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 / <u>www.cityofls.net</u>

EDWARD D JONES & CO LP #18105 Licensing PO BOX 66719 ST LOUIS, MO 63166

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: 120 SW 2ND ST 102 LEES SUMMIT, MO 64063

Business E-Mail Address:: BRANCHTAXTEAM@EDWARDJONES.COM

Legal Name of Business: (if different than DBA): Edward D. Jones & Co., L.P.

Type of Organization: Finance and Insurance

Please provide your NAIC Code: 523120

Renew on-line communications email address:	branchtaxteam@edwardjones.com
(If you would like to renew on-line, you must provide	e an email above. This email address could be different than the Business Email
Address. This email address is the person that is responding	ponsible 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	<u>-license.html</u> for instructions.
Business Phone Numbers :	

Primary	Cell	Fax
8165540074		

Contact Information:

Primary	Secondary	Emergency
MATT KNEHANS, Address:1019 SE ELLS CT, Phone:(314) 603-0963	Secondary	Emergency

(Continued on back page)

Please provide a general description or scope	of work for your business:	
Stockbroker/dealer		
		_
F DOING ANY RETAIL SALES (provide copy of cu	urrent no sales tay due letter) - 117750	71
1 DOING ANT NETALL GALLS (provide copy of co	arrent no sales tax due letter) - 117709	7 1
For businesses physically located in Lee's Sui	mmit this section MUST be completed*	
Has your Physical Address changed over the la Is business located in a Lee's Summi Commer		Approval Form)
Do you have an intrusion alarm? Y or N (circle		
Total Building Square Footage - 938	,	
Employee Headcount for this location: Full Time: 2		
Part Time: 0		
Temporary: 0		
IF DOING ANY RETAIL SALES (provide copy of curre	nt no sales tax due letter) - 11775971	
IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE website at www.cityofls.net .	'S SUMMIT, PLEASE SUBMIT A NEW ZONING	G FORM. Zoning forms located on
FEE CALCULATION (please check those that apply):		
X \$50 Business License Fee (base f	ee)	
	1070/ // 1070/	
Penalty for delinquent license is 5	% per month not to exceed 25% (is delinque	ent 60 days after expiration)
_50.00 Total fee		
I declare under penalty of perjury that to the best of	my knowledge and belief the statements n	nade herein are true and correct.
x Lare Smith	A	
Signature of Owner(s) or Corporation Agent/Owner	χ <u>Accountant</u> Title	<u>07 / 25 / 202</u> 3 Date
The filing of this application or the granting of a bus the provisions of the zoning code, and is further sub,		
specific occupations and businesses. Payment by Ch		
FOR OFFICE USE ONLY		
	/ Fee Remitted \$	License #