

TAXATION DIVISION
PO BOX 3666
JEFFERSON CITY, MO 65105-3666



Missouri
DEPARTMENT OF REVENUE

Telephone: 573-751-9268
Fax: 573-522-1265
E-mail: taxclearance@dor.mo.gov

MCDONALDS
25525 WILDCAT LN
SEDALIA, MO 65301-1688

DATE: 01/07/2022
VALID THROUGH: 04/07/2022
LEE'S SUMMIT

CERTIFICATE OF NO TAX DUE

MISSOURI ID: 15922481
Notice Number 2026653636

To Whom It May Concern: The Department of Revenue, State of Missouri, certifies the above listed taxpayer has filed all required returns and paid all sales or withholding tax due, including penalties and interest, and does not owe any sales and withholding tax, as of January 6, 2022. This review does not include returns that are not required to be filed as of this date or that have been filed but not yet processed by the Department.

This statement only applies to sales and withholding tax due and is not to be construed as limiting the authority of the Director of Revenue to assess, or pursue collection of liabilities resulting from final litigation, default in payment of any installment agreement entered into with the Director of Revenue, any successor liability that may become due in the future, or audits or reviews of the taxpayer's records as provided by law.

THIS CERTIFICATE REMAINS VALID FOR 90 DAYS FROM THE ISSUANCE DATE.

TAXATION DIVISION



Expiration date: 02/28/2022

Business License Renewal

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

MCDONALDS
Licensing
3604 S GRAND AVE
SEDALIA, MO 65301

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: 901 NW CHIPMAN RD. LEES SUMMIT, MO 64063
Business E-Mail Address:: CHARLES.F.MARSHALL@PARTNERS.MCD.COM
Legal Name of Business: (if different than DBA): MARSHALLS INC
Type of Organization: Food
Please provide your NAIC Code:

Renew on-line communications email address: seth.fralay@us.stores.mcd.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
8165247239		

Contact Information :

Primary	Secondary	Emergency
JUSTIN KIRN, Address: 741 SW WINDSONG CIRCLE , Phone: (660) 460-0363 <u>1909 Cheyenne Ct.</u> <u>Greenwood, Mo 64034</u>	CHARLES MARSHALL, Address: 25520 WILDCAT LANE, Phone: (660) 473-4155	

(Continued on back page)

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

Restaurant

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 15922481

*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 - 5000 (approx.)

Employee Headcount for this location:

Full Time: 22

Part Time: 24

Temporary:

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 15922481

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):

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)

 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 Cassidy Marshall
Signature of Owner(s) or Corporation Agent/Owner

X Sec - Sec
Title

1/20/2022
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 #



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3604 S GRAND AVE
SEDALIA, MO 65301

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: 1809 SE BLUE PKWY LEES SUMMIT, MO 64063
Business E-Mail Address: ~~STEPHANIE.MARSHALL@PARTNERS.MCD.COM~~ *Stephani.marshall@partners.mcd.com*
Legal Name of Business: (if different than DBA): MARSHALLS INC
Type of Organization: Food
Please provide your NAIC Code:

Renew on-line communications email address: *Seth.Friley@us.stores.mcd.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
8165245463	6604731486	6608272837

Contact Information :

Primary	Secondary	Emergency
JUSTIN KIRN, Address: 741 SW WINDSONG CIRCLE , Phone: (660) 460-0363 <i>1909 Cheyenne Ct. Greenwood, MO 64034</i>	STEPHANI MARSHALL-RICE, Phone: (660) 473-1486	

(Continued on back page)

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

restaurant

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 15922481

*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 - 2,000 (approx.)

Employee Headcount for this location:

Full Time: 18

Part Time: 28

Temporary:

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 15922481

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):

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)

 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 Candace Marshall
Signature of Owner(s) or Corporation Agent/Owner

X Sec - Treas
Title

1/20/2022
Date

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MCDONALDS
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3604 S GRAND AVE
SEDALIA, MO 65301

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: 900 NE LANGSFORD RD LEES SUMMIT, MO 64086

Business E-Mail Address: ~~CHARLES.MARSHALL@PARTNERS.MCD.COM~~ *Charles.F.marshall@partners.mcd.com*

Legal Name of Business: (if different than DBA): MARSHALLS INC

Type of Organization: Food

Please provide your NAIC Code:

Renew on-line communications email address: *seth.fralay@us.stores.mcd.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
8162465156		

Contact Information :

Primary	Secondary	Emergency
ANDY ALDERMAN, Address: 959 NE 175 RD, Phone: (660) 422-1204 <i>Nick Crider</i> <i>Phone: 229-339-4244</i> <i>Address: 728 Shamrock Ln</i> <i>Warrensburg, MO 64093</i>	CHARLES MARSHALL, Address: 25520 WILDCAT LANE, Phone: (660) 473-4155	

(Continued on back page)

Restaurant

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

3200 (approx.)

Temporary:

IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S SUMMIT, PLEASE SUBMIT A NEW ZONING FORM. Zoning forms located on website at www.cityofls.net.

Total fee

Date: 1/20/2022

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SEDALIA, MO 65301

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: 125 SW M 150 HWY LEES SUMMIT, MO 64082
Business E-Mail Address:: CHARLES.F.MARSHALL@PARTNERS.MCD.COM
Legal Name of Business: (if different than DBA): MARSHALLS, INC
Type of Organization: Food
Please provide your NAIC Code:

Renew on-line communications email address: Seth.Fraley@us.stores.mcd.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
8165374312	6604734155	

Contact Information :

Primary	Secondary	Emergency
JUSTIN KIRN, Address: 741 SW WINDSONG CIRCLE , Phone: (660) 460-0363 1909 Cheyenne Ct. Greenwood, MO 64034	CHARLES MARSHALL, Address: 25520 WILDCAT LANE, Phone: (660) 473-4155	

(Continued on back page)

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

Restaurant

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 15922481

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 - 3100 (approx.)

Employee Headcount for this location:

Full Time: 15

Part Time: 29

Temporary:

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 15922481

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):

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)

_____ 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 Cassidy Marshall
Signature of Owner(s) or Corporation Agent/Owner

X Sec - Treas
Title

1/20/2022
Date

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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: 3275 SW 3RD ST LEES-SUMMIT, MO 64081
Business E-Mail Address:: STEPHANI.MARSHALL@PARTNERS.MCD.COM
Legal Name of Business: (if different than DBA): MARSHALLS INC
Type of Organization: Food
Please provide your NAIC Code:

Renew on-line communications email address: seth.fraley@us.stores.mcd.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)

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Business Phone Numbers :

Primary	Cell	Fax
8167614000		

Contact Information :

Primary	Secondary	Emergency
JUSTIN KIRN, Address: 741 SW WINDSONG CIRCLE 460-0363 <u>1909 Cheyenne Ct.</u> <u>Greenwood, MO 64034</u>	STEPHANI MARSHALL-RICE, Phone: (660) 473-1486	

(Continued on back page)

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

Restaurant

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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 - 3500 (approx.)

Employee Headcount for this location:

Full Time: 36 14

Part Time: 18

Temporary:

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 15922481

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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)

 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 Carolyn Marshall
Signature of Owner(s) or Corporation Agent/Owner

X Lee - Jess
Title

1/20/2022
Date

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