Please provide a general description or scope of	of work t	for your business:		
BARBER SCHOOL				
	ello ere e			
IE DOING ANY DETAIL CALED /				
IF DOING ANY RETAIL SALES (provide copy of cu	irrent no	o sales tax due le	etter) -	
*For husinesses physically located in Loo's Sun	a maid dhile	a a a stiene BALLOT I	1 1 14	
*For businesses physically located in Lee's Sun	imit this	s section <u>ivios i</u> t	e completea ⁻	
Has your Physical Address changed over the las	t year?	Y or N (If yes com	plete Zoning Approva	l Form)
Is business located in a Lee's Summit Commerce	ial area	or Residential? (ci	rcle)	
Do you have an intrusion alarm? Yor N (circle) Total Building Square Footage - 5000				
Employee Headcount for this location:				
Full Time: 2 Part Time:				
Temporary:				
IF DOING ANY RETAIL SALES (provide copy of currer	nt no sale	es tay due letterl		
IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S website at www.cityofls.net.	SUMMI	T, PLEASE SUBMIT	A NEW ZONING FORM.	Zoning forms located on
The state of the s				
FEE CALCULATION (please check those that apply):				
X \$50 Business License Fee (base fe	e)			
Penalty for delinquent license is 5%	6 per mo	nth not to exceed 2	5% (is delinguent 60 day	s after expiration)
Total fee				
I declare under penalty of perjury that to the best of i	ny know	ledge and belief th	e statements made here	in are true and correct.
X_	Χ	owner		9 111 124
Signature of Owner(s) or Corporation Agent/Owner	Title			Date
The filing of this application or the granting of a busin	ness licer	se neither confirm:	s nor approves the use of	f land as regulated under
the provisions of the zoning code, and is further subje	ct to all d	applicable federal, s	state and local laws and	regulations which apply to
specific occupations and businesses. Payment by Chec	K – mak	e check payable to	City of Lee's Summit.	
FOR OFFICE LICE ONLY				
FOR OFFICE USE ONLY License Effective from / / to	1	/ Fee R	emitted \$ licens	e #
			LICEII3	