



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/AMANDA POSTLEWAIT  
 Licensing  
 6600 W 149TH ST  
 OVERLAND PARK, KS 66223

**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~~  
 Business E-Mail Address:: WOODROOFAMANDA@GMAIL.COM  
 Legal Name of Business: (if different than DBA):  
 Type of Organization: Health Care, Social Assistance  
 Please provide NAIC Code:

*525 SW Markley  
 LS, MO*

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
8167975923		

Contact Information :

Primary	Secondary	Emergency
AMANDA POSTLEWAIT, Address :6600 W 149TH ST, Phone:{816} 797-5923		

(Continued on back page)

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

\_\_\_\_\_  
\_\_\_\_\_

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\***

<p>Has your Physical Address changed over the last year? <b>Y or N</b> (If yes complete Zoning Approval Form)</p> <p>Is business located in a Lee's Summit <b>Commercial area or Residential?</b> (circle)</p> <p>Do you have an intrusion alarm? <b>Y or N</b> (circle)</p> <p>Total Building Square Footage -</p> <p>Employee Headcount for this location:</p> <p>Full Time:</p> <p>Part Time:</p> <p>Temporary:</p> <p>IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) -</p> <p>IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S SUMMIT, PLEASE SUBMIT A NEW ZONING FORM. Zoning forms located on website at <a href="http://www.cityofls.net">www.cityofls.net</a>.</p>
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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 \_\_\_\_\_ X \_\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_  
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 \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Fee Remitted \$\_\_\_\_ License # \_\_\_\_\_

# State of Missouri

Missouri Department of Commerce and Insurance  
Division of Professional Registration  
Missouri Board of Therapeutic Massage  
Massage Therapist



VALID THROUGH JANUARY 31, 2025  
ORIGINAL CERTIFICATE/LICENSE NO. 2009003269

AMANDA POSTLEWAIT

*Gloria Lindsey*  
EXECUTIVE DIRECTOR

*Sheila Solon*  
DIVISION DIRECTOR



