

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

KENNETH EDLER/LIFESTYLE MASSAGE COMPANY
 Licensing
 1001 NW CHIPMAN RD, Unit 113
 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: 1001 NW CHIPMAN RD 113 LEES SUMMIT, MO 64081
 Business E-Mail Address:: KEN.EDLER@YAHOO.COM
 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
9139406785		

Contact Information :

Primary	Secondary	Emergency
<p>KENNETH EDLER, Address: 3321 SW SENSATION DR APT 511, Phone: (913) 940-6785</p> <p>309 N FOXHOLE DR APT 102 RAYMOND MO 64083</p>		

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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 _____ X _____ Date 1/31/25
 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 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 # _____