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 #36229 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: 410A SE 3RD 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 LP

Type of Organization: Finance and Insurance

Please provide your NAIC Code: 523150

Renew on-line communications email address: <a href="mailto:branchtaxteam@edwardjones.com">branchtaxteam@edwardjones.com</a>
(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

<a href="https://devservices.cityofls.net/renew-business-license.html">https://devservices.cityofls.net/renew-business-license.html</a> for instructions.

Business Phone Numbers:

Primary	Cell	Fax
8165543128		

## Contact Information:

Primary	Secondary	Emergency
JOEL WILSON, Address:2204 SE 5TH TERR, Phone:(816) 872-4997	Secondary	Emergency

(Continued on back page)

Please provide a general description or scope o	of work for your business:	
Stockbroker/dealer		
IF DOING ANY RETAIL SALES (provide copy of cu	rrent no sales tax due letter) - 117	75971
*For businesses physically located in Lee's Sun	nmit this section <u>MUST</u> be comple	ted*
Has your Physical Address changed over the las	st year? <b>Y of N</b> (If yes complete Zon	ing Approval Form)
Is business located in a Lee's Sumn it Commerc		
Do you have an intrusion alarm? YoN (circle)		
Total Building Square Footage -		
Employee Headcount for this location:		
Full Time: 2		
Part Time: 0		
Temporary: <b>0</b>		
IF DOING ANY RETAIL SALES (provide copy of curren	nt no sales tax due letter) - 11775971	
IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S	S SLIMMIT DI FASE SLIRMIT A NEW 70	NING FORM Zoning forms located on
website at <u>www.cityofls.net</u> .	3 30 Mining, File 25 2 30 Divini A NEW 20	Time I only Louing Torms located on
FEE CALCULATION (please check those that apply):		
X \$50 Business License Fee (base fe	ne)	
\$30 business electise rec (buse re		
Penalty for delinquent license is 59	% per month not to exceed 25% (is deli	nquent 60 days after expiration)
<u>50.00</u> Total fee		
I declare under penalty of perjury that to the best of	my knowledge and belief the stateme	nts made herein are true and correct.
x_ Kare Dmith	χ_ Accountant	<u>07 / 25 / 202</u> 3
Signature of Owner(s) or Corporation Agent/Owner	Title	Date
The filing of this application or the granting of a busi	ness license neither confirms nor appro	oves the use of land as regulated under
the provisions of the zoning code, and is further subje	ect to all applicable federal, state and l	ocal laws and regulations which apply to
specific occupations and businesses. Payment by Che	cck – make check payable to City of Lee	's Summit.
FOR OFFICE USE ONLY	, ,	
License Effective from	/ Fee Remitted \$	License #