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 / <u>www.cityofls.net</u>

CROSS REPORTING SERVICE INC Licensing 306 SE M 291 HWY LEES SUMMIT, MO 64063

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.

Legal Name of Business: (if diff Type of Organization:		MIT, MO 64063 SSREPORTING @ GMAIL, CO.	
Planes provide your NAIC Code:	nail address: CVDSSTEPOT	ting@gmail.con	
(If you would like to renew on-line, y Address. This email address is the p **IMPORTANT! If you would like t	ou must provide an email above. This ema erson that is responsible for Business Licens o RENEW your Business License online,	ses/Renewals at your place of business) , please visit	
and the second s	new-business-license.html for instruc	ctions.	
https://devservices.cityofls.net/re Business Phone Numbers :			
	Cell	Fax	

Contact Information:

Primary	Secondary	Emergency
JAMES LEACOCK, Address:1730 NE RIDGEVIEW DR, Phone:(816) 525-2770	TERESA LEACOCK, Phone:(816) 739-8603	3. 2. 1. 1. 3. 3. 3.
	2	

(Continued on back page)

Please provide a general description or scope of work for your business:
IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) -
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 - 225
Employee Headcount for this location: Full Time: 3 Part Time: 1 Temporary:
IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 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 Signature of Owner(s) or Corporation Agent/Owner X Title Date
The fing 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 #