Expiration date: 06/30/2024



Business License Renewal

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

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.

(Continued on back page)

Please provide a general description or scope of	work for your business:	
IF DOING ANY RETAIL SALES (provide copy of curr	ent no sales tax due letter) - 13530	488
For businesses physically located in Lee's Sumn	nit this section <u>MUST</u> be completed	!
Has your Physical Address changed over the last Is business located in a Lee's Summit Commercia Do you have an intrusion alarm? YorN (circle)	l area or Residential? (circle)	Approval Form)
Total Building Square Footage - 25466 (ADMIN BL Employee Headcount for this location: Full Time: 924 544	DG)	
Part Time: 110 250 Temporary: 170 41		
IF DOING ANY RETAIL SALES (provide copy of current IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S Swebsite at www.cityofls.net .		NG FORM. Zoning forms located on
FEE CALCULATION (please check those that apply):		
X \$50 Business License Fee (base fee)		
Penalty for delinquent license is 5% Total fee	per month not to exceed 25% (is deling	uent 60 days after expiration)
I declare under penalty of perjury that to the best of m	y knowledge and belief the statements	made herein are true and correct.
X Steve Seggerman Signature of Owner(s) or Corporation Agent/Owner	x <u>Assistant Treasurer</u> Title	
The filing of this application or the granting of a busine the provisions of the zoning code, and is further subject specific occupations and businesses. Payment by Check	t to all applicable federal, state and loca	s the use of land as regulated under Il laws and regulations which apply to
FOR OFFICE USE ONLY License Effective from// to	/ Fee Remitted \$	License #