



10/1/21 - 9/30/22

## Business License Application

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

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date 10/1/21 / 10/1/21 / 10/1/21 New Business (Y/N) Y In business since 10/1/21  
MM DD YY

Flawless Body

Common/Preferred Name of Business (DBA)

Legal Name of Business (if different than DBA)

### Physical Business Address:

Flawless Body 664 SE Bayberry Lane St. 104 Lees Summit mo 64063  
Address City State Zip

( ) Business Address Phone # ( ) Cell # ( ) Fax # ( ) Email bobbysurgork@yahoo

### Mailing Address: (if different from Physical Address)

Contact Name for Mailing Address: 203 E Woodland Ave ☐ DBA ☐ Legal Name ☐ Other Owner

203 E Woodland Ave Lee Jack MO 64070  
Address City State Zip

( ) Mailing Address Phone # ( ) Cell # ( ) Fax # ( ) Email

### Contacts:

■ Primary Contact: Bobby sue York Owner  
Name Title (Owner/Corp. Agent/Applicant)

203 E Woodland Ave Lee Jack MO 64070  
Address City State Zip

( ) Phone # ( ) Cell # ( ) Fax # ( ) Email

Date of Birth 3/24/78 1C00995006 KS  
MM DD YY Driver's License # State Issued

■ Secondary Contact: \_\_\_\_\_  
Name Title (Owner/Corp. Agent/Applicant)

( ) Phone # ( ) Cell # ( ) Fax # ( ) Email

Type of Organization (check one): ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Other \_\_\_\_\_

### Please complete this section if your business is physically located in Lee's Summit.

Check if applicable: This is a change in ☐ business name ☐ business ownership ☐ physical business address

Is business located in a Lee's Summit commercial area N (if Y please complete a **Commercial Zoning Approval form**)

Is business located in a Lee's Summit residence? N (if Y please complete a **Home Occupation Zoning Approval form**)

Do you have an intrusion alarm? N (if Y please complete an **Alarm User Registration** application)

Total Building Square Footage \_\_\_\_\_ Missouri State Sales Tax Number \_\_\_\_\_

All applicants who make retail sales must submit a **Missouri Department of Revenue Statement of No Tax Due** with a date of issuance not more than 90 days before date of business license application/renewal. MDR can be reached at 573.751.9268.

Employee Headcount for this location: 1 Full Time 0 Part Time 0 Temporary

Please provide a general description or scope of work for your business (i.e. electrical contractor, doctor, retail store, etc.):

Spa

1. Select Business License Category or NAICS code that best describes your business (choose one that applies)

Category	NAICS Code	Category	NAICS Code
<input type="checkbox"/> Animal Services	81	<input type="checkbox"/> Massage Therapy Establishment	81
<input type="checkbox"/> Automobile Body/Repair Shop/Car Wash	81	<input type="checkbox"/> Motel/Hotel indicate # of rooms _____	72
<input type="checkbox"/> Automobile Sales	81	<input type="checkbox"/> Nursery, Greenhouse	44-45
<input type="checkbox"/> Bail Bondsperson	81	<input type="checkbox"/> Pay Day/Title Loan	52
<input type="checkbox"/> Bank, Credit Union, Finance Company	52	<input type="checkbox"/> Precious Metal Dealer/Pawnbroker	81
<input type="checkbox"/> Contractor - Class A, B, C, or D	23	<input type="checkbox"/> Real Estate Rental and Leasing	53
<input type="checkbox"/> Contractor - Other	23	<input type="checkbox"/> Recreation Business - Indoor/Outdoor	71
<input type="checkbox"/> Day Care Provider - General (7-12)	81	<input type="checkbox"/> Rental and Leasing	53
<input type="checkbox"/> Day Care Provider - Limited (1-6)	81	<input type="checkbox"/> Restaurant and Food Service	72
<input type="checkbox"/> Drinking Establishment	72	<input type="checkbox"/> Retail	44-45
<input type="checkbox"/> Funeral Home	81	<input type="checkbox"/> School, for profit	61
<input type="checkbox"/> Gas Service Station & Convenience Store	81	<input checked="" type="checkbox"/> Service Provider	81
<input type="checkbox"/> Grocers	44-45	<input type="checkbox"/> Service Provider with Retail Sales	44-45 or 81
<input type="checkbox"/> Hospital, Nursing Home, Retirement Home, Health	62	<input type="checkbox"/> Special Event	71
<input type="checkbox"/> Insurance	52	<input type="checkbox"/> Telephone Call Center	81
<input type="checkbox"/> IT Services	54	<input type="checkbox"/> Tow Service Provider	81
<input type="checkbox"/> Landscaping-Mowing-Tree Trimmer	81	<input type="checkbox"/> Transportation - Bus/Taxi/Limo/Rental Car	48-49
<input type="checkbox"/> Liquor Store	44-45	<input type="checkbox"/> Vending Machine	81
<input type="checkbox"/> Manufacturing	31-33	<input type="checkbox"/> Waste Management and Recycling Services	56
<input type="checkbox"/> Massage Therapist (may/may not own business)	81	<input type="checkbox"/> Wholesale Sales	42

