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

Mental Health

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

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 -

Employee Headcount for this location:
Full Time: ~~any~~ 3
Part Time:
Temporary:

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

~~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):

_____X____ $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 _____   X __Owner_____   6/27/23
Signature of Owner(s) or Corporation Agent/Owner   Title   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 # _____