

Business License Renewal

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

PREMIER DENTAL ANESHESIOLOGY - PDA
Licensing
339 CONSORT DR
BALLWIN, MO 63011

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: 2710 NE INDEPENDENCE AVE LEES SUMMIT, MO 640641157 SE CENTURY DR LEES SUMMIT, MO 64081
Business E-Mail Address:: SJOHANS@WAAI.NET
Legal Name of Business: (if different than DBA): WESTERN ANESHESIOLOGY ASSOCIATES INC
Type of Organization: Transportation and Warehouse
Please provide your NAIC Code: 62111

Renew on-line communications email address: ddobey@waa.net

(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 |
|------------|------|--------------|
| 6363869224 | | 636-386-1108 |

Contact Information :

| Primary | Secondary | Emergency |
|---------------------------------------------------------------|-----------|-----------|
| STEVE JOHANS, Address:339 CONSORT DR, Phone:(636) 386-9224 | | |

(Continued on back page)

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

IF 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 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 - 2978

Employee Headcount for this location:

Full Time: 2-3

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.

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)

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 
Signature of Owner(s) or Corporation Agent/Owner

X COO
Title

07, 07, 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 # _____

ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE: 8/27/21
APPLICANT: Western Anesthesiology Associates, Inc.
BUSINESS NAME: Premier Dental Anesthesiology / PDA
ADDRESS: 2710 NE Independence Ave. Lee's Summit, MO 64064
TYPE OF BUSINESS: Office / Storage for in-office dental anesthesia practice
TELEPHONE: 636-386-9224 ZONING DISTRICT: CS
(To be completed by the Planning Dept.)

NEW BUSINESS CHANGE OF ADDRESS
 CHANGE OF OWNERSHIP

If applicable, what type of business previously occupied the space? (Include name of business if known)
Dance studio

If locating in a previously occupied space, are there any building structural, mechanical, plumbing or electrical alterations or additions proposed? If so, please describe the nature of the alterations or additions.
N/A to be covered in change of use permit

Business Address
(Administrative Use)

AFTER THIS ZONING APPROVAL FORM HAS BEEN SIGNED, AN OCCUPANTIONAL/BUSINESS LICENSE APPLICATION AND FEE MAY BE ACCEPTED FOR FINAL PROCESSING IN THE FINANCE DEPARTMENT AT LEE'S SUMMIT, MISSOURI CITY HALL.

NOTE: This form is required prior to acceptance of an application for an occupational/business license and issuance of a temporary permit to operate if the business location is within the limits of the City of Lee's Summit. New businesses with no physical location within the city do not require this form.

Shannon McGuire
APPLICANT SIGNATURE

APPROVED BY: *Shannon McGuire*
Digitally signed by Shannon McGuire
Date: 2021.08.30 16:35:32-05'00'

DEPT. OF PLANNING & DEV.

Joe Frogge
Digitally signed by Joe Frogge
DN: cn=Joe Frogge,
ou=Development, o=HLS Users,
dc=COLS, dc=LOC
Reason: release for construction
Date: 2021.08.31 16:23:33-05'00'

CODES ADMINISTRATION

na

FIRE DEPARTMENT

If checked, permits are required prior to performing any framing, mechanical, electrical or plumbing alterations or additions.

8/31/21 - spoke to Amy Marouk and sent her application forms to start change of use permit process