



Expiration date: 02/28/2023

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

360° Wellness Counseling LLC
 Licensing
 8301 Stateline Rd Suite 220 #589
 Kansas city, MO 64114

mailing address
 - 676 SE Bayberry Ln Ste 105
 Lees Summit, MO 64063

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: 676 SE BAYBERRY LN 105 LEES SUMMIT, MO 64063
 Business E-Mail Address: fhooks@360wellnesscounseling.com
 Legal Name of Business: (if different than DBA): 360° Wellness Counseling LLC
 Type of Organization: Health Care, Social Assistance
 Please provide your NAIC Code: 621330

Renew on-line communications email address: *fhooks@360wellnesscounseling.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
9138508476		

Contact Information :

Primary	Secondary	Emergency
Sabrina Giwa, Address:8612 Crescent Ave	Linda Kimbrough, Address:7928 Hedges, Phone:(816) 588-3474	Sabrina Giwa, Address:8612 Crescent Ave

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

private professional mental therapists office
licensed mental health counseling

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 - 1250 sq ft

Employee Headcount for this location:
Full Time: 3
Part Time: 1
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 John Hostes
Signature of Owner(s) or Corporation Agent/Owner

X Practice Manager / Partner
Title

2/12/23
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 # _____