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>

AMERICAN FAMILY INSURANCE/KRISTIN WRIGHT Licensing 620 SE M 291 HWY, Unit 103 LEES SUMMIT, MO 64063

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:

620 SE M 291 HWY 103 LEES SUMMIT, MO 64063

Business E-Mail Address:: KSCHOLL@AMFAM.COM

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

KRISTIN L SCHOLL AGENCY LLC

Type of Organization:

Finance and Insurance

Please provide your NAIC Code:

National Programme Description of the Programme Programm	
Renew on-line communications email address:	
(If you would like to renew on-line, you must provide an email above. Thi	is 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 or	nline, please visit
https://devservices.cityofls.net/renew-business-license.html for in	nstructions.
Business Phone Numbers :	

Primary	Cell	Fax
8165544811	8167692174	8448434339

Contact Information:

Primary	Secondary	Emergency
KRISTIN WRIGHT , Address:6515 S STILLHOUSE RD, Phone:(816) 769-2174	ALYSSA MONTERROSA, Address:105 NE BROOKWOOD DR, Phone:(816) 769-9655	KRISTIN WRIGHT , Address:6515 S STILLHOUSE RD, Phone:(816) 769-2174
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Please provide a general description or scope of work for your business: Amunican Family Insurance Agency
IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) -
For businesses physically located in Lee's Summit this section MUST be completed
Has your Physical Address changed over the last year? Y or (N) (If yes complete Zoning Approval Form)
Is business located in a Lee's Summit Commercial area or Residential? (circle)
Do you have an intrusion alarm? Yor N (circle)
Total Building Square Footage - 800
Favelouse Headequat for this location:
Employee Headcount for this location: Full Time: 7
Part Time: 1/ O
Temporary:
IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) -
IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S SUMMIT, PLEASE SUBMIT A NEW ZONING FORM. Zoning forms located on website at www.cityofls.net .
FEE CALCULATION (please check those that apply):
X \$50 Business License Fee (base fee)
Penalty for delinquent license is 5% per month not to exceed 25% (is delinquent 60 days after expiration)
50/
Total fee
I declare under penalty of perjury that to the best of my knowledge and belief the statements made herein are true and correct.
16 1 11/1
x / Justic State x Owner Agent / Owner Title Date
Signature of Owner(s) or Corporation Agent/Owner Title Date
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.
FOR OFFICE USE ONLY License Effective from 7 / 1 / 24 to 6 / 30 / 25 Fee Remitted \$50 License # LC 5 2 14 11 67