re, etc.):
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Category	NAICS Code	Category	NAICS Cod
Animal Services	81	Massage Therapy Establishment	81
Automobile Body/Repair Shop/Car Wash	81	Motel/Hotel indicate # of rooms	72
Automobile Sales	81	Nursery, Greenhouse	44-45
Bail Bondsperson	81	Pay Day/Title Loan	52
Bank, Credit Union, Finance Company	52	Precious Metal Dealer/Pawnbroker	81
Contractor - Class A, B, C, or D	23	Real Estate Rental and Leasing	53
Contractor - Other	23	Recreation Business - Indoor/Outdoor	71
Day Care Provider - General (7-12)	81	Rental and Leasing	53
Day Care Provider - Limited (1-6)	81	Restaurant and Food Service	72
Drinking Establishment	72	Retail	44-45
Funeral Home	81	School, for profit	61
Gas Service Station & Convenience Store	81	Service Provider	81
Grocers	44-45	Service Provider with Retail Sales	44-45 or 8
Hospital, Nursing Home, Retirement Home, Health	62	Special Event	71
Insurance	52	Telephone Call Center	81
IT Services	54	Tow Service Provider	81
Landscaping-Mowing-Tree Trimmer	81	Transportation - Bus/Taxi/Limo/Rental Car	48-49
Liquor Store	44-45	Vending Machine	81
Manufacturing	31-33	Waste Management and Recycling Services	56
Massage Therapist (may/may not own business)	81	Wholesale Sales	42
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Business Address

ZONING APPROVAL

FOR ALL BUSINESSES .EXCEPT HOME OCCUPATIONS

DATE:	6/21/21	
APPLICANT:	Malorie Wa	de
BUSINESS NAME:	The Social Sa	ton and Spa
ADDRESS:	807 SW Oldtr	em plany
TYPE OF BUSINESS:	Hair Salon	
TELEPHONE:	(SI6) 728-0633	ZONING DISTRICT:
	EW BUSINESS	CHANGE OF ADDRESS
CH	HANGE OF OWNERSHIP	
If applicable, what type o	f business previously occupied th	ne space? (Include name of business if known)
	· · · · · · · · · · · · · · · · · · ·	
		y building structural, mechanical, plumbing or ase describe the nature of the alterations or
additions.		
3		
the time that the appropriate the same property and the same same	MANUS PROPERTY AND AN ANALYSIS AND ANAL	RM HAS BEEN SIGNED, AN
	JSINESS LICENSE APPLICA SING IN THE FINANCE DEPA	ATION AND FEE MAY BE ACCEPTED ARTMENT AT LEE'S SUMMIT, MISSOURI
CITY HALL.		
and issuance of a tempor	orary permit to operate if the bus	pplication for an occupational/business license iness location is within the limits of the City of within the city do not require this form.
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Myalow	Magal	6-21-21
APPLICANT SIG	INATURE	DEPT. OF PLANNING & DEV.
✓ If checked, per	mits are required prior to	
performing any	framing, mechanical,	CODES ADMINISTRATION
	umbing alterations or	
additions. PRIOM 2019 1295		FIRE DEPARTMENT