



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](http://www.cityofls.net)

A HEALTHY ALTERNATIVE MASSAGE THERAPY  
Licensing  
1280 NE TUDOR RD  
LEES SUMMIT, MO 64086

#### 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: ~~4025 NE LAKEWOOD WAY 110 LEES SUMMIT, MO 64064~~ *2107 1/2 5th St, 525 SW Market St*  
Business E-Mail Address:: AHEALTHYALT@ATT.NET *LS MO 64063*  
Legal Name of Business: (if different than DBA):  
Type of Organization: *LLC* Health Care, Social Assistance  
Please provide NAIC Code:

Renew on-line communications email address: *ahealthyalt@att.net*

(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
8165548080	8167288324	

Contact Information :

Primary	Secondary	Emergency
TERRI COOPER, Address:1280 NE TUDOR RD, Phone:(816) 728-8324	MICHAEL COOPER, Address:1280 NE TUDOR RD, Phone:(816) 728-8325	

(Continued on back page)

Please provide a general description or scope of work for your business:

Massage

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 20071744

\*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? Y or N (circle)

Total Building Square Footage - 1000 160

Employee Headcount for this location:

Full Time: 4 contractors

Part Time:

Temporary:

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 20071744 None

IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S SUMMIT, PLEASE SUBMIT A NEW ZONING FORM. Zoning forms located on website at [www.cityofls.net](http://www.cityofls.net)

FEE CALCULATION (please check those that apply):

\$50 Business License Fee (base fee)

Penalty for delinquent license is 5% per month not to exceed 25% (is delinquent 60 days after expiration)

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.

X Jeri Cooper  
Signature of Owner(s) or Corporation Agent/Owner

X owner  
Title

6/11/24  
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

7/1/2024 to 6/30/2025

Fee Remitted \$ 50

License #

LL62140497

**ZONING APPROVAL  
FOR ALL BUSINESSES  
EXCEPT HOME OCCUPATIONS**

DATE: 6/12/2024  
APPLICANT: Terri Cooper  
BUSINESS NAME: A Healthy Alternative Massage Therapy  
ADDRESS: 525 SW Market  
TYPE OF BUSINESS: massage  
TELEPHONE: 816-554-8080 ZONING DISTRICT: TNZ  
(To be completed by the Planning Dept.)

\_\_\_\_\_ NEW BUSINESS                      X CHANGE OF ADDRESS  
\_\_\_\_\_ CHANGE OF OWNERSHIP

If applicable, what type of business previously occupied the space? (Include name of business if known)  
N/A

If locating in a previously occupied space, are there any building structural, mechanical, plumbing or electrical alterations or additions proposed? If so, please describe the nature of the alterations or additions.  
NO

Business Address  
(Administrative Use)

**AFTER THIS ZONING APPROVAL FORM HAS BEEN SIGNED, AN OCCUPANTIONAL/BUSINESS LICENSE APPLICATION AND FEE MAY BE ACCEPTED FOR FINAL PROCESSING IN THE FINANCE DEPARTMENT AT LEE'S SUMMIT, MISSOURI CITY HALL.**

NOTE: This form is required prior to acceptance of an application for an occupational/business license and issuance of a temporary permit to operate if the business location is within the limits of the City of Lee's Summit. New businesses with no physical location within the city do not require this form.

Terri Cooper  
APPLICANT SIGNATURE

**APPROVED BY:**  
[Signature]  
DEPT. OF PLANNING & DEV.

If checked, permits are required prior to performing any framing, mechanical, electrical or plumbing alterations or additions.

[Signature] \*  
CODES ADMINISTRATION  
NA  
FIRE DEPARTMENT

\* Contingent upon completion of change of use permit process



# State of Missouri

Missouri Department of Commerce and Insurance  
Division of Professional Registration  
Missouri Board of Therapeutic Massage  
**Massage Therapy Business**



VALID THROUGH JANUARY 31, 2025  
ORIGINAL CERTIFICATE/LICENSE NO. 2008037637

A HEALTHY ALTERNATIVE, MASSAGE THERAPY  
COOPER, TERRI  
525 SW MARKET ST  
LEES SUMMIT MO 64063  
USA

*Gloria Lindsay*  
EXECUTIVE DIRECTOR

*Sheila Lofan*  
DIVISION DIRECTOR

