Expiration date: 08/31/2023



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>

RECEIVED

ZEN MASSAGE AND FACIALS Licensing 12715 SAGAMORE RD LEAWOOD , KS 66209 AUG 1 4 2024

City of Lee's Summit Development Center

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:

306 SW BLUE PKWY LEES SUMMIT, MO 64063

Business E-Mail Address:: LEESSUMMIT@ZENMASSAGEKC.COM

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

Type of Organization:

Health Care, Social Assistance

Please provide 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)

 $\textcolor{red}{\underline{\textbf{**IMPORTANT!}}} \ \textbf{If you would like to RENEW your Business License online, please visit}$

https://devservices.cityofls.net/renew-business-license.html for instructions.

Business Phone Numbers:

Primary	Cell	Fax
8166005304	9136608634	
	8	

Contact Information:

	ncy
DAVID THOMPSON, Address:12715 SAGAMORE RD, Phone:(913) 660-8634	

(Continued on back page)

Please provide a general description or scope of work for your business: MASSAGE Therapy + esthetroin Services			
IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - \mathcal{N}/\mathcal{A} For businesses physically located in Lee's Summit this section MUST be completed*			
Has your Physical Address changed over the last year? Yor(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 - Employee Headcount for this location: Full Time: Part Time: 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) 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 Title 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			
FOR OFFICE USE ONLY License Effective from 9 1 230 8 31 24 Fee Remitted License # License # License #			

