



Expiration date: 10/31/2019

## Business License Renewal

220 SE Green Street  
Lee's Summit, MO 64063  
Phone 816.969.1220 / Fax 816.969.1221 / [www.cityofls.net](http://www.cityofls.net)

MASSAGE HEIGHTS/KENDRA WRIGHT

Licensing

115 W 99TH TER APT 206

KANSAS CITY, MO 64114

604 NE Newport Dr  
Lees Summit, MO 64064

### 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

Legal Name of Business: (if different than DBA):

Type of Organization: Massage Therapist

Business Classification: 1200 Massage Therapist

E-Mail Address: KENDRAHEALS@GMAIL.COM

Business Phone Numbers:

MAIN:		CELL:		FAX:	
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	Primary	Seconday
Contact Names		
Address		
City, State, Zip		
Emergency Contacts (if different)		
Phone Number		

\*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](http://www.cityofls.net).**

(Continued on back page)

Please provide a general description or scope of work for your business:

**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.

*Shondra Taylor*  
Signature of Owner(s) or Corporation Agent/Owner

x *Massage Therapist*  
Title

*2/28/25*  
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 # \_\_\_\_\_