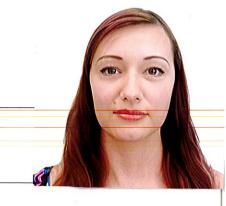


Business License Application

220 SE Green Street

Lee's Summit, MO 64063

Phone 816.969.1220 / Fax 816.969.1221 / www.cityofls.net



PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date OU / 11 / 11 New Business (Y/N)	In business since	2014	
Common/Preferred Name of Business (DBA)	Trenary Legal Name of B	SWING Stones usiness (if different than D	S LLC BA)
Physical Business Address:			
306 SW Bluepiknyl		with No State	(2 (063) Zip
(60 60 5304 () 913 660 863 Cell#	() Fax #	Leass work	g Zen massagg)
Mailing Address: (if different from Physical Address) Contact Name for Mailing Address: 12715 Sagar Lee word KS 66209	nore QD obbao	Legal Name 🗆 Other 🕂 🗘 (uming socres
Address	City	Stat	te Zip
() () Mailing Address Phone # Cell #	() Fax #	Email	· · · · · · · · · · · · · · · · · · ·
Contacts: Lucy (rend 1) ■ Primary Contact: Day (Name)	Title (Ow	ner/Corp. Agent/Applicant	1
		La M	or chand
Address	City	Stat	e Zip
(4) 867 (023 () Phone # Cell #	() Fax #	Soude Tremay	1888 dgmail . Com
Date of Birth / /	State Issued	.	
■ Secondary Contact:			
Name	Title (Ow	ner/Corp. Agent/Applicant	2
()	()	-	
Phone # Cell #	Fax#	Email	
Type of Organization (check one): ☐Individual ☐ Pa	rtnership Corporation	☑ LLC □ Other	
Please complete this section if	your business is physically	y located in Lee's Sum	mit.
Check if applicable: This is a change in Is business located in a Lee's Summit commercial area N/Y Is business located in a Lee's Summit residence? N/Y Do you have an intrusion alarm? N/Y Total Building Square Footage All applicants who make retail sales must submit a Missouri D than 90 days before date of business license application/rener Employee Headcount for this location: Full Time	□ business ownership □ p (if Y please complete a <u>Comm</u> (if Y please complete a <u>Home</u> (if Y please complete an <u>Alaru</u> Missouri State Sales Tax Num repartment of Revenue Statemowal. MDR can be reached at 57 □ Part Time	physical business address nercial Zoning Approval for Cocupation Zoning Approm User Registration application of No Tax Due with a displayment of Temporary	rm) val form) ation) ate of issuance not more
Please provide a general description or scope of work for your Massage therapist	r business (i.e. electrical contrac	tor, doctor, retail store, etc	c.):

Automobile Body/Repair Shop/Car Wash Automobile Sales Bail Bondsperson Ball Bondsperson Bank, Credit Union, Finance Company Contractor - Class A, B, C, or D 23 Rea Contractor - Other Day Care Provider - General (7-12) Ball Rer Day Care Provider - Limited (1-6) Brinking Establishment 72 Ret Funeral Home Ball Sch Gas Service Station & Convenience Store Hospital, Nursing Home, Retirement Home, Health 62 Spe Insurance 17 Services 18 Toward Landscaping-Mowing-Tree Trimmer Liquor Store Manufacturing Massage Therapist (may/may not own business) 81 What City may convert to e-billing in the future for some business types. Will you opt-in to the e-limiter's Summit locations: Who would be able to provide access to your building for City Emergence Print names in order of preference to call first: a. Name Tel # (1) Alte C. Name Tel # (1) Alte Alte Alte C. Name Tel # (1) Alte	pool, for profit vice Provider vice Provider vice Provider vice Provider with Retail Sales cial Event vice Provider vice Management and Recycling Services vices	81 72 44-45 52 81 53 71 53 72 44-45 61 81 44-45 or 8 71 81 81 48-49 81 56 42
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Class D – Electrical Contractor: perform electrical services Class D – Plumbing Contractor: perform plumbing services		
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	Phone # ()
Email	Cell # ()
If renewal – provide 8 hours of CEU (please provide documentation of completion) or inclu	de optional in lieu of CEU fee of \$100.00 per	license classific
CALCULATION (please check those that apply):		
\$50 Business License Fee		
\$25 Contractor License Fee (\$25 for each license classification ie: Mechanical & Plumb	ing = \$50)	
S100 Contractor fee in lieu of completion of 8 hours of annual continuing education (EU) for each license classification	
Penalty for delinquent license is 5% per month not to exceed 25%		
Total fee		
clare under penalty of perjury that to the best of my knowledge and belief the statements m	ade herein are true and correct.	
nature of Owner(s) or Corporation Agent/Owner Title	erapist 09/11/2	24
filing of this application or the granting of a business license neither confirms nor approves the is further subject to all applicable federal, state and local laws and regulations which apply to so ck payable to City of Lee's Summit .	use of land as regulated under the provisions pecific occupations and businesses. Payment	of the zoning co by Check – mak