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LF 8/30



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

BATH & BODY WORKS LLC #4733
Licensing
P O BOX 182515
COLUMBUS, OH 43218

Please Update your Information. If there are changes to the information provided, please draw a line through and correct.

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Physical Business Address:

Business E-Mail Address::

Legal Name of Business: (if different than DBA):

Type of Organization:

Please provide your NAIC Code:

1700 NW CHIPMAN RD LEES SUMMIT, MO 64081
Retail Trade

Renew on-line communications email address: BL@BBW.Com

(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.

Primary	Cell	Fax
6145776323		6145551234

Contact Information :

Primary	Secondary	Emergency
BROOKE MCCORMICK, Address:P O BOX 182515, Phone:(800) 765-7465		24 HOUR SECURITY, Address:7 LIMITED PKWY, Phone:(800) 765-7465

(Continued on back page)

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

Retail sales of personal care products

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 19498322

*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 - 2546

Employee Headcount for this location:

Full Time: ~~36~~ 4

Part Time: ~~36~~ 56

Temporary:

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 19498322

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):

☒ \$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 Kathy Hargrett
Signature of Owner(s) or Corporation Agent/Owner

X AVP - Finance
Title

06 / 30 / 2022
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 # ____