



Dear Business Owner:

Enclosed you will find the **Business License Renewal Form** for the license year April 01, 2024 through March 31, 2025. Please take a moment to review the information, particularly verifying the accuracy of the **Missouri Sales Tax ID** number and business address noting any corrections or additions.

Missouri Senate Bill 30 became effective January 1, 2009; requiring a statement of "No-Tax Due" from the Missouri Department of Revenue before the issuance of a business license by the City for any business engaging in retail sales. A business owner can enter their Missouri Tax Identification Number and PIN at <http://dor.mo.gov/business/sales/notaxdue/> to print their statement and include with the business license renewal. Business license renewals that are submitted without a no tax due certificate cannot be processed.

#### **BUSINESS LICENSE FEES INFORMATION**

As governed by City Ordinance #28-30, the base license fee is \$50.00. Businesses are required to have a separate license for each location.

All renewals not received by May 31, 2024 will be considered delinquent and subject to penalty. Penalty is 5% per month not to exceed 25%. Please make checks payable to "City of Lee's Summit".

**\*\*IMPORTANT!** If you would like to **RENEW** your Business License online, please visit <https://devservices.cityofls.net/renew-business-license.html> for instructions.

If you will **not** be doing business in Lee's Summit during the next Business License year and you are not located in Lee's Summit, **please send notification**. If you should have questions regarding your renewal, please contact the Development Services Department at 816-969-1200.

**Thank you for your prompt attention.**

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Expiration date: 03/31/2024

### Business License Renewal

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

Wilshire at Lakewood Rehab Center  
Licensing  
600 NE Meadowview dr.  
Lee's Summit, MO 64064

#### 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: 600 NE MEADOWVIEW DR 201 LEES SUMMIT, MO 64064

Business E-Mail Address: [kurt@wilshirerehab.com](mailto:kurt@wilshirerehab.com)

Legal Name of Business: (if different than DBA): Wilshire at Lakewood Rehab Center

Type of Organization: Health Care, Social Assistance

Please provide your NAIC Code:

Legal name - wilshire Operator LLC  
DBA - wilshire at Lakewood  
Rehab Center

Renew on-line communications email address: [akass@luxorhc.com](mailto:akass@luxorhc.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
8165549866		

Contact Information :

Primary	Secondary	Emergency
( Jack Wolf, Address: 600 NE Meadowview dr., Phone: (816) 554-9866 Ext: 2103  Adele Kass 908-430-5111 <a href="mailto:akass@luxorhc.com">akass@luxorhc.com</a>		Jack Wolf, Address: 600 NE Meadowview dr., Phone: (816) 554-9866 Ext: 2103

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

Skilled nursing facility

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 - 81,169

Employee Headcount for this location:

Full Time: ~~100~~ 100

Part Time: 37

Temporary: N/A

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](http://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 [Signature]  
Signature of Owner(s) or Corporation Agent/Owner

X Regional BOM  
Title

02/14/24  
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 #