



Expiration date: 11/30/2023

Business License Renewal

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

KNAPP PHYSICAL THERAPY
Licensing
806 SW BLUE PKWY
LEES SUMMIT, MO 64063

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: 806 SW BLUE PKWY LEES SUMMIT, MO 64063
Business E-Mail Address:: INFO@KNAPPPT.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: anita.bean@knappPT.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
8162721427	8164197989	8166002602

Contact Information :

Primary	Secondary	Emergency
EDWARD KNAPP, Address:420 SW PRYOR RD, Phone:(816) 419-7989	Kelly Knapp 816-739-5895	Anita Bean 816-634-3231

(Continued on back page)

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

Physical therapy clinic

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 22830031

*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 - 7163

Employee Headcount for this location:

Full Time: 10

Part Time:

Temporary:

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 22830031

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)

50.00 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

Signature of Owner(s) or Corporation Agent/Owner

X

Title

Date

11/16/23

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 #

TAXATION DIVISION
PO BOX 3666
JEFFERSON CITY, MO 65105-3666



Missouri
DEPARTMENT OF REVENUE

Telephone: 573-751-9268
Fax: 573-522-1265
E-mail: taxclearance@dor.mo.gov

KNAPP PHYSICAL THERAPY LLC
806 SW BLUE PKWY
LEES SUMMIT, MO 64063-3805

DATE: 11/17/2023
VALID THROUGH: 02/15/2024
LEE'S SUMMIT

CERTIFICATE OF NO TAX DUE

MISSOURI ID: 22830031
Notice Number 2043808555

To Whom It May Concern: The Department of Revenue, State of Missouri, certifies the above listed taxpayer has filed all required returns and paid all sales or withholding tax due, including penalties and interest, and does not owe any sales and withholding tax, as of November 16, 2023. This review does not include returns that are not required to be filed as of this date or that have been filed but not yet processed by the Department.

This statement only applies to sales and withholding tax due and is not to be construed as limiting the authority of the Director of Revenue to assess, or pursue collection of liabilities resulting from final litigation, default in payment of any installment agreement entered into with the Director of Revenue, any successor liability that may become due in the future, or audits or reviews of the taxpayer's records as provided by law.

THIS CERTIFICATE REMAINS VALID FOR 90 DAYS FROM THE ISSUANCE DATE.

TAXATION DIVISION

DEPARTMENT OF REVENUE

Jefferson City, MO 64108-3085
Tax 573-555-1262
E-mail: tax@dox.state.mo.us



TAXATION DIVISION
PO BOX 3085
JEFFERSON CITY, MO 64108-3085

DATE: 1/17/2012
VALID THROUGH: 03/15/2014
LET'S SUMMIT

KARAR PHYSICAL THERAPY, LLC
808 SW BLUE RIVER
1155 SUMMIT MO 64083-3602

CERTIFICATE OF NO TAX DUE

MISSOURI ID: 32830031
Vendor Number: 304360555

To Whom It May Concern: The Department of Revenue, State of Missouri, certifies the above
related taxpayer has filed all required returns and paid all sales or withholding tax due, including
penalties and interest, and does not owe any sales and withholding tax as of November 15,
2012. This review does not include returns that are not required to be filed as of that date or
that have been filed but not yet processed by the Department.

This statement only applies to sales and withholding tax due and is not to be construed as
limiting the authority of the Director of Revenue to assess or pursue collection of liabilities
resulting from that taxpayer's default in payment of any payment agreement entered into with
the Director of Revenue. Any subsequent liability that may become due as a result of audit or
review of the taxpayer's records as provided by law.

THIS CERTIFICATE REMAINS VALID FOR 24 MONTHS FROM THE ISSUANCE DATE.

TAXATION DIVISION