Expiration date: 06/30/2018



## **Business License Renewal**

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

NEW LONGVIEW APARTMENTS Licensing 460 SW LONGVIEW BLVD LEES SUMMIT, MO 64081

## 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: Legal Name of Business: (if different the	460 SW LONGVIEW BLVD LEES SUM an DBA): JVM, NEW LONGIVEW APA	•		
Type of Organization:	Rentals/Leasing			
Business Classification:	400 Apartments/Duplexes/Rental Houses/Shopping Center			
E-Mail Address: Business Phone Numbers:	NEWLONGVIEW@JVMREALTY.COM			JUM REALTY CON
MAIN: 816-761-1407 CE	IL: NON-C	FAX:	NONE	

	Primary	Seconday	
Contact Names	BRAD SHORMAN	MATT SPOTZ	
Address	460 SW LONGVIEW BLUD.	460 SW LONGVICW B	
City, State, Zip	Lees Summit, MO		
Emergency Contacts (if different)	SAMÉ	SAME	
Phone Number	816-761-1407	816-761-1407	

\*For businesses physically located in Lee's Summit this section MUST be completed\*

Has your Physical Address changed over the last x	(ear? Y of 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 -

194,468

Employee Headcount for this location:

Full Time: 5
Part Time: 0

Part Time: O
Temporary: O

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) -  $\mathcal{N}$ 

IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S SUMMIT, PLEASE SUBMIT A NEW ZONING FORM. Zoning forms located on website at <a href="https://www.cityofls.net">www.cityofls.net</a>.

(Continued on back page)

206 APARTMENTS	FOR R	12		
206 APARTMENTS RENTAL/INVESTMENTS	NT COMP.	944		·
		,		
FEE CALCULATION (please check those that apply):				
\$50 Business License Fee (base fee)				
12.50 Penalty for delinquent license is 5%	per month not to	exceed 25% (is delinou	ent 60 days afte	r evniration)
62.50 Total fee	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	meda 1070 (15 deimiga	en oo aays are	. expiration)
I declare under penalty of perjury that to the best of m	y knowledge and	belief the statements	made herein are	true and correct.
x 40 XV	x VROI	MANDE		8,14,24
Signaturé∕of Öwner(s) or Corporation Agent/Owner	Title			Date
The filing of this application or the granting of a busine	ss license neither	confirms nor approves	the use of land	as regulated under
the provisions of the zoning code, and is further subject specific occupations and businesses. Payment by Check	t to all applicable ; (– make check pa	ederal, state and local rable to City of Lee's S	' laws and regula ummit.	itions which apply to
	·	•		
FOR OFFICE USE ONLY				
License Effective from/ to	//	Fee Remitted \$	_ License #	

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