



Change
of address
only

Business License Application

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

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date 4/14/22
MM DD YY

New Business (Y/N) (N)

In business since 2017

#WAX
Common/Preferred Name of Business (DBA)

WAX LLC
Legal Name of Business (if different than DBA)

Physical Business Address:

813 NE Rice Rd.

Lee's Summit mo 64086
City State Zip

Address

(816) 590-7669
Business Address Phone #

(816) 590-7669
Cell #

()
Fax #

suongjameson@gmail.com
Email

Mailing Address: (if different from Physical Address)

Contact Name for Mailing Address: SAME

☐ DBA ☐ Legal Name ☐ Other

Address

City

State

Zip

()
Mailing Address Phone #

()
Cell #

()
Fax #

()
Email

Contacts:

Primary Contact:

Suong Jameson
Name

owner
Title (Owner/Corp. Agent/Applicant)

2509 NE Indian Pt.

Lee's Summit

mo

64086

Address

()
Phone #

(816) 590-7669
Cell #

()
Fax #

suongjameson@gmail.com
Email

4/22/85
Date of Birth
MM DD YY

L203198025
Driver's License #

MO
State Issued

Secondary Contact:

Adam Jameson
Name

Applicant
Title (Owner/Corp. Agent/Applicant)

()
Phone #

(816) 260-0175
Cell #

()
Fax #

dr.adamjameson@mc.com
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/Y (if Y please complete a **Commercial Zoning Approval form**)

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

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

Total Building Square Footage 1400 Missouri State Sales Tax Number 26869152

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 2 Part Time 0 Temporary

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

waxing salon - full body waxing services (estheticians)

(continued on next page)

ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE: 4-14-22
APPLICANT: Joong Jameson
BUSINESS NAME: #WAX (WAX LLC)
ADDRESS: 813 NE Rie Rd. Lee's Summit, MO 64086
TYPE OF BUSINESS: Full Body Waxing Salon
TELEPHONE: 816 590 7669 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)

Hair Salon - Fantastic Sams

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.

Contractor changed some plumbing (installed bathroom)
and new electrical run, new walls (interior). All
work has been submitted through city and either been
inspected or scheduled for inspection.

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.

X [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. PR6042022 0820

Business Address
(Administrative Use)

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

WAX LLC
1332 NE WINDSOR DR
LEES SUMMIT, MO 64086-8477

DATE: 04/14/2022
VALID THROUGH: 07/13/2022
LEE'S SUMMIT

CERTIFICATE OF NO TAX DUE

MISSOURI ID: 26869152
Notice Number 2029538568

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 April 13, 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