



Expiration date: 12/31/2024

Business License Renewal

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

MASSAGE HEIGHTS/ANDREA ROCK
Licensing
12806 E 49TH S TERR
INDEPENDENCE, MO 64055

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: 970 NW BLUE PKWY D LEES SUMMIT, MO 64086
Business E-Mail Address::
Legal Name of Business: (if different than DBA):
Type of Organization: Health Care, Social Assistance
Please provide 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
8165543438	8163928120	

Contact Information :

Primary	Secondary	Emergency
ANDREA ROCK, Address:12806 E 49TH S TERR, Phone:(816) 392-8120		

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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) -

*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:

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):

☒ \$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

X Massage therapist 12/31/2024
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 # _____

State of Missouri

Missouri Department of Commerce and Insurance
Division of Professional Registration
Missouri Board of Therapeutic Massage
Massage Therapist



VALID THROUGH JANUARY 31, 2025
ORIGINAL CERTIFICATE/LICENSE NO. 2010027988

ANDREA L ROCK


EXECUTIVE DIRECTOR


DIVISION DIRECTOR

