



new
3-24 to 1-28-25

Business License Application

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

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date 02/27/24
MM DD YY

New Business (Y/N) Y

In business since Nov 2023

Curana Health Management Services, LLC

Common/Preferred Name of Business (DBA)

Curana Health Management Services, LLC

Legal Name of Business (if different than DBA)

Physical Business Address:

400 SW Longview Blvd Ste 280

Address

Lee's Summit

City

MO

State

64081-2106

Zip

(877) 279-5960

Business Address Phone #

()

Cell #

()

Fax #

procurement@curanahealth.com

Email

Mailing Address: (if different from Physical Address)

Contact Name for Mailing Address:

☐ DBA ☒ Legal Name ☐ Other

8911 N. Capital of Texas Hwy., Bldg. 1, Ste. 1110

Address

City

State

Zip

(877) 279-5960

Mailing Address Phone #

()

Cell #

()

Fax #

procurement@curanahealth.com

Email

Contacts:

■ Primary Contact:

Liyuan
Lily Huang

Name

CFO

Title (Owner/Corp. Agent/Applicant)

8911 N. Capital of Texas Hwy., Bldg. 1, Ste. 1110

Address

Austin

City

TX

State

78759

Zip

877-279-5960

Phone #

()

Cell #

()

Fax #

procurement@curanahealth.com

Email

Date of Birth 06/17/92
MM DD YY

Y4818733

Driver's License #

CA

State Issued

■ Secondary Contact: Tia Reece

Name

Procurement Assistant

Title (Owner/Corp. Agent/Applicant)

(405) 675-2434

Phone #

()

Cell #

()

Fax #

procurement@curanahealth.com

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/Y (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/Y (if Y please complete an Alarm User Registration application)

Total Building Square Footage 1987

Missouri State Sales Tax Number n/a

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: 4 Full Time 0 Part Time 0 Temporary

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

General Office Space for Senior Living Clinic

(continued on next page)

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
Bail Bondsperson	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	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
X 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: procurement@curanahealth.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 Justin Thompson Tel # (816)674-3953 Alternate Tel # () _____
b. Name _____ Tel # () _____ Alternate Tel # () _____
c. Name _____ Tel # () _____ 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%

62.50
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.

Justin Thompson
Signature of Owner(s) or Corporation Agent/Owner

CFO
Title

01/22/24
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 # _____



**REGISTERED AGENT
SOLUTIONS INC**
A LEXITAS COMPANY

February 27, 2024

**City of Lee's Summit
220 SE Green Street
Lee's Summit, MO 64063
816-929-1220**

RE: Curana Health of Missouri-Kansas, LLC

To Whom It May Concern:

Enclosed please find a **Business License Application and Zoning Approval Application** for our client **Curana Health of Missouri-Kansas, LLC** and a check payment in the amount of **\$62.50**.

Once the applications have been processed, please forward any proof of filing to the mailing address on the application. If there are any issues, or if you require any further information, please do not hesitate to contact us.

Sincerely,

Business Licensing Department
Registered Agent Solutions, Inc.
licensing@rasi.com

888-705-7274

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

DATE: 2/27/24
APPLICANT: Curana Health Management Services, LLC
BUSINESS NAME: Curana Health Management Services, LLC
ADDRESS: 400 SW Longview Blvd Ste 280 Lee's Summit, MO 64081-2106
TYPE OF BUSINESS: General Office Space
TELEPHONE: (877) 279 - 5960 ZONING DISTRICT: PMIX
(To be completed by the Planning Dept.)

X NEW BUSINESS CHANGE OF ADDRESS
 CHANGE OF OWNERSHIP

If applicable, what type of business previously occupied the space? (Include name of business if known)

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.

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

NA
FIRE DEPARTMENT

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

Business Address
(Administrative Use)