

# **Business License Renewal**

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

Shake Shack LLC Licensing 225 Varick St Ste 301 New York, NY 10014

#### 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:2051 NW LOWENSTEIN DR LEES SUMMIT, MO 64081Business E-Mail Address:: permitrenewals@shakeshack.comLegal Name of Business: (if different than DBA):Shake Shack Missouri LLCType of Organization:Accomodation & Food ServicesPlease provide your NAIC Code:

#### Renew on-line communications email address:

(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) <u>\*\*IMPORTANT!</u> If you would like to RENEW your Business License online, please visit <u>https://devservices.cityofls.net/renew-business-license.html</u> for instructions.

Business Phone Numbers :

| Primary    | Cell | Fax |
|------------|------|-----|
| 3145209488 |      |     |
|            |      |     |
|            |      |     |

Contact Information :

| Primary                                                        | Secondary | Emergency                                                      |
|----------------------------------------------------------------|-----------|----------------------------------------------------------------|
| Matthew Mathis, Address:225<br>Varick St, Phone:(646) 991-0223 |           | Matthew Mathis, Address:225 Varick<br>St, Phone:(646) 991-0223 |
|                                                                |           |                                                                |
|                                                                |           |                                                                |

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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) - 23339985

### \*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   | g Approval Form)                  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------|--|--|--|
| Is business located in a Lee's Summit Commercia                                                                                                    | I area or Residential? (circle)        |                                   |  |  |  |
| Do you have an intrusion alarm? Y or N (circle)                                                                                                    |                                        |                                   |  |  |  |
| Total Building Square Footage -                                                                                                                    |                                        |                                   |  |  |  |
|                                                                                                                                                    |                                        |                                   |  |  |  |
| Employee Headcount for this location:                                                                                                              |                                        |                                   |  |  |  |
| Full Time: 40                                                                                                                                      |                                        |                                   |  |  |  |
| Part Time:                                                                                                                                         |                                        |                                   |  |  |  |
| Temporary:                                                                                                                                         |                                        |                                   |  |  |  |
| IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 23339985                                                             |                                        |                                   |  |  |  |
| IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S SUMMIT, PLEASE SUBMIT A NEW ZONING FORM. Zoning forms located on website at <u>www.cityofls.net</u> . |                                        |                                   |  |  |  |
| FEE CALCULATION (please check those that apply):                                                                                                   | )                                      |                                   |  |  |  |
| Density for delinguant license is 5%                                                                                                               | nor month not to avoud 25% (in doling  | want (0 days often expiration)    |  |  |  |
| Penalty for delinquent license is 5%                                                                                                               | per month not to exceed 25% (is deling | uent 60 days after expiration     |  |  |  |
| Total fee                                                                                                                                          |                                        |                                   |  |  |  |
| I declare under penalty of perjury that to the best of m                                                                                           | y knowledge and belief the statements  | made herein are true and correct. |  |  |  |
| x                                                                                                                                                  | x                                      | / /                               |  |  |  |
| Signature of Owner(s) or Corporation Agent/Owner                                                                                                   | Title                                  | 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 # |



Dear Business Owner:

Enclosed you will find the **Business License Renewal Form** for the license year November 01, 2022 through October 31, 2023.

Please take a moment to review the information, particularly verifying the accuracy of the **Missouri Sales Tax ID** number and business address noting any corrections or additions.

Missouri Senate Bill 30 became effective January 1, 2009; requiring a statement of "No-Tax Due" from the Missouri Department of Revenue before the issuance of a business license by the City for any business engaging in retail sales. A business owner can enter their Missouri Tax Identification Number and PIN at <u>http://dor.mo.gov/business/sales/notaxdue/</u> to print their statement and include with the business license renewal. Business license renewals that are submitted without a no tax due certificate cannot be processed.

## **BUSINESS LICENSE FEES INFORMATION**

As governed by City Ordinance #28-30, the base license fee is \$50.00. Businesses are required to have a separate license for each location.

All renewals not received by December 31, 2022 will be considered delinquent and subject to penalty. Penalty is 5% per month not to exceed 25%. Please make checks payable to "City of Lee's Summit".

**\*\*IMPORTANT!** If you would like to **RENEW** your Business License online, please visit <u>https://devservices.cityofls.net/renew-business-license.html</u> for instructions.

If you will <u>not</u> be doing business in Lee's Summit during the next Business License year and you are not located in Lee's Summit, <u>please send notification</u>. If you should have questions regarding your renewal, please contact the Development Services Department at 816-969-1200.

Thank you for your prompt attention.

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