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

B-ENVIED SALON/SARAH SQUIRES Licensing 209 SE M 291 HWY 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.

	usiness Address: Mail Address::	209 SE M 291 HWY LEES SUMMIT	, MO 64063	
	e of Business: (if differe	nt than DBA):		
_	ganization:	Other Services Not Pub Admin		
	vide your NAIC Code:			
If you would Address. This **IMPORTAN https://devs	s email address is the perso I <u>T!</u> If you would like to RI ervices.cityofls.net/renev		ease visit	ril
Business	Phone Numbers :			
	Primary	Cell	Fax	
8166005	269	8162898235		

Contact Information :

Primary	Secondary	Emergency
SARAH SQUIRES, Address:1207 W 25TH TERR S, Phone:(816) 289-8235	Secondary	RUSSELL WOODS, Phone:(816) 588-6730

(Continued on back page)

Please provide a general description or scope of work for your business:
F DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) -
For businesses physically located in Lee's Summit this section <u>MUST</u> 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 - 720
Employee Headcount for this location: Full Time: 1 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.cityofis.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 of Owner(s) or Corporation Agent/Owner Title 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
FOR OFFICE USE ONLY License Effective from 7 124to 6 30,2025 Fee Remitted \$57. License # 8/14/1628