



Expiration date: 10/31/2024

Business License Renewal

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

Barry McAnulty MSW LCSW
Licensing
517 SE 2ND ST, Unit B
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: 517 SE 2ND ST B LEES SUMMIT, MO 64063
Business E-Mail Address:: mentalhealth521@gmail.com
Legal Name of Business: (if different than DBA): Barry McAnulty MSW LCSW
Type of Organization: Health Care, Social Assistance
Please provide your NAIC Code:

Renew on-line communications email address: mentalhealth521@gmail.com
(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
8165540912	8167180263 8167180683	

Contact Information :

Primary	Secondary	Emergency
Barry McAnulty MSW LCSW, Address: 521 SE Second Street, Suite C Phone: (816) 554-0912 517 SE Second Street, Suite B		Barry McAnulty MSW LCSW, Address: 521 SE Second Street, Suite C Phone: (816) 554-0912 517 SE Second Street, Suite B

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

Mental health out-patient counseling

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

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 -

Employee Headcount for this location:

Full Time: 0

Part Time:

Temporary:

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

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 [Signature]
Signature of Owner(s) or Corporation Agent/Owner

X Clinical SW
Title

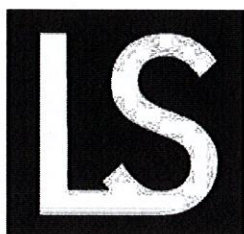
10/28/24
Date

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 # _____

Barry McAnulty MSW LCSW
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LEES SUMMIT, MO 64063


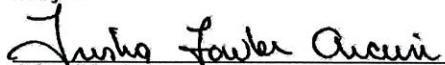


BUSINESS LICENSE

Issuance No. LC62220769

**EXPIRES :
10/31/2025**

License is Hereby Granted to: Barry McAnulty MSW LCSW
517 SE 2ND ST, Unit:B, LEES SUMMIT, MO 64063


Mayor

City Clerk

Subject to the provisions of all Ordinances now in force and
that may hereafter be passed by said City of Lee's Summit

THIS LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE AND IS NON-TRANSFERABLE