



Business License Application

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

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date 3/07/20 MM DD YY
New Business (Y/N)
In business since 1999

That Healing Feeling Wellness Center That Healing Feeling Wellness Center
Common/Preferred Name of Business (DBA) Legal Name of Business (if different than DBA)

Physical Business Address:

519 SW MARKET Lee's Summit MO 64063
Address City State Zip
816-246-9355 816-377-0994
Business Address Phone # Cell # Fax # Email christinecc3339@gmail.com

Mailing Address: (if different from Physical Address)

Contact Name for Mailing Address: CHRISTINE COOPER
2117 East 129th St Kansas City MO 64116
Address City State Zip
816-246-9355 816-377-0996
Mailing Address Phone # Cell # Fax # Email christinecc3339@gmail.com

Contacts:

Primary Contact: CHRISTINE COOPER Owner/
2117 E. 129th St Kansas City MO 64116
Address City State Zip
816-246-9355 816-377-0996
Phone # Cell # Fax # Email christinecc3339@gmail.com

Date of Birth 03/20/1956 mo.
MM DD YY Driver's License # BRINN State Issued

Secondary Contact: BRINN HORWARY Husband
816-138-9651 816-304-2014
Phone # Cell # Fax # Email

Type of Organization (check one): Individual Partnership Corporation LLC Other

Please complete this section if your business is physically located in Lee's Summit.

Check if applicable: This is a change in business name business ownership physical business address
Is business located in a Lee's Summit commercial area NY (if Y please complete a Commercial Zoning Approval form)
Is business located in a Lee's Summit residence? NY (if Y please complete a Home Occupation Zoning Approval form)
Do you have an intrusion alarm? NY (if Y please complete an Alarm User Registration application)
Total Building Square Footage 800 Missouri State Sales Tax Number
All applicants who make retail sales must submit a Missouri Department of Revenue Statement of No Tax Due with a date of issuance not more than 90 days before date of business license application/renewal. MDR can be reached at 573.751.9268.
Employee Headcount for this location: 1 Full Time Part Time Temporary

Please provide a general description or scope of work for your business (i.e. electrical contractor, doctor, retail store, etc.):
Therapeutic massage therapy

1. Select Business License Category or NAICS code that best describes your business (choose one that applies)

| Category   | NAICS Code | Category   | NAICS Code  |
|--|------------|--|-------------|
| <input type="checkbox"/> Animal Services   | 81         | <input type="checkbox"/> Massage Therapy Establishment             | 81          |
| <input type="checkbox"/> Automobile Body/Repair Shop/Car Wash                    | 81         | <input type="checkbox"/> Motel/Hotel indicate # of rooms _____     | 72          |
| <input type="checkbox"/> Automobile Sales  | 81         | <input type="checkbox"/> Nursery, Greenhouse                       | 44-45       |
| <input type="checkbox"/> Bail Bondsperson  | 81         | <input type="checkbox"/> Pay Day/Title Loan                        | 52          |
| <input type="checkbox"/> Bank, Credit Union, Finance Company                     | 52         | <input type="checkbox"/> Precious Metal Dealer/Pawnbroker          | 81          |
| <input type="checkbox"/> Contractor - Class A, B, C, or D                        | 23         | <input type="checkbox"/> Real Estate Rental and Leasing            | 53          |
| <input type="checkbox"/> Contractor - Other                                      | 23         | <input type="checkbox"/> Recreation Business - Indoor/Outdoor      | 71          |
| <input type="checkbox"/> Day Care Provider - General (7-12)                      | 81         | <input type="checkbox"/> Rental and Leasing                        | 53          |
| <input type="checkbox"/> Day Care Provider - Limited (1-6)                       | 81         | <input type="checkbox"/> Restaurant and Food Service               | 72          |
| <input type="checkbox"/> Drinking Establishment                                  | 72         | <input type="checkbox"/> Retail                                    | 44-45       |
| <input type="checkbox"/> Funeral Home  | 81         | <input type="checkbox"/> School, for profit                        | 61          |
| <input type="checkbox"/> Gas Service Station & Convenience Store                 | 81         | <input type="checkbox"/> Service Provider                          | 81          |
| <input type="checkbox"/> Grocers   | 44-45      | <input type="checkbox"/> Service Provider with Retail Sales        | 44-45 or 81 |
| <input type="checkbox"/> Hospital, Nursing Home, Retirement Home, Health         | 62         | <input type="checkbox"/> Special Event                             | 71          |
| <input type="checkbox"/> Insurance   | 52         | <input type="checkbox"/> Telephone Call Center                     | 81          |
| <input type="checkbox"/> IT Services   | 54         | <input type="checkbox"/> Tow Service Provider                      | 81          |
| <input type="checkbox"/> Landscaping-Mowing-Tree Trimmer                         | 81         | <input type="checkbox"/> Transportation - Bus/Taxi/Limo/Rental Car | 48-49       |
| <input type="checkbox"/> Liquor Store  | 44-45      | <input type="checkbox"/> Vending Machine                           | 81          |
| <input type="checkbox"/> Manufacturing   | 31-33      | <input type="checkbox"/> Waste Management and Recycling Services   | 56          |
| <input checked="" type="checkbox"