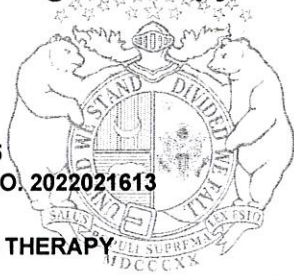


State of Missouri

**Missouri Department of Commerce and Insurance
Division of Professional Registration
Missouri Board of Therapeutic Massage
Massage Therapy Business**



VALID THROUGH JANUARY 31, 2025
ORIGINAL CERTIFICATE/LICENSE NO. 2022021613

RESTORATIVE HEALING MASSAGE THERAPY
MOTLEY, TRICIA
3350 NE RALPH POWELL STE 107
LEES SUMMIT MO 64064
USA

Gloria Lindsay
EXECUTIVE DIRECTOR

Sheila Salen
DIVISION DIRECTOR

**ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS**

DATE: 7-12-22
APPLICANT: Tricia Motley
BUSINESS NAME: Restorative Healing Massage Therapy
ADDRESS: 3350 N.E. Ralph Powell Rd. Suite 107
TYPE OF BUSINESS: Massage Therapy
TELEPHONE: 816-334-7472 ZONING DISTRICT: CP-2
(To be completed by the Planning Dept.)

X NEW BUSINESS _____ CHANGE OF ADDRESS
_____ CHANGE OF OWNERSHIP

If applicable, what type of business previously occupied the space? (Include name of business if known)
Connective Health Massage Therapy - Massage
Therapy Business

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

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.

Tricia Motley
APPLICANT SIGNATURE

APPROVED BY: [Signature]
DEPT. OF PLANNING & DEV.

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

[Signature]
CODES ADMINISTRATION
NA
FIRE DEPARTMENT

TAXATION DIVISION
PO BOX 3666
JEFFERSON CITY, MO 65105-3666



Missouri
DEPARTMENT OF REVENUE

Telephone: (573) 751-9268
Fax: (573) 522-1265
E-mail: taxclearance@dor.mo.gov

RESTORATIVE HEALING MASSAGE THERAPY LLC SEARCH DATE: July 12, 2022
415 SE LANA CT DATE CLEARED THROUGH: 08/15/2022
LEES SUMMIT, MO 64063-3497 LEE'S SUMMIT

MISSOURI ID: 27439917
Notice Number: 2031668726

CERTIFICATE OF NO TAX DUE

The Department of Revenue, State of Missouri, certifies that this taxpayer/account has filed all required returns and paid all sales or withholding tax due, including penalties and interest, or does not owe any sales, use, and withholding tax, according to the records of the Missouri Department of Revenue. These records do not include returns that are not required to be filed as of this date for taxes previously collected or that have been filed but not yet processed by the Department.

This statement only applies to sales and withholding tax due and is not to be construed as limiting the authority of the Director of Revenue to assess, or pursue collection of liabilities resulting from final litigation, default in payment of any installment agreement entered into with the Director of Revenue, any successor liability that may become due in the future, or audits or reviews of the taxpayer's records as provided by law.

THIS CERTIFICATE REMAINS VALID FOR 90 DAYS FROM THE ISSUANCE DATE

TAXATION DIVISION