

Business License Application

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

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.							
Date <u>84/25/23</u> MM DD YY	New Business (Y/N)	<u>U</u>	_ In busines	s since 👤	013		
Common/Preferred Name of Business	REPOLIY (DBA)		Legal Nam	e of Busine	ss (if different th	an DBA)	······································
Physical Business Address:	. ì			_	, ì		
500 SW 3rd Address	Street			<u>jumi</u>	mit	MO	<u>64063</u>
(36) 347 1989 ()_ Business Address Phone # Cell #			city 347199	8	<u>Genuin</u> Email	State CARL	owyahooscon
Mailing Address: (if different from Pl	nysical Address)						
Contact Name for Mailing Address:				DBA 🗆 Legal	Name 🗆 Other _		
Address			City			State	Zip
() ()		()_		 			
Mailing Address Phone # Cell #		Fax#			Email		
Contacts: ■ Primary Contact: Sridet	Serville			300k	Keeper	-	
7903 Southvie	a) Drive		Gran	4	orp. Agent/Appl	licant) -∞^^^	1.60000
Address	W Urive	- .	City	OVIE		State	Zip
(\$16) <u>447 1753</u> ()_ Phone # Cell #		() ₋ Fax#	•		<u>Genuiv</u> Email	ne au	to eyahoo,co
Date of Birth 07/29/1982 MM DD YY	<u> </u>		3 State Iss	sued	Elitali		
■ Secondary Contact:(, Serville	2		00	mer		
Name (8)6 433914 ()	(, ,	Tit	ile (Owner/C	Corp. Agent/Appl	licant)	
Phone # Cell #		(Email		
Type of Organization (check one):	Individual Partr	nership	□ Corporat	tion 🗀 i	LLC 🗆 Other	•	<u> </u>
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? Total Building Square Footage					er Registration a		
All applicants who make retail sales muthan 90 days before date of business like Employee Headcount for this location:	ist submit a Missouri Dep cense application/renewa	artme	nt of Revenue S	itatement o	f No Tax Due wi		issuance not more
Please provide a general description or ALLO TROCK	scope of work for your be	usines	s (i.e. electrical o	contractor, o	<u> </u>	re, etc.):	
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