



## Business License Application

220 SE Green Street  
Lee's Summit, MO 64063  
Phone 816.969.1220 / Fax 816.969.1221 / [www.cityofls.net](http://www.cityofls.net)

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date 12/04/2023  
MM DD YY

New Business (Y/N) Y In business since \_\_\_\_\_

Lee's Summit Pharmacy  
Common/Preferred Name of Business (DBA)

Local Health Specialty, Inc.  
Legal Name of Business (if different than DBA)

### Physical Business Address:

1198 NE Douglas St. Lee's Summit MO 64086  
Address City State Zip  
(816) 607-5152 ( ) (816) 607-5162 Accounting@medleyrx.com  
Business Address Phone # Cell # Fax # Email

### Mailing Address: (if different from Physical Address)

Contact Name for Mailing Address: Theresa Prenger ☐ DBA ☒ Legal Name ☐ Other Local Health Specialty, Inc.  
PO Box 528 Cuba MO 65453  
Address City State Zip  
(573) 885-0885 ( ) 573 677-0567 tprenger@Sinksrx.com  
Mailing Address Phone # Cell # Fax # Email

### Contacts:

■ Primary Contact: Steven Donnelly President  
Name Title (Owner/Corp. Agent/Applicant)  
2929 Westown Parkway Suite 100 West Des Moines IA 50266  
Address City State Zip  
(210) 441-2036 ( ) ( ) Steven@onerorx.com  
Phone # Cell # Fax # Email  
Date of Birth 01/05/1986 745YY 8620 IA  
MM DD YY Driver's License # State Issued

■ Secondary Contact: Jamie Morales Manager  
Name Title (Owner/Corp. Agent/Applicant)  
(816) 607-5152 ( ) ( ) jamie.morales@localhealthrx.com  
Phone # Cell # Fax # Email

Type of Organization (check one): ☐ Individual ☐ Partnership ☒ Corporation ☐ LLC ☐ Other \_\_\_\_\_

### Please complete this section if your business is physically located in Lee's Summit.

Check if applicable: This is a change in ☐ business name ☒ business ownership ☐ physical business address  
Is business located in a Lee's Summit commercial area N (if Y please complete a Commercial Zoning Approval form)  
Is business located in a Lee's Summit residence? N/Y (if Y please complete a Home Occupation Zoning Approval form)  
Do you have an intrusion alarm? N (if Y please complete an Alarm User Registration application)  
Total Building Square Footage 1,530 Missouri State Sales Tax Number 288 49388  
All applicants who make retail sales must submit a Missouri Department of Revenue Statement of No Tax Due with a date of issuance not more than 90 days before date of business license application/renewal. MDR can be reached at 573.751.9268.  
Employee Headcount for this location: 12 Full Time 1 Part Time 0 Temporary

Please provide a general description or scope of work for your business (i.e. electrical contractor, doctor, retail store, etc.):

1. Select Business License Category or NAICS code that best describes your business (choose one that applies)

Category	NAICS Code	Category	NAICS Code
Animal Services	81	Massage Therapy Establishment	81
Automobile Body/Repair Shop/Car Wash	81	Motel/Hotel indicate # of rooms	72
Automobile Sales	81	Nursery, Greenhouse	44-45
Ball Bonds person	81	Pay Day/Title Loan	52
Bank, Credit Union, Finance Company	52	Precious Metal Dealer/Pawnbroker	81
Contractor - Class A, B, C, or D	23	Real Estate Rental and Leasing	53
Contractor - Other	23	Recreation Business - Indoor/Outdoor	71
Day Care Provider - General (7-12)	81	Rental and Leasing	53
Day Care Provider - Limited (1-6)	81	Restaurant and Food Service	72
Drinking Establishment	72	<input checked="" type="checkbox"/> Retail	44-45
Funeral Home	81	School, for profit	61
Gas Service Station & Convenience Store	81	Service Provider	81
Grocers	44-45	Service Provider with Retail Sales	44-45 or 81
Hospital, Nursing Home, Retirement Home, Health	62	Special Event	71
Insurance	52	Telephone Call Center	81
IT Services	54	Tow Service Provider	81
Landscaping-Mowing-Tree Trimmer	81	Transportation - Bus/Taxi/Limo/Rental Car	48-49
Liquor Store	44-45	Vending Machine	81
Manufacturing	31-33	Waste Management and Recycling Services	56
Massage Therapist (may/may not own business)	81	Wholesale Sales	42

