



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 / www.cityofls.net

THE HONEY BAKED HAM COMPANY, LLC Licensing 3875 MANSELL ROAD ALPHARETTA, GA 30092

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:

793 NE RICE RD LEES SUMMIT, MO 64086

Business E-Mail Address: APRONLINECAPTURECENTER COM LICENSE SUPPORT & HBHAM. COM

Legal Name of Business: (if different than DBA): Type of Organization:

Retail Trade

Please provide your NAIC Code:

Renew on-line communications email address: LLCENSESUPPRET OF HBHAM-COM

(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
8164781000		

Contact Information:

Primary	Secondary	Emergency
COLETTE WATUNGTON, Address: 4528 S. NOLAND RD, Phone: (678) 966 3225 3675 MANSEU ROAD ALPHARISTIA GA 30092 678-960-3225	LISA DEMOVISH, Address:3875 MANSELL RD, Phone:(678) 966-3100	COLETTE WATHINGTON, Address: 4528 5. NOLAND RD, Phono (678) 966-3225 ANDREW DUDING 678 - 966 - 3264

(Continued on back page)

Please provide a general description or so	ope of work for your business:	
IF DOING ANY RETAIL SALES (provide copy	of current no sales tax due letter) - 2	2576941
For businesses physically located in Lee's	Summit this section MUST be comp	pleted
Has your Physical Address changed over t		oning Approval Form)
Is business located in a Lee's Summit Cor Do you have an intrusion alarm? Y or N (
Total Building Square Footage -	ircie)	
Employee Headcount for this location: Full Time: 1		
Part Time: 5		
Temporary:		
IF DOING ANY RETAIL SALES (provide copy of	current no sales tax due letter) - 2257694:	1
IF PHYSICAL ADDRESS HAS CHANGED WITHII website at www.cityofls.net.	I LEE'S SUMMIT, PLEASE SUBMIT A NEW 7	ZONING FORM. Zoning forms located on
FEE CALCULATION (please check those that ap	οιγ): 	
X \$50 Business License Fee (b	ase fee)	·
Penalty for delinquent licens	e is 5% per month not to exceed 25% (is d	lelinquent 60 days after expiration)
Total fee		
I declare under penalty of perjury that to the b	est of my knowledge and belief the staten	nents made herein are true and correct.
Q.T.	X LIC. Supp. Spec	
Signature of Quantum Signature Agent/O		Date
The filing of this application or the granting of the provisions of the zoning code, and is furthe specific occupations and businesses. Payment	r subject to all applicable federal, state an	d local laws and regulations which apply to
FOR OFFICE USE ONLY License Effective from//	to/ Fee Remitted	d \$ License #