LEE'S SUMMIT MISSOURI

7/1/22 - 6/30/23

Business License Application

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

RECEIVED
JUL 12 2022
City of Lee's Summit
Development Center

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date 07/12/22 (MM/DD/YY) New Business (Y/N) N In business since _____

Restorative Healing Massage Therapy, LLC
Common/Preferred Name of Business (DBA)

Legal Name of Business (if different than DBA)

Physical Business Address:
3350 NE Ralph Powell Rd. Ste 107 Lee's Summit MO 64064
Address City State Zip

816 334-7472 (573) 999-9504 ( ) _____ restorativehealingmassage@gmail.com
Business Address Phone # Cell # Fax # Email

Mailing Address: (if different from Physical Address)
Contact Name for Mailing Address: _____ □ DBA □ Legal Name □ Other _____

Address City State Zip

( ) _____ ( ) _____ ( ) _____ _____
Mailing Address Phone # Cell # Fax # Email

Contacts:
■ Primary Contact: Tricia Motley Owner / Massage Therapist
Name Title (Owner/Corp. Agent/Applicant)

601 SE Richardson Place Lee's Summit MO 64063
Address City State Zip

( ) _____ (573) 999-9504 ( ) _____ tricia.motley@gmail.com
Phone # Cell # Fax # Email

Date of Birth 08/03/71 N21107300S MO
MM DD YY Driver's License # State Issued

■ Secondary Contact: _____ _____
Name Title (Owner/Corp. Agent/Applicant)

( ) _____ ( ) _____ ( ) _____ _____
Phone # Cell # Fax # Email

Type of Organization (check one): □ Individual □ Partnership □ Corporation ☒ LLC □ Other _____

Please complete this section if your business is physically located in Lee's Summit.

Check if applicable: This is a change in ☒ business name ☒ business ownership □ physical business address
Is business located in a Lee's Summit **commercial area** N / (Y) (if Y please complete a **Commercial Zoning Approval form**)
Is business located in a Lee's Summit **residence**? (N) / Y (if Y please complete a **Home Occupation Zoning Approval form**)
Do you have an intrusion alarm? (N) / Y (if Y please complete an **Alarm User Registration** application)
Total Building Square Footage _____ Missouri State Sales Tax Number 27433817

All applicants who make retail sales must submit a **Missouri Department of Revenue Statement of No Tax Due** with a date of issuance not more than 90 days before date of business license application/renewal. MDR can be reached at 573.751.9268.

Employee Headcount for this location: 1 Full Time _____ Part Time _____ Temporary

Please provide a general description or scope of work for your business (i.e. electrical contractor, doctor, retail store, etc.):
Massage Therapist - This is a small (one therapist) business that provides deep tissue massage for clients that have chronic pain.

(continued on next page)

1. Select Business License Category or NAICS code that best describes your business (choose one that applies)

	Category	NAICS Code
	Animal Services	81
	Automobile Body/Repair Shop/Car Wash	81
	Automobile Sales	81
	Bail Bondsperson	81
	Bank, Credit Union, Finance Company	52
	Contractor - Class A, B, C, or D	23
	Contractor - Other	23
	Day Care Provider - General (7-12)	81
	Day Care Provider - Limited (1-6)	81
	Drinking Establishment	72
	Funeral Home	81
	Gas Service Station & Convenience Store	81
	Grocers	44-45
	Hospital, Nursing Home, Retirement Home, Health	62
	Insurance	52
	IT Services	54
	Landscaping-Mowing-Tree Trimmer	81
	Liquor Store	44-45
	Manufacturing	31-33
X	Massage Therapist (may/may not own business)	81

	Category	NAICS Code
	Massage Therapy Establishment	81
	Motel/Hotel indicate # of rooms _____	72
	Nursery, Greenhouse	44-45
	Pay Day/Title Loan	52
	Precious Metal Dealer/Pawnbroker	81
	Real Estate Rental and Leasing	53
	Recreation Business - Indoor/Outdoor	71
	Rental and Leasing	53
	Restaurant and Food Service	72
	Retail	44-45
	School, for profit	61
	Service Provider	81
	Service Provider with Retail Sales	44-45 or 81
	Special Event	71
	Telephone Call Center	81
	Tow Service Provider	81
	Transportation - Bus/Taxi/Limo/Rental Car	48-49
	Vending Machine	81
	Waste Management and Recycling Services	56
	Wholesale Sales	42

2. The City may convert to e-billing in the future for some business types. Will you opt-in to the e-billing program?
   ☐ Yes – Business/Billing Email Address: _____ ☒ No

3. Lee's Summit locations: Who would be able to provide access to your building for City Emergency personnel?
   Print names in order of preference to call first:
   a. Name Jonathan Jackson Tel # (816) 645-0228 Alternate Tel # ( )_____
   b. Name Brian Rahn Tel # (816) 782-8326 Alternate Tel # ( )_____
   c. Name Kaye Lynn Rahn Tel # (816) 674-8044 Alternate Tel # ( )_____

CONTRACTOR LICENSING INFORMATION ***Contractors – please complete this section***

Please select type of contractor license requested - $25.00 annual contractor license fee for each Class

- ☐ **Class A – General Contractor:** construct, remodel, demolish, repair any structure
- ☐ **Class B – Building Contractor:** construct, remodel, demolish, repair all structures not exceeding 3 stories in height
- ☐ **Class C – Residential Contractor:** construct, remodel, demolish, repair any single family, duplex or townhouse structure
- ☐ **Class D – Mechanical Contractor:** perform mechanical (HVAC) services
- ☐ **Class D – Electrical Contractor:** perform electrical services
- ☐ **Class D – Plumbing Contractor:** perform plumbing services
- ☐ Please provide name of licensed representative (master) to be licensed _____ Phone # ( )_____
  Email _____ Cell # ( )_____
- ☐ **If renewal – provide 8 hours of CEU** (please provide documentation of completion) **or include optional in lieu of CEU fee of $100.00 per license classification**

FEE CALCULATION (please check those that apply):

- ☒ **$50 Business License Fee**
- ☐ **$25 Contractor License Fee ($25 for each license classification ie: Mechanical & Plumbing = $50)**
- ☐ **$100 Contractor fee in lieu of completion of 8 hours of annual continuing education (CEU) for each license classification**

____ **Penalty for delinquent license is 5% per month not to exceed 25%**

$ 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.

Mina McKay — Signature of Owner(s) or Corporation Agent/Owner
Owner — Title
07/12/22 — 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 7/1/22 to 6/30/23 Fee Remitted 50.00 License # LC6222482