2. The City may convert to e-billing in the future for some business types. Will you opt-in to the e-billing program?

☒ Yes - Business/Billing Email Address: accounting@medleyrx.com ☐ No

3. Lee's Summit locations: Who would be able to provide access to your building for City Emergency personnel?

Print names in order of preference to call first:

a. Name Jamie Morales Tel # 214 288-3849 Alternate Tel # ( ) \_\_\_\_\_  
 b. Name Emily Galvan Tel # 417 569-3331 Alternate Tel # ( ) \_\_\_\_\_  
 c. Name Doug Klein Tel # 816 522-8005 Alternate Tel # ( ) \_\_\_\_\_

**CONTRACTOR LICENSING INFORMATION**

\*\*\*Contractors - please complete this section\*\*\*

Please select type of contractor license requested - \$25.00 annual contractor license fee for each Class

- ☐ Class A - General Contractor: construct, remodel, demolish, repair any structure
- ☐ Class B - Building Contractor: construct, remodel, demolish, repair all structures not exceeding 3 stories in height
- ☐ Class C - Residential Contractor: construct, remodel, demolish, repair any single family, duplex or townhouse structure
- ☐ Class D - Mechanical Contractor: perform mechanical (HVAC) services
- ☐ Class D - Electrical Contractor: perform electrical services
- ☐ Class D - Plumbing Contractor: perform plumbing services

☐ Please provide name of licensed representative (master) to be licensed \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
 Email \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

☐ If renewal - provide 8 hours of CEU (please provide documentation of completion) or include optional in lieu of CEU fee of \$100.00 per license classification

**FEE CALCULATION** (please check those that apply):

- ☐ \$50 Business License Fee
- ☐ \$25 Contractor License Fee (\$25 for each license classification ie: Mechanical & Plumbing = \$50)
- ☐ \$100 Contractor fee in lieu of completion of 8 hours of annual continuing education (CEU) for each license classification

\_\_\_\_\_ Penalty for delinquent license is 5% per month not to exceed 25%

\_\_\_\_\_ 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.

Signature of Owner(s) or Corporation Agent/Owner Theresa Pranger Title Accountant Date 12/4/2023

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 # \_\_\_\_\_



# LEE'S SUMMIT POLICE DEPARTMENT ALARM SUBSCRIBER PERMIT

Date Of Application: 12/4/23

Date Alarm Placed In Service: 7/28/20

Please check one of the following:

☒ Business ☐ Residential ☐ Transfer ☐ Update Only

BUSINESS OR RESIDENT NAME:

Lee's Summit Pharmacy  
Last Name First Name Middle Initial

ADDRESS (Location of Alarm):

1198 NE Douglas St Lee's Summit MO 64086  
Street Number Street Name Suite/Apartment Zip Code

PROPERTY OWNER NAME AND BILLING ADDRESS (If Different From Above)

David Zimmer PO Box 411299 Kansas City, MO 64141-1299  
Name Address Suite/Apartment City Zip Code

PHONE NUMBER: 816-607-5152

ALTERNATE: 573-885-0885

EMERGENCY CONTACT	ADDRESS	Phone Number
<u>Jamie Morales</u>	<u>1198 NE Douglas St Lee's Summit MO 64086</u>	<u>214-288-3849</u>
EMAIL ADDRESS OF SUBSCRIBER	<u>jamie.morales@localhealthrx.com</u>	
<u>tprenger@zinkrx.com</u>		

TYPE OF ALARM: (Check all applicable)	Intrusion <input checked="" type="checkbox"/>	Hold-Up <input type="checkbox"/>	Outside Audible* <input type="checkbox"/>
---------------------------------------	---	----------------------------------	---

\*If Outside Audible is checked, will this system cease to emit and audible sound after 15 minutes of activation?

