



Expiration date:

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

HEAR USA
 Licensing
 11400 N JOG ROAD STE 300
 PALM BEACH GARDENS, FL 33418

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: 1001 NW CHIPMAN RD 117 LEES SUMMIT, MO 64081
 Business E-Mail Address:: YESENIA.SOTO@HEARUSA.COM
 Legal Name of Business: (if different than DBA): AUDIOLOGY DISTRIBUTION LLC
 Type of Organization: Retail
 Business Classification: 700 Health Care Equipment/Hearing Aid/Glasses

Renew on-line communications email address: businesslicenses@hearusa.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- Further Instructions included)

Business Phone Numbers :

Primary	Cell	Fax
8165543777		5615987274

Contact Information :

Primary	Secondary	Emergency
YESENIA SOTO, Address: 10455 RIVERSIDE DR, Phone: (561) 478-8770 Ext: 123 Sarah Cohen 11400 N. Jog Rd Suite 300 Palm Beach Gardens, FL 33418 561-379-1315	NANCY NAGLE, Phone: (330) 748-8062 Susan Cuttler 561-346-2618	

(Continued on back page)

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

Hearing Aid Sales & Services

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 21342482

*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 - **744**

Employee Headcount for this location:
 Full Time: 2
 Part Time:
 Temporary:

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 21342482

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 [Signature]
Signature of Owner(s) or Corporation Agent/Owner

X Assistant Secretary
Title

8/2/23
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 # _____