LEE'S SUMMIT
MISSOURI

Expiration date: 01/31/2022

Business License Renewal

220 SE Green Street
Lee's Summit, MO 64063
Phone 816.969.1220 / Fax 816.969.1221 / www.cityofls.net

FAMILY HEALTH SPECIALISTS OF LEE'S SUMMIT LLC
Licensing
2000 SE BLUE PKWY, Unit 270B
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: 2000 SE BLUE PKWY 270B LEES SUMMIT, MO 64063
Business E-Mail Address:: ~~PAMELA.STAHLBERG@HCAHEALTHCARE.COM~~ CHAUTAUQUA.NEWMAN@HCAHealthcare.com
Legal Name of Business: (if different than DBA):
Type of Organization: Health
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 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
8165248488	~~9184077789~~	~~8774229013~~ 877-422-9013

Contact Information :

Primary	Secondary	Emergency
~~BRITTNEY CONARD, Phone:(816) 537-6232~~ Chautauqua Newman 816-524-8488	~~RYAN WINTER, Phone:(816) 524-8488~~ Sydney Kaden 816-524-8488	Rachel Hailey 816-309-2941

(Continued on back page)

Please provide a general description or scope of work for your business:
Medical office of Primary Care Physicians. No X-rays or equipment with radiation used in this office.

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? **Y or (N)** (circle)
Total Building Square Footage -

Employee Headcount for this location:
Full Time: ~~8~~ 10
Part Time: ~~3~~
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)**

__X__ **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 _____ **Signature of Owner(s) or Corporation Agent/Owner**

X _____ **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 ____/____/__ to ____/____/_____ Fee Remitted $____ License # _____