

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

REGUS MANAGEMENT GROUP LLC
 Licensing
 251 LITTLE FALLS DRIVE
 WILMINGTON, DE 19808

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: 200 NE MISSOURI RD 200 LEES SUMMIT, MO 64064
 Business E-Mail Address:: RICHARD.BOTTING@REGUS.COM
 Legal Name of Business: (if different than DBA):
 Type of Organization: Rentals/Leasing
 Business Classification: 400 Apartments/Duplexes/Rental Houses/Shopping Center

Renew on-line communications email address: BI.compliance@cscglobal.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- Further Instructions included)

Business Phone Numbers :

Primary	Cell	Fax
9723402027		9723402097

Contact Information :

Primary	Secondary	Emergency
RICHARD BOTTING, Phone: (972) 340-2027 Winslow Taylor 214-295-3731 3000 Kellway Dr. Suite140 Carrollton, TX 75006	WINSLOW TAYLOR, Address: 15305 DALLAS PKWY STE 1400, Phone: (972) 340-2027 CSC Global 251 Little Falls Dr. Wilmington, DE 19808 800-927-9801	

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

Rents furnished office spaces to clients and telecom services/equipment to clients.

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 19044160

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 - 16554

Employee Headcount for this location:
 Full Time: 3
 Part Time:
 Temporary:

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 19044160

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):

\$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.

x Laura Lacey x Authorized Agent 09 / 08 / 21
 Signature of Owner(s) or Corporation Agent/Owner Title 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 # _____