

Expiration date: 06/30/2023

## **Business License Renewal**

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

HALLMARK CREATIONS #644 Licensing P O BOX 419580 MD851 KANSAS CITY, MO 64141

## 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: | 1732 NW CHIPMAN RD LEES SUMMIT, MO 64081 |  |

Business E-Mail Address:: Legal Name of Business: (if different than DBA): HALLMARK RETAIL LLC

Type of Organization:

Retail Trade

Please provide your NAIC Code:

Renew on-line communications email address: Hallmark\_Retail\_CSG\_invoices@hallmark.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 |
|------------|------|-----|
| 8163478355 |      |     |
| ·          |      |     |
|            | -    |     |

## Contact Information:

| Primary                                                            | Secondary | Emergency |
|--------------------------------------------------------------------|-----------|-----------|
| TIFFANY REYNOLDS, Address:P O BOX<br>1,82515, Phone:(913) 302-1449 |           |           |
|                                                                    |           |           |
|                                                                    |           |           |
|                                                                    |           |           |

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| lease provide a general description or scope of work for your business:                                                                                                                                   |                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| Retail Cards and Gifts                                                                                                                                                                                    |                                |
|                                                                                                                                                                                                           |                                |
|                                                                                                                                                                                                           |                                |
| DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 21802670                                                                                                                       |                                |
| POINT ALTAIL BALLS (Provide copy of cultural bales tax due lotter) - 2 1002010                                                                                                                            |                                |
| $\cdot$ .                                                                                                                                                                                                 | •                              |
| or businesses physically located in Lee's Summit this section MUST be completed*                                                                                                                          |                                |
| Has your Physical Address changed over the last year? Y of N (If yes complete Zoning App                                                                                                                  | roval Form)                    |
| Is business located in a Lee's Summet Commercial area or Residential? (circle)                                                                                                                            | ·                              |
| Do you have an intrusion alarm? Y or N (circle)                                                                                                                                                           |                                |
| Total Building Square Footage -                                                                                                                                                                           |                                |
| Employee Headcount for this location:<br>Full Time: 25                                                                                                                                                    |                                |
| Part Time: 19                                                                                                                                                                                             |                                |
| Temporary:                                                                                                                                                                                                |                                |
| IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 21802670                                                                                                                    |                                |
| IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S SUMMIT, PLEASE SUBMIT A NEW ZONING FO                                                                                                                        | DRM. Zoning forms located on   |
| website at <u>www.cityofls.net</u> .                                                                                                                                                                      | July Loring Toring Touted On   |
|                                                                                                                                                                                                           |                                |
|                                                                                                                                                                                                           |                                |
| FEE CALCULATION (please check those that apply):                                                                                                                                                          |                                |
| X \$50 Business License Fee (base fee)                                                                                                                                                                    |                                |
| Penalty for delinquent license is 5% per month not to exceed 25% (is delinquent 6                                                                                                                         | 60 days after expiration)      |
| Total fee                                                                                                                                                                                                 |                                |
|                                                                                                                                                                                                           |                                |
| I declare under penalty of perjury that to the best of my knowledge and belief the statements made                                                                                                        | e nerein are true and correct. |
| x nonce                                                                                                                                                                                                   | <u> 4 / 20 / 23</u>            |
| 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                                                                                                    |                                |
| the provisions of the zoning code, and is further subject to all applicable federal, state and local law specific occupations and businesses. Payment by Check – make check payable to City of Lee's Sumn |                                |
|                                                                                                                                                                                                           |                                |
| FOR OFFICE USE ONLY                                                                                                                                                                                       |                                |
| License Effective from/ to/ Fee Remitted \$ U                                                                                                                                                             | icense #                       |