



Expiration date: 09/30/2021

### Business License Renewal

220 SE Green Street  
Lee's Summit, MO 64063  
Phone 816.969.1220 / Fax 816.969.1221 / [www.cityofls.net](http://www.cityofls.net)

Johnson Fitness and Wellness  
Licensing  
1600 Landmark Dr  
Cottage Grove, WI 53527

#### 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: 1744 NW CHIPMAN RD LEES SUMMIT, MO 64081  
Business E-Mail Address: logan.axne@johnsonfit.com  
Legal Name of Business: (if different than DBA): 2ndWind Exercise Equipment Inc D.B.A Johnson Fitness and Wellness  
Type of Organization: Retail  
Please provide your NAIC Code:

Renew on-line communications email address: retail.accounting@johnsonfit.com

(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
5155730641		

Contact Information :

Primary	Secondary	Emergency
Alan Egan, Address:1600 Landmark Dr, Phone:(515) 573-0641		Alan Egan, Address:1600 Landmark Dr, Phone:(515) 573-0641

(Continued on back page)

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

retail sales of home fitness equipment

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 19442262

\*For businesses physically located in Lee's Summit this section **MUST** be completed\*

Has your Physical Address changed over the last year? <u>Yes</u> (If yes complete Zoning Approval Form) - <u>Attached</u>
Is business located in a Lee's Summit <u>Commercial area</u> or Residential? (circle)
Do you have an intrusion alarm? <u>Y</u> or <u>N</u> (circle)
Total Building Square Footage - <u>3340</u>
Employee Headcount for this location:
Full Time: 2
Part Time:
Temporary:
IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 19442262
IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S SUMMIT, PLEASE SUBMIT A NEW ZONING FORM. Zoning forms located on website at <a href="http://www.cityofls.net">www.cityofls.net</a> .

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)

50.00 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.

Kara Clark  
Signature of Owner(s) or Corporation Agent/Owner

Controller  
Title

8/18/2021  
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 #

**ZONING APPROVAL**  
FOR ALL BUSINESSES  
EXCEPT HOME OCCUPATIONS

DATE: 08/18/2021  
APPLICANT: Luke DePrey  
BUSINESS NAME: Johnson Fitness & Wellness  
ADDRESS: 1740 NW Chipman Rd  
TYPE OF BUSINESS: Retail - fitness equipment  
TELEPHONE: 8162724105 ZONING DISTRICT: \_\_\_\_\_  
(To be completed by the Planning Dept.)

\_\_\_\_\_ NEW BUSINESS \_\_\_\_\_ **X** \_\_\_\_\_ CHANGE OF ADDRESS  
\_\_\_\_\_ CHANGE OF OWNERSHIP \_\_\_\_\_

If applicable, what type of business previously occupied the space? (Include name of business if known)  
N/A

If locating in a previously occupied space, are there any building structural, mechanical, plumbing or electrical alterations or additions proposed? If so, please describe the nature of the alterations or additions.

**AFTER THIS ZONING APPROVAL FORM HAS BEEN SIGNED, AN OCCUPANTIONAL/BUSINESS LICENSE APPLICATION AND FEE MAY BE ACCEPTED FOR FINAL PROCESSING IN THE FINANCE DEPARTMENT AT LEE'S SUMMIT, MISSOURI CITY HALL.**

NOTE: This form is required prior to acceptance of an application for an occupational/business license and issuance of a temporary permit to operate if the business location is within the limits of the City of Lee's Summit. New businesses with no physical location within the city do not require this form.



APPLICANT SIGNATURE

**APPROVED BY:**

DEPT. OF PLANNING & DEV.

☐ If checked, permits are required prior to performing any framing, mechanical, electrical or plumbing alterations or additions.

CODES ADMINISTRATION

FIRE DEPARTMENT

