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

Licensing
618 SW 3rd Street Unit E
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:

618 SW 3RD ST E LEES SUMMIT, MO 64063

Business E-Mail Address:: LeesSummitJazzercise@gmail.com Legal Name of Business: (if different than DBA): LSJZ, LLC

Type of Organization:

Health Care, Social Assistance

Please provide your NAIC Code:

Renew on-line communications email address: Kathryn, C. Van by Skirk Ogmail 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:

| Cell | | Fax |
|------|------|------|
| | | |
| | | |
| | Cell | Cell |

Contact Information:

| Primary | Secondary | Emergency |
|---|--|---|
| Kathryn R. VanBuskirk, Address:618 SW 3rd Street, Phone:(816) 718-7343 | Michael L. VanBuskirk, Address:618 SW 3rd Street, Phone:(816) 679-4954 | Kathryn R. VanBuskirk, Address:618 SW 3rd Street, Phone:(816) 718-7343 |
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| | | |

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| F DOING ANY RETAIL SALES (F | rovide copy of current | no sales tax due letter) - | | |
|--|---|----------------------------------|-----------------------------------|---------|
| | | | | |
| *For businesses physically loc | ated in Lee's Summit t | his section <u>MUST</u> be compl | eted* | |
| Has your Physical Address ch | anged over the last year | r? Y or (If yes complete Zo | ning Approval Form) | |
| Is business located in a Lee' | s Summit Commercial are | ea or Residential? (circle) | | |
| Do you have an intrusion ala | rm? Y or N (circle) | | | |
| Total Building Square Foota | 160039ft | | | |
| Employee Headcount for this Full Time: 1 | location: | | | |
| Part Time: | | | | |
| Temporary: | 55 115 12 W | | | |
| IF DOING ANY RETAIL SALES (p | | | | |
| IF PHYSICAL ADDRESS HAS CHA | NGED WITHIN LEE'S SUM | IMIT, PLEASE SUBMIT A NEW Z | ONING FORM. Zoning forms loca | ated on |
| website at www.cityofls.net. | | | | |
| [[10] (10] [10] [10] [10] [10] [10] [10] [10] [| | | | |
| [[10] (10] [10] [10] [10] [10] [10] [10] [10] [| | | | |
| | those that apply): | | | |
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| website at www.cityofls.net. FEE CALCULATION (please check X \$50 Business | License Fee (base fee) | month not to exceed 25% (is de | linquent 60 days after expiration | n) |
| website at www.cityofls.net. FEE CALCULATION (please check X \$50 Business | License Fee (base fee) | month not to exceed 25% (is de | linquent 60 days after expiration | n) |
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