Expiration date: 05/31/2024



Business License Renewal

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

Image Studios/Nakisha Miller/ Jupiter sage Collective LLC SUMMIT-MASSAGE & WELLNESS/NAKISHA-MILLER-Licensing 100 SW OXFORD PL 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 840 NW Blupkun suiters LS mo 164083 correct. Business E-Mail Address: NAKISHASUMMITMASSAGEWELLNESS@GMAIL.COM Jupitersage collective @ gmail.com
legal Name of Rusiness: (if different the DRAN 208 SE 3RD ST LEES SUMMIT, MO 64063 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) **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
-81660044217 & 4.778.9249		

Contact Information:

Primary	Secondary	Emergency
NAKISHA MILLER, Address:100 SW OXFORD PL, Phone:(816) 778-9249		5

(Continued on back page)

Nakisha just renewed her license in May 2024. Changed the business name and printed a new license.

Please provide a general des	cription or scope of	work for your b	usiness:		
IF DOING ANY RETAIL SALES (pr	ovide copy of current	no sales tax due	etter) -		
or businesses physically loc	ated in Lee's Sum	mit this section	MUST be completed	*	
Has your Physical Address ch	anged over the last	year? Y or N (If	yes complete Zoning	Approval Form)	
Is business located in a Lee'	s Summit Commerci	al area or Resider	ntial? (circle)		
Do you have an intrusion ala	rm? Y or N (circle)				
Total Building Square Footag	ge -				
Employee Headcount for this Full Time:	location:				2
Part Time:					
Temporary:					
					-
IF DOING ANY RETAIL SALES (p	rovide copy of current	t no sales tax due	letter) -		
website at <u>www.cityofls.net</u> .			- 28		
FEE CALCULATION (please check	those that apply):				
X \$50 Business	License Fee (base fee	2)			
Penalty for de	elinquent license is 5%	per month not to	exceed 25% (is deling	uent 60 days afte	r expiration)
Total fee					
I deglare under penalty of perju	that to the best of r	ny knowledge an	d belief the statements	made herein are	true and correct.
X A A A A A A A A A A A A A A A A A A A	1/2	x OWN	W		910,24
algnature of Owner(s) or Corpor	ation Agent/Owner	iitie			Date
The filing of this application or t the provisions of the zoning code specific occupations and busines	e, and is further subje	ct to all applicabl	e federal, state and loca	ıl laws and regula	
FOR OFFICE USE ONLY License Effective from	/ to		Fee Remitted \$	License #	

Expiration date: 05/31/2024



RECEIVED

JUN 13 2024

Business License Renewal

220 SE Green Street

Lee's Summit, MO 64063

Summit Phone 816.969.1220 / Fax 816.969.1221 / www.cityofls.net

SUMMIT MASSAGE & WELLNESS/NAKISHA MILLER Licensing 100 SW OXFORD PL 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:

208 SE 3RD ST LEES SUMMIT, MO 64063

Business E-Mail Address:: NAKISHASUMMITMASSAGEWELLNESS@GMAIL.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)

**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:

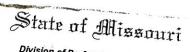
Primary	Cell	Fax
3166004421		
N .		

Contact Information :

Primary	Secondary	Emergency
NAKISHA MILLER, Address:100 SW OXFORD PL, Phone:(816) 778-9249		

(Continued on back page)

IF DOING A	NY RETAIL SALES (provide copy of current no sales tax due letter) -
For busine	sses 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)
	ss located in a Lee's Summit Commercial area or Residential? (circle)
	ve an intrusion alarm? Y or N (circle)
Total Buil	ding Square Footage -
Employee	Headcount for this location:
Full Time	Bullion of the Control of the Contro
Part Time	
Temporar	y:
IF PHYSICA	ANY RETAIL SALES (provide copy of current no sales tax due letter) - AL ADDRESS HAS CHANGED WITHIN LEE'S SUMMIT, PLEASE SUBMIT A NEW ZONING FORM. Zoning forms located on www.cityofls.net.
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Division of Professional Registration

Massage Therapist

VALID THROUGH JANUARY 31, 2025
ORIGINAL CERTIFICATE/LICENSE ND, 2006001901
NAKISHA JA'NAE MILLER