YES ☐ NO ☐

Name and address of firm installing (or who has already installed) the system:

COPS Monitoring 1041 Glassboro Rd F2 Williamstown NJ 08094  
Name Street Address City State Zip Code

Is Alarm Monitored by an Alarm Service? YES ☒ NO ☐

Signature of Subscriber:** 	Date: <u>12/4/23</u>
---	-------------------------

**Return this completed permit and your remittance of \$50 to:**

**Lee's Summit Police Department 10 NE Tudor Lee's Summit, MO 64086 Attn: Records Unit**

Checks should be made payable to "City of Lee's Summit"

You may remit in person at the Records Unit, Monday-Friday, from 7:00 a.m. to 5:00 p.m.

If you have any questions you can reach the Alarm Coordinator at 816-969-1716

**YOU MUST BRING THIS COMPLETED PERMIT WITH YOU.**

\*\* Applicant agrees that the City of Lee's Summit shall have no responsibility in rendering or not rendering any service or in termination of service in connection with any alarm or alarm system, any service being voluntary and solely for the benefit of applicant and at no expense to applicant.

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](mailto:taxclearance@dor.mo.gov)

LOCAL HEALTH SPECIALTY INC  
PO BOX 528  
CUBA, MO 65453-0528

DATE: 12/11/2023  
VALID THROUGH: 03/11/2024

### **CERTIFICATE OF NO TAX DUE**

MISSOURI ID: 28849388  
Notice Number 2044302460

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 December 10, 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



**ZONING APPROVAL**  
**FOR ALL BUSINESSES**  
**EXCEPT HOME OCCUPATIONS**

DATE: 12/4/2023  
APPLICANT: Theresa Prenger  
BUSINESS NAME: Lee's Summit Pharmacy  
ADDRESS: 1198 NE Douglas St, Lee's Summit MO 64086  
TYPE OF BUSINESS: Retail Pharmacy  
TELEPHONE: 816-607-5152 ZONING DISTRICT: \_\_\_\_\_  
(To be completed by the Planning Dept.)

\_\_\_\_\_  
NEW BUSINESS  
X  
CHANGE OF OWNERSHIP  
\_\_\_\_\_  
CHANGE OF ADDRESS

If applicable, what type of business previously occupied the space? (Include name of business if known)  
Same retail pharmacy under previous owners

If locating in a previously occupied space, are there any building structural, mechanical, plumbing or electrical alterations or additions proposed? If so, please describe the nature of the alterations or additions.

No

**AFTER THIS ZONING APPROVAL FORM HAS BEEN SIGNED, AN OCCUPANTIONAL/BUSINESS LICENSE APPLICATION AND FEE MAY BE ACCEPTED FOR FINAL PROCESSING IN THE FINANCE DEPARTMENT AT LEE'S SUMMIT, MISSOURI CITY HALL.**

NOTE: This form is required prior to acceptance of an application for an occupational/business license and issuance of a temporary permit to operate if the business location is within the limits of the City of Lee's Summit. New businesses with no physical location within the city do not require this form.

  
\_\_\_\_\_  
APPLICANT SIGNATURE

**APPROVED BY:**

\_\_\_\_\_  
DEPT. OF PLANNING & DEV.

\_\_\_\_\_  
CODES ADMINISTRATION

\_\_\_\_\_  
FIRE DEPARTMENT

- ☐ If checked, permits are required prior to performing any framing, mechanical, electrical or plumbing alterations or additions.