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

CADUCEUS USA Licensing 535 N CENTRAL AVE HOPEVILLE, GA 30354

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:

805 NE RICE RD LEES SUMMIT, MO 64086

Business E-Mail Address:: FINANCEAP@CADUCEUSOCCMED.COM

Legal Name of Business: (if different than DBA): CADUCEUS OCCUPATIONAL MEDICINE LLC

Type of Organization:

Health Care, Social Assistance

Please provide your NAIC Code: 62/111

Renew on-line communications email address:			
f	-1-111	This	

(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
8165541518		8165548710

Contact Information:

Primary	Secondary	Emergency
THOMAS GRONDIN, Address 535 N CENTRAL AVE, Phone: (404) 761-4049	JOEY MUT, Phone:(494) 761-1263,	
Mike DOTT, CFO 535 x Central AVE		
Hapeville, Ga		
404-761-4040		

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Please provide a general description or scope of work for your business: Occupational Medicine - Physicals Long Screen Dock related injury cone	<u></u>
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? You (If yes complete Zoning Approval Form)	
Is business located in a Lee's Summit Commercial rea or Residential? (circle)	
Do you have an intrusion alarm? (For N (circle)	
Total Building Square Footage - 4267	
Employee Headcount for this location:	
Full Time: 5 Part Time: 6	
Temporary: 🗸	
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 to website at www.cityofls.net .	xated on
FEE CALCULATION (please check those that apply):	
X X X X X X X X X X X X X X X X X X X	9114
Signature of Owner(s) or Corporation Agent/Owner Title Date	
The filing of this application or the granting of a business license neither confirms nor approves the use of land as regulative provisions of the zoning code, and is further subject to all applicable federal, state and local laws and regulations where specific occupations and businesses. Payment by Check—make check payable to City of Lee's Summit.	ited under nich apply to
FOR OFFICE USE ONLY license Effective from / / to / / Fee Remitted \$ License #	