



Expiration date: 08/31/2023

Business License Renewal

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

Baker Distributing Company LLC Licensing 14610 Breakers Drive Jacksonville, FL 32258

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

Physical Business Address:

2716 NE MCBAINE DR LEES SUMMIT, MO 64064

Business E-Mail Address::salt@bakerdist.com

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

Baker Distributing Company, LLC

Type of Organization:

Wholesale Trade

Please provide your NAIC Code:

Renew on-line communications email address: SALTBL@BAKERDIST.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
9044074477	(3)	
	1	

Contact Information:

Primary	Secondary	Emergency
Rhonda Waag, Address:14610 Breakers Drive, Phone:(904) 407-4477	WES BURT, Address:270 MCBAINE AVE, Phone:(8	

(Continued on back page)

Please provide a general description or scope of v	work for your business:	The second secon
HVAC/R Wholesaler		
2/4/-		
DOING ANY RETAIL SALES (provide copy of curr	ent no sales tax due letter) - 19686871	
For businesses physically located in Lee's Sumn	nit this section <u>MUST</u> be completed*	
Has your Physical Address changed over the last		roval Form)
Is business located in a Lee's Summit Commercia	al area or Residential? (circle)	
Do you have an intrusion alarm Y dr N (circle)		
Total Building Square Footage - 10,252		
Employee Headcount for this location:		
Full Time: 4		
Part Time: Temporary:		
IF DOING ANY RETAIL SALES (provide copy of current	no sales tax due letter) - 196868/1	
IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S Swebsite at www.cityofls.net.	SUMMIT, PLEASE SUBMIT A NEW ZONING F	ORM. 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 month not to exceed 25% (is delinquent	60 days after expiration)
50.00 Total fee		
I declare under penalty of perjury that to the best of m	ny knowledge and belief the statements mad	le herein are true and correct.
Shilpa Patel, CPA	x Director	<u>07 / 10 /202</u> 3
Signature of Owner(s) or Corporation Agent/Owner	Title	Date
The filing of this application or the granting of a busine the provisions of the zoning code, and is further subject specific occupations and businesses. Payment by Check	ct to all applicable federal, state and local lav	vs and regulations which upply to
FOR OFFICE USE ONLY License Effective from	Fee Remitted \$	License #