

Business License Renewal

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

JOHN KNOX VILLAGE
Licensing
400 NW MURRAY RD
LEES SUMMIT, MO 64081

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: 400 NW MURRAY RD LEES SUMMIT, MO 64081
Business E-Mail Address:: KKLOCKENGA@JKV.ORG
Legal Name of Business: (if different than DBA):
Type of Organization: Health Care, Social Assistance
Please provide your NAIC Code: **623311**

Renew on-line communications email address: dstichler@jkv.org

(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
8163472855	8479807060	8162461979

Contact Information :

Primary	Secondary	Emergency
R KIM KLOCKENGA, Address:400 NW MURRAY RD, Phone:(816) 347-2855	DAN REXROTH, Phone:(816) 347-2864	

**** Please see additional changes on next page.**

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For businesses physically located in Lee's Summit this section MUST be completed

FEE CALCULATION (please check those that apply):

 Total fee

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.

License Effective from ____/____/____ to ____/____/____ Fee Remitted \$____ License # _____