Expiration date: 08/31/2022



Business License Renewal

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

VISONI SALON STUDIOS Licensing 1160 NE DOUGLAS ST LEES SUMMIT, MO 64086

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.

1160 NE DOUGLAS ST LEES SUMMIT, MO 64086 Physical Business Address:

Legal Name of Business: (if different than DBA): MINKS GROUP LLC Type of Organization:

Business E-Mail Address:: INFO@VISONISALONS.COM

Other Services Not Pub Admin

Please provide your NAIC Code:

Renew on-line communications email address: INFO@ VISONISALONS.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.

Business Phone Numbers:

| Primary | Cell | Fax |
|------------|------|-----|
| 8168001114 | | |
| | | |
| | | |

Contact Information:

| Primary | Secondary | Emergency |
|--|-------------------------------------|-----------|
| ERIC MINKS, Address:5400 NE WEDGEWOOD LN, Phone:(816) 500-0877 | ADAM MINKS, Phone:(816) 288-3272 | |
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| Please provide a general description or scope Q | | |
|--|--|---------------------------------------|
| Beaty Solon | | |
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| DOING ANY RETAIL SALES (provide copy of o | current no sales tax due letter) - | |
| | | |
| For businesses physically located in Lee's So | ummit this section <u>MUST</u> be completed | ĸ |
| Has your Physical Address changed over the I | | Approval Form) |
| Is business located in a Lee's Summit Comme | | |
| Do you have an intrusion alarm? York (circl | e) | |
| Total Building Square Footage - 5,864 | | |
| Employee Headcount for this location: | | |
| Full Time: - | | |
| Part Time: 🚱 Temporary: 🚱 | | |
| remporary. | | |
| IF DOING ANY RETAIL SALES (provide copy of curr | rent no sales tax due letter) - | |
| IF PHYSICAL ADDRESS HAS CHANGED WITHIN LE website at www.cityofls.net. | E'S SUMMIT, PLEASE SUBMIT A NEW ZONIN | G FORM. Zoning forms located on |
| FEE CALCULATION (please check those that apply) | : | |
| X \$50 Business License Fee (base | fee) | |
| | icej | |
| Penalty for delinquent license is | 5% per month not to exceed 25% (is delinqu | ent 60 days after expiration) |
| Total fee | | |
| | | |
| I declare under penalty of perjury that to the best | of my knowledge and belief the statements i | made herein are true and correct. |
| x die Mink | _ x <u>ν.ρ.</u> | / / |
| Signature of Owner(s) or Corporation Agent/Owne | | Date |
| The filing of this application or the granting of a buther provisions of the zoning code, and is further suspecific occupations and businesses. Payment by C | bject to all applicable federal, state and local | l laws and regulations which apply to |
| FOR OFFICE USE ONLY License Effective from | / Fee Remitted \$ | License # |