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

SUMMIT SELF STORAGE Licensing 1920 NE RICE RD LEES SUMMIT, MO 64064

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:

1920 NE RICE RD LEES SUMMIT, MO 64064

Business E-Mail Address:: ZACHQUICK4@GMAIL.COM Legal Name of Business: (if different than DBA):

Type of Organization:

Real Estate, Rental, Leasing

Please provide your NAIC Code:

Renew on-line communications email address:zachquick 4@ amail .com
(If you would like to renew on-line, you must provide an email above. This email address could be different than the Business Ema
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		
8165250123	8163695903	8165250123		

Contact Information:

Primary	Secondary	Emergency			
HOHN SHAVER, Address: 1920 NE RICE RD, Phone: (816) 525-0123 Nichole Barnes	NANCY SHAVER, Address:1920 NE RICE RD, Phone:(816) 525-0123 April SellS	HOHN SHAVER, Address: 1920 NE RICE RD, Phone: (816) 525-0123 Nichole Barnes			

(Continued on back page)

Please provide a general description or scope of	of work fo	r your business:		
Self Storage				
U				
IF DOING ANY RETAIL SALES (provide copy of cu	rrent no	sales tax due le	etter) -	
			No	
For businesses physically located in Lee's Sun	nmit this	section MUST	oe completed	
Has your Physical Address changed over the las				proval Form)
Is business located in a Lee's Summit commerce		r Residential? (ci	rcle)	
Do you have an intrusion alarm? Y or N chrole Total Building Square Footage - 64375	i			
Total bullding square rootage - 04373				
Employee Headcount for this location:				
Full Time: X \ Part Time: 1				
Temporary:				
IF DOING ANY RETAIL SALES (provide copy of currer	nt no sale	s tax due letter) -		
		Barrier Co		
IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S	S SUMMIT	r, PLEASE SUBMIT	A NEW ZONING F	ORM. Zoning forms located on
website at www.cityofls.net.				
FFF CALCULATION ()				
FEE CALCULATION (please check those that apply):	1			
X\$50 Business License Fee (base fe	e)			
Penalty for delinquent license is 5	% per moi	nth not to exceed	25% (is delinguent	t 60 days after expiration)
	5 p 00.	ALL HOLE OF CAUCOL	and the mentioned	. To day's arter expiration,
Total fee				
I declare under penalty of perjury that to the best of	my know	ledge and belief t	he statements ma	de herein are true and correct.
		0		1. (70,03
Signature of Owner(s) or Corporation Agent/Owner	X Title	Owner		
The filing of this application or the granting of a busi the provisions of the zoning code, and is further subje				
specific occupations and businesses. Payment by Che				
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FOR OFFICE USE ONLY				
License Effective from/		/ Fee	Remitted \$	License #