Expiration date: 09/30/2024



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>

Perinatal Specialists of Kansa City Licensing 16240 Foster St Stilwell, KS 66085

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: 1300 NE WINDSOR DR LEES SUMMIT, MO 64086

Business E-Mail Address:: mcunningham@kcperinatal.com

Legal Name of Business: (if different than DBA): Cecily A Clark-Ganheart, M.D, P.A. DBA Perinatal Specialists of

Kansas City

Type of Organization: Health Care, Social Assistance

Please provide your NAIC Code:

| Renew on-line communications email address: | |
|--|------|
| (If you would like to renew on-line, you must provide an email above. This email address could be different than the Business En | nail |
| 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 |
|------------|------|-----|
| 9132910069 | | |
| | | |
| | | |

Contact Information:

| Primary | Secondary | Emergency | |
|--|--|--|--|
| Cecily A Clark Ganheart, Address:16240 Foster St, Phone:(913) 291-0069 | Martin Cunningham, Address:16240 Foster St, Phone:(913) 286-1406 | Cecily A Clark Ganheart, Address:16240 Foster St, Phone:(913) 291-0069 | |
| | | | |

(Continued on back page)

| Please provide a general description or scope of work for your business: | | | | |
|---|--------------------------------------|-----------------------------------|---------------|--|
| | | | | |
| IF DOING ANY RETAIL SALES (provide copy of cu | ırrent no sales tax due lette | e r) - | | |
| *For businesses physically located in Lee's Sun | nmit this section <u>MUST</u> be | completed* | | |
| Has your Physical Address changed over the las | st year? Y or N (If yes compl | ete Zoning Approval Form) | | |
| Is business located in a Lee's Summit Commerc | • | <u> </u> | | |
| Do you have an intrusion alarm? Y or N (circle) | | | | |
| Total Building Square Footage - | | | | |
| Employee Headcount for this location: | | | | |
| Full Time: 6 Part Time: | | | | |
| Temporary: | | | | |
| IF DOING ANY RETAIL SALES (provide copy of current of the physical address has changed within Lee's website at www.cityofls.net . | | NEW ZONING FORM. Zoning for | ms located on | |
| FEE CALCULATION (please check those that apply): X \$50 Business License Fee (base fee penalty for delinquent license is 50 to the penalty for delinquent license is 50 to the penalty fee penalty for delinquent license is 50 to the penalty fee pen | | 6 (is delinquent 60 days after ex | piration) | |
| | | | | |
| I declare under penalty of perjury that to the best of | my knowledge and belief the | statements made herein are true | and correct. | |
| X Signature of Owner(s) or Corporation Agent/Owner | X Title | Da | /// | |
| The filing of this application or the granting of a busi the provisions of the zoning code, and is further subj specific occupations and businesses. Payment by Che | ect to all applicable federal, sto | ate and local laws and regulation | | |
| FOR OFFICE USE ONLY License Effective from/ to | /Fee Rer | nitted \$ License # | | |



Dear Business Owner:

Enclosed you will find the **Business License Renewal Form** for the license year October 01, 2024 through September 30, 2025.

Please take a moment to review the information, particularly verifying the accuracy of the **Missouri Sales Tax ID** number and business address noting any corrections or additions.

Missouri Senate Bill 30 became effective January 1, 2009; requiring a statement of "No-Tax Due" from the Missouri Department of Revenue before the issuance of a business license by the City for any business engaging in retail sales. A business owner can enter their Missouri Tax Identification Number and PIN at http://dor.mo.gov/business/sales/notaxdue/ to print their statement and include with the business license renewal. Business license renewals that are submitted without a no tax due certificate cannot be processed.

BUSINESS LICENSE FEES INFORMATION

As governed by City Ordinance #28-30, the base license fee is \$50.00. Businesses are required to have a separate license for each location.

All renewals not received by November 30, 2024 will be considered delinquent and subject to penalty. Penalty is 5% per month not to exceed 25%. Please make checks payable to "City of Lee's Summit".

IMPORTANT! If you would like to **RENEW your Business License online, please visit https://devservices.cityofls.net/renew-business-license.html for instructions.

If you will <u>not</u> be doing business in Lee's Summit during the next Business License year and you are not located in Lee's Summit, <u>please send notification</u>. If you should have questions regarding your renewal, please contact the Development Services Department at 816-969-1200.

Thank you for your prompt attention.