



Expiration date: 06/30/2022

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

JOSEPH SYMES CHIROPRACTIC LLC
 Licensing
 400 SW LONGVIEW BLVD, Unit 160
 LEES SUMMIT, MO 64081

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: 400 SW LONGVIEW BLVD 160 LEES SUMMIT, MO 64081

Business E-Mail Address:: DR.JOE@REJUVENATEKC.COM

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

Type of Organization: Health Care, Social Assistance

Please provide your NAIC Code:

Renew on-line communications email address: DR. JOE @ REJUVENATEKC.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
8167613944	8168100932	8665663002

Contact Information :

Primary	Secondary	Emergency
JOE SYMES, Phone:(816) 810-0932	SCOTT SYMES, Address:400 SW LONGIVEW BLVD, STE 160, Phone:(816) 761-3944	JOE SYMES, Phone:(816) 810-0932

(Continued on back page)

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

CHIROPRACTIC

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 20875223

*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 - 1400

Employee Headcount for this location:
 Full Time: X ONE
 Part Time:
 Temporary:

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 20875223

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 _____ X PRESIDENT 5, 24, 22
 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 # _____