Expiration date: 06/30/2024



| | ı | | | |
|---------------------------------------|----------|--|-----------------------------------|---|
| | | Busir | ess License Renev | wal |
| | | | 220 SE Green Street | |
| | | | Lee's Summit, MO 64063 | |
| | Phon | e 816.969.1 | 20 / Fax 816.969.1221 / <u>ww</u> | vw.cityofls.net |
| EDWARD DIONES BISO ID HOSASO | | | | |
| EDWARD D JONES & CO LP #06469 | · | | | |
| Licensing | i | 1 | | |
| PO BOX 66719 | | | | |
| ST LOUIS, MO 63166 | ' | | | |
| | PLEAS | E NOTIFY L |) IS IF YOU DISCONTINUE YOU | IR BUSINESS. |
| Please Update your Information | . If the | re are char | ges to the information pro | ovided, please draw a line through and |
| correct. | i | | | • |
| | | | | |
| Physical Business Address: | | | OLDHAM PKWY LEES SUM! | MIT, MO 64081 · |
| Business E-Mail Address:: BRAN | | | | |
| Legal Name of Business: (if diffe | erent ti | 1 | | .Р |
| Type of Organization: | 500 | Finance | and Insurance | |
| Please provide your NAIC Code: | 523 | 150 | | |
| Renew on-line communications em | مناعطط | brass. bra | nchtaxteam@edw | ardiones.com |
| | | | | dress could be different than the Business Em |
| Address. This email address is the pe | | | | |
| **IMPORTANT! If you would like to | | | | |
| https://devservices.cityofls.net/re | | | | |
| Business Phone Numbers : | | | | |
| | ŀ | | | |
| Primary ' | | | Cell | Fax |
| 8165250770 | Ti T | | | |
| | | | | |
| | -:- | | | |
| Contact Information : | | | | |
| Contact Information . | 1 | | | |
| Primary | | | Secondary | Emergency |
| | <u> </u> | | | |
| THOM SCHLOSSER, Address:704 | 1 NE | | | |
| SEABROOK CIRCLE, Phone: (816) | 1 | | | |
| 227-9752 | | | | |
| | | | | |
| | | ~ | | . . |
| | i | | İ | |
| | ĺ | | | |
| | | | | |
| | | | | i |
| | | | 1 | |
| | | | | |
| | | | | <u> </u> |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| (Continued on back page) | | | } | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | 1 | |
| | | | | |
| | | | 1 | |
| | 1 | 1 | 1 | |

| OING ANY RETAIL SALES (provide copy of curr | ent no sales tax due letter) - | |
|---|--|---|
| r businesses physically located in Lee's Sumn | nit this section <u>MUST</u> be completed* | |
| as your Physical Address changed over the last | year? Y or N/(If yes complete Zoning Ap | proval Form) |
| s business located in a Lee's Summit Confercia | | |
| o you have an intrusion alarm? Yor N (circle) | | |
| otal Building Square Footage - V 13 | 300 sq ft | |
| mployee Headcount for this location: | | |
| ull Time:X 1 | | |
| art Time: emporary: | | |
| emporary. | | • |
| F PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S S rebsite at <u>www.cityofls.net</u> . | | Onthis Zoning Torris Tocarca di |
| | | |
| EE CALCULATION (please check those that apply): | · | |
| X \$50 Business License Fee (base fee | ١ | |
| \$50 business acense ree (base ree) | • | |
| | per month not to exceed 25% (is delinquent | 60 days after expiration) |
| Penalty for delinquent license is 5% | | |
| Penalty for delinquent license is 5% Total fee | | |
| Total fee | | As former and a second |
| Total fee | ny knowledge and belief the statements ma | de herein are true and correct. |
| Total fee declare under penalty of perjury that to the best of m Amy Hummel | ny knowledge and belief the statements ma X <u>CONTRACTOR</u> | de herein are true and correct. 05 _/_07_/_2024 |
| Total fee | | de herein are true and correct. 05 / 07 / 2024 Date |