Expiration date: 02/28/2024



Business License Renewal

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

The Muscle Therapist/Facility Licensing 640 NW 1751st Rd Kingsville, MO 64061

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:

3552 SW MARKET ST LEES SUMMIT, MO 64082

Business E-Mail Address:: rosalindbenson06@gmail.com

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

Type of Organization:

Health Care, Social Assistance

Please provide NAIC Code:

(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
8169052208		

Contact Information:

Secondary	Emergency
	Rosalind Benson, Address:640 NW 1751st Rd, Phone:(816) 905-2208
	Secondary

(Continued on back page)

Massage Therapy				
DOING ANY	ETAIL SALES (provide copy of current n	no sales tax due letter) -		
businesse	physically located in Lee's Summ	nit this section <u>MUST</u> be completed*		
s your Phys	cal Address changed over the last y	year? Y or N VIf yes complete Zoning Ap	proval Form)	
	cated in a Lee's Summit Commercial			
	n intrusion alarm? Y or N [circle]			
	Square Footage - NIA			
	dcount for this location:			
all Time: 1				
art Time: Ø emporary: Ø				
E CALCULATI	DN (please check those that apply):			
	\$50 Business License Fee (base fee)			
X				
X			60 days after expiration)	
x	Penalty for delinquent license is 5% p	per month not to exceed 25% (is delinquent	oo days arter expiration,	
X	Penalty for delinquent license is 5% p Total fee	per month not to exceed 25% (is delinquent)	oo days area expiration,	
_	_ Total fee			
_	_ Total fee	y knowledge and belief the statements mad		
<u> </u>	_ Total fee	y knowledge and belief the statements mad	e herein are true and correct.	
eclare under	_ Total fee			

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