

# **Business License Renewal**

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

THE RESIDENCES AT NEW LONGVIEW Licensing 3301 SW KESSLER DR 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: 3301 SW KESSLER DR LEES SUMMIT, MO 64081

 $\hbox{\tt Business E-Mail Address:: LEASING@NEWLONGVIEWLIVING.COM}$ 

Legal Name of Business: (if different than DBA): THE RESIDENCES AT NEW LONGVIEW LLC

Type of Organization: Rentals/Leasing Please provide your NAIC Code:

| (I:<br>A:<br>*: | Renew on-line communications email addr<br>f you would like to renew on-line, you must<br>ddress. This email address is the person th<br>*IMPORTANT! If you would like to RENEW<br>ttps://devservices.cityofls.net/renew-busines<br>Business Phone Numbers: | t provide an email above. This email ad<br>at is responsible for Business Licenses/R<br>your Business License online, please visit |            |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------|
|                 | Primary                                                                                                                                                                                                                                                     | Cell                                                                                                                               | Fax        |
|                 | 8167679979                                                                                                                                                                                                                                                  |                                                                                                                                    | 8167679997 |

# Contact Information:

| Primary                                                        | Secondary | Emergency                                                      |
|----------------------------------------------------------------|-----------|----------------------------------------------------------------|
| PAM LAKEY, Address:3301 SW KESSLER<br>DR, Phone:(816) 589-1669 |           | PAM LAKEY, Address:3301 SW KESSLER<br>DR, Phone:(816) 589-1669 |
|                                                                |           |                                                                |

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| Please provide a general description or scope of wor                                                                                                             | rk for your business:                          |                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------|
|                                                                                                                                                                  |                                                |                                   |
| DOING ANY RETAIL SALES (provide copy o                                                                                                                           | f current no sales tax due letter) -           |                                   |
| or businesses physically located in Lee's Su                                                                                                                     | ummit this section <u>MUST</u> be complete     | d*                                |
| Has your Physical Address changed over the last year                                                                                                             |                                                | l Form)                           |
| Is business located in a Lee's Summit <b>Commercial a</b>                                                                                                        | rea or Residential? (circle)                   |                                   |
| Do you have an intrusion alarm? Y or N (circle) Total Building Square Footage -                                                                                  |                                                |                                   |
|                                                                                                                                                                  |                                                |                                   |
| Employee Headcount for this location:                                                                                                                            |                                                |                                   |
| Full Time: 7<br>Part Time:                                                                                                                                       |                                                |                                   |
| Temporary:                                                                                                                                                       |                                                |                                   |
| website at <a href="https://www.cityofls.net">www.cityofls.net</a> .  EEE CALCULATION (please check those that apply):                                           |                                                |                                   |
| X \$50 Business License Fee (base fe                                                                                                                             | e)                                             |                                   |
| Penalty for delinquent license is !                                                                                                                              | 5% per month not to exceed 25% (is delinqu     | uent 60 days after expiration)    |
| Total fee                                                                                                                                                        |                                                |                                   |
| declare under penalty of perjury that to the best of                                                                                                             | of my knowledge and belief the statements      | made herein are true and correct. |
| <u> </u>                                                                                                                                                         | x                                              |                                   |
| ignature of Owner(s) or Corporation Agent/Owner                                                                                                                  | r Title                                        | Date                              |
| • • • • • • • • • • • • • • • • • • • •                                                                                                                          |                                                |                                   |
| The filing of this application or the granting of a bus provisions of the zoning code, and is further subject pecific occupations and businesses. Payment by Che | to all applicable federal, state and local law | s and regulations which apply to  |



#### Dear Business Owner:

Enclosed you will find the **Business License Renewal Form** for the license year Please take a moment to review the information, particularly verifying the accuracy of the **Missouri Sales Tax ID** number and business address noting any corrections or additions.

Missouri Senate Bill 30 became effective January 1, 2009; requiring a statement of "No-Tax Due" from the Missouri Department of Revenue before the issuance of a business license by the City for any business engaging in retail sales. A business owner can enter their Missouri Tax Identification Number and PIN at <a href="http://dor.mo.gov/business/sales/notaxdue/">http://dor.mo.gov/business/sales/notaxdue/</a> to print their statement and include with the business license renewal. Business license renewals that are submitted without a no tax due certificate cannot be processed.

## **BUSINESS LICENSE FEES INFORMATION**

As governed by City Ordinance #28-30, the base license fee is \$50.00. Businesses are required to have a separate license for each location.

All renewals not received by June 30, 2017 will be considered delinquent and subject to penalty. Penalty is 5% per month not to exceed 25%. Please make checks payable to "City of Lee's Summit".

\*\*IMPORTANT! If you would like to RENEW your Business License online, please visit <a href="https://devservices.cityofls.net/renew-business-license.html">https://devservices.cityofls.net/renew-business-license.html</a> for instructions.

If you will <u>not</u> be doing business in Lee's Summit during the next Business License year and you are not located in Lee's Summit, <u>please send notification</u>. If you should have questions regarding your renewal, please contact the Development Services Department at 816-969-1200.

Thank you for your prompt attention.

