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

JACK R CALEGARI CPA LLC Licensing PO BOX 1988 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.

Physical Business Address:

306 SE M 291 HWY 2 LEES SUMMIT, MO 64063

Business E-Mail Address:: JACKCALCPA@YAHOO.COM Legal Name of Business: (if different than DBA):

Type of Organization:

Professional Technical Service

Please provide your NAIC Code:

JACKCALLAR @ yahoo. Com

Renew on-line communications email address: _______ (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
8165248953	8168536548	8166002196

Contact Information:

Primary	Secondary	Emergency		
JACK CALEGARI CPA, Address:306 SE M 291 HWY, Phone:(816) 524-8953	MICHAEL PEARSON, Phone:(816) 524-8953	JACK CALEGARI CPA, Address:306 SE M 291 HWY, Phone:(816) 524-8953		
		•		

(Continued on back page)

Please provide a general description or scope of work for your business:			
The Transfer			
F 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 of N)(If yes complete Zoning Approval For	m)		
Is business located in a Lee's Summit Commercial area or Residential? (circle)	,		
Do you have an intrusion alarm? Y or (N Ycircle)			
Total Building Square Footage - 500			
Employee Headcount for this location:			
Full Time: 2			
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. Zon website at www.citvofls.net.	ng torms	located	d on
Website at Withteleyons.ites.			
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 a	iter expir	ation)	
Total fee			
I declare under penalty of perjury that to the best of my knowledge and belief the statements made herein a	re true a	nd corre	ect.
Varklaber CA Vanher	de	/22	122
Signature of Owner(s) or Corporation Agent/Owner Title	Date	<u></u>	
The filing of this application or the granting of a business license neither confirms nor approves the use of la			
the provisions of the zoning code, and is further subject to all applicable federal, state and local laws and reg specific occupations and businesses. Payment by Check – make check payable to City of Lee's Summit.	ulations \	wnicn a	рріу то
specific companions and susmessess i dynneric by critical induce these payable to dity of the 3 summit.			
FOR OFFICE LICE ONLY			
FOR OFFICE USE ONLY License Effective from/ to Fee Remitted \$ License #			
·			