2. The City may convert to e-billing in the future for some business types. Will you opt-in to the e-billing program?

☒ Yes - Business/Billing Email Address: bbs@summitcc.org ☐ No

3. Lee's Summit locations: Who would be able to provide access to your building for City Emergency personnel?

Print names in order of preference to call first:

a. Name Bobby York Tel # (913) 980-5255 Alternate Tel # ( ) \_\_\_\_\_  
b. Name \_\_\_\_\_ Tel # ( ) \_\_\_\_\_ Alternate Tel # ( ) \_\_\_\_\_  
c. Name \_\_\_\_\_ Tel # ( ) \_\_\_\_\_ Alternate Tel # ( ) \_\_\_\_\_

**CONTRACTOR LICENSING INFORMATION**

**\*\*\*Contractors - please complete this section\*\*\***

Please select type of contractor license requested - \$25.00 annual contractor license fee for each Class

- ☐ Class A - General Contractor: construct, remodel, demolish, repair any structure  
☐ Class B - Building Contractor: construct, remodel, demolish, repair all structures not exceeding 3 stories in height  
☐ Class C - Residential Contractor: construct, remodel, demolish, repair any single family, duplex or townhouse structure  
☐ Class D - Mechanical Contractor: perform mechanical (HVAC) services  
☐ Class D - Electrical Contractor: perform electrical services  
☐ Class D - Plumbing Contractor: perform plumbing services  
☐ Please provide name of licensed representative (master) to be licensed \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
Email \_\_\_\_\_ Cell # ( ) \_\_\_\_\_  
☐ If renewal - provide 8 hours of CEU (please provide documentation of completion) or include optional in lieu of CEU fee of \$100.00 per license classification

**FEE CALCULATION (please check those that apply):**

- ☒ \$50 Business License Fee  
☐ \$25 Contractor License Fee (\$25 for each license classification ie: Mechanical & Plumbing = \$50)  
☐ \$100 Contractor fee in lieu of completion of 8 hours of annual continuing education (CEU) for each license classification

\_\_\_\_ Penalty for delinquent license is 5% per month not to exceed 25%

\_\_\_\_ 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.

Bobby York Signature of Owner(s) or Corporation Agent/Owner 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 10/1/21 to 9/30/22 Fee Remitted 50- License # LC81210782



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

DATE: 10 / 12 / 21  
APPLICANT: Boddy York  
BUSINESS NAME: Flawless Boddy  
ADDRESS: 664 SE Bayberry Lane Suite 104 Lee's Summit Missouri 64063  
TYPE OF BUSINESS: MedSpa  
TELEPHONE: 913-980-5205 ZONING DISTRICT: CP-1  
(To be completed by the Planning Dept.)

☒ NEW BUSINESS ☐ 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.

N/A

**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.

[Signature]  
APPLICANT SIGNATURE

APPROVED BY: [Signature]  
DEPT. OF PLANNING & DEV.

[Signature] \*  
CODES ADMINISTRATION

NA  
FIRE DEPARTMENT

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

\* Contingent upon completion of change of use permit.