

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

MASSAGE THERAPY

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)

\$50 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 Bill Banta (EMPLOYEE)
Signature of Owner(s) or Corporation Agent/Owner

X LICENSED MASSAGE THERAPIST
Title

06 / 27 / 22
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 # _____



Expiration date: 08/31/2019

Business License Renewal

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

MASSAGE HEIGHTS/BRIELLE BARTON
Licensing

~~10215 E 220TH ST~~
~~PECULIAR, MO 64078~~

17119 CHULA VISTA DR
BELTON, MO 64012

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: 970 NW BLUE PKWY D LEES SUMMIT, MO 64086
Legal Name of Business: (if different than DBA):
Type of Organization: Massage Therapist
Business Classification: 1200 Massage Therapist

E-Mail Address: BRIELLENICHOLE4@GMAIL.COM
Business Phone Numbers:

MAIN:	816-466-5352	CELL:		FAX:	
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	Primary	Seconday
Contact Names		
Address	970 NW BLUE PKWY STE D	
City, State, Zip	LEE'S SUMMIT, MO 64086	
Emergency Contacts (if different)		
Phone Number		

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 -

Employee Headcount for this location:
Full Time:
Part Time:
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.

(Continued on back page)

State of Missouri

Missouri Department of Commerce and Insurance
Division of Professional Registration
Missouri Board of Therapeutic Massage
Massage Therapist

VALID THROUGH JANUARY 31, 2023
ORIGINAL CERTIFICATE/LICENSE NO. 2017012786

BRIELLE BARTON



Gloria Lindsey
EXECUTIVE DIRECTOR

Sheila Solen
DIVISION DIRECTOR