Expiration date: 06/30/2023

\$ 3,000 taxes



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>

OUR FAMILY CHIROPRACTIC Licensing 1332 NE WINDSOR DR LEES SUMMIT, MO 64086

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

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Please Update your Information. If there are changes to the information provided, please draw a line through and correct.

Physical Business Address: 1332 NE WINDSOR DR LEES SUMMIT, MO 64086

Business E-Mail Address:: DR.ADAMJAMESON@MAC.COM

Legal Name of Business: (if different than DBA):

Type of Organization: Health Care, Social Assistance

Please provide your NAIC Code:

Renew on-line communications email address: SMCC/oulacta ymail. 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 8162723559 .8162721594.	
8162723559	
"到一点,我们一点,我们也没有一点,我们也没有一点,我们就会被打造了,我们就会被自己的,我们也没有的。""我们的,我们就是这个人,我们就没有一点,我们就会没有了	Na hAub
되어 는 그는 것도 말하는 것이 많이 하시면 하기를 만들고 말고 있다. 이번 하면 환경했다고 하고 있었다. 그는 사람이 없	

Contact Information:

	Primary	Secondary	Emergency	
,C, Y	ADAM JAMESON, Address: 1332 NE WINDSOR DR, Phone: (816) 260-0715			

(Continued on back page)

Please provide a general description or scope of work fo Chiropractic Care	ryour business:	
F DOING ANY RETAIL SALES (provide copy of current no	sales tax due letter) -	
For businesses physically located in Lee's Summit this	section <u>MUST</u> be completed	
Has your Physical Address changed over the last year? Y Is business located in a Lee's Summi Commercial area or Do you have an intrusion alarm? (circle) Total Building Square Footage -	(r N) If yes complete Zoning Residential? (circle)	Approval Form)
Employee Headcount for this location: Full Time: 3 Part Time: [Temporary:		
IF DOING ANY RETAIL SALES (provide copy of current no sales IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S SUMMIT, website at www.cityofls.net .		IG FORM. Zoning forms located on
FEE CALCULATION (please check those that apply):		
X\$50 Business License Fee (base fee)		
Penalty for delinquent license is 5% per mon	th not to exceed 25% (is delinqu	ent 60 days after expiration)
I declare under penalty of perjury that to the best of my knowle		made herein are true and correct.
X	President	<u>05/15/20</u> 23
The filing of this application or the granting of a business licens the provisions of the zoning code, and is further subject to all apspecific occupations and businesses. Payment by Check – make	oplicable federal, state and local	laws and regulations which apply to
FOR OFFICE USE ONLY License Effective from/	/Fee Remitted \$	License #