LEE'S SUMMIT
MISSOURI

Dear Business Owner:

Enclosed you will find the **Business License Renewal Form** for the license year July 01, 2024 through June 30, 2025. Please take a moment to review the information, particularly verifying the accuracy of the **Missouri Sales Tax ID** number and business address noting any corrections or additions.

Missouri Senate Bill 30 became effective January 1, 2009; requiring a statement of "No-Tax Due" from the Missouri Department of Revenue before the issuance of a business license by the City for any business engaging in retail sales. A business owner can enter their Missouri Tax Identification Number and PIN at http://dor.mo.gov/business/sales/notaxdue/ to print their statement and include with the business license renewal. Business license renewals that are submitted without a no tax due certificate cannot be processed.

BUSINESS LICENSE FEES INFORMATION

As governed by City Ordinance #28-30, the base license fee is $50.00. Businesses are required to have a separate license for each location.

All renewals not received by August 30, 2024 will be considered delinquent and subject to penalty. Penalty is 5% per month not to exceed 25%. Please make checks payable to "City of Lee's Summit".

****IMPORTANT!** If you would like to **RENEW** your Business License online, please visit https://devservices.cityofls.net/renew-business-license.html for instructions.

If you will **not** be doing business in Lee's Summit during the next Business License year and you are not located in Lee's Summit, **please send notification**. If you should have questions regarding your renewal, please contact the Development Services Department at 816-969-1200.

Thank you for your prompt attention.

LEE'S SUMMIT
MISSOURI

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

BATH & BODY WORKS LLC #4733
Licensing
P O BOX 182515
COLUMBUS, OH 43218

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: 1700 NW CHIPMAN RD LEES SUMMIT, MO 64081
Business E-Mail Address::
Legal Name of Business: (if different than DBA):
Type of Organization: Retail Trade
Please provide your 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
6145776323		6145551234

Contact Information :

Primary	Secondary	Emergency
BUSINESS LICENSE DEPARTMENT, Address:P O BOX 182515, Phone:(614) 577-2040		24 HOUR SECURITY, Address:7 LIMITED PKWY, Phone:(800) 765-7465

(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) - 19498322

For businesses 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)
Is business located in a Lee's Summit **Commercial area or Residential?** (circle)
Do you have an intrusion alarm? **Y or N** (circle)
Total Building Square Footage - 2546

Employee Headcount for this location:
Full Time: 96
Part Time: 36
Temporary:

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 19498322

IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S SUMMIT, PLEASE SUBMIT A NEW ZONING FORM. Zoning forms located on website at www.cityofls.net.

FEE CALCULATION (please check those that apply):

____X___ **$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 7/25/24 AVP Finance ____/____/____
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 # _____