



Business License Renewal

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

Roots Seasonal Cuisine Licensing 940 NW Pryor Rd, suite M Lees Summit, MO 64081

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:

940 NW PRYOR RD LEES SUMMIT, MO 64081

Business E-Mail Address:: brandonsharp918@gmail.com

Legal Name of Business: (if different than DBA): Prime Origin LLC

Type of Organization:

Accomodation & Food Services

Please provide your NAIC Code:

Renew on-line communications email address: a. accurso eroots seasonal cuisi ne. 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
3169181856		
i		

Contact Information:

Primary	Secondary	Emergency
Amanda Accurso, Address:940 NW	Brandon Sharp, Address:940 NW	Brandon Sharp, Address:940 NW
Pryor Rd Suite M, Phone:(816)	Pryor Rd, suite M, Phone:(816)	Pryor Rd, suite M, Phone:(816)
260-5443	918-1856	918-1856

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Please provide a general description or scope of work for your business:	
Restaurant - FULL SERVICE	
F DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 27017991	
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? Or N (circle)	
Total Building Square Footage - 3956	
Employee Headcount for this location:	
Full Time: 20	
Part Time:	
Temporary:	
IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 27017991	
IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S SUMMIT, PLEASE SUBMIT A NEW ZONING FORM. Zoning form website at www.cityofls.net .	ns located on
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 exp	iration)
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	2 <u>/ 3/ / 24</u> te
The filing of this application or the granting of a business license neither confirms nor approves the use of land as retained the provisions of the zoning code, and is further subject to all applicable federal, state and local laws and regulations specific occupations and businesses. Payment by Check — make check payable to City of Lee's Summit.	

License Effective from ____/____ to ____/____ Fee Remitted \$___ License # ______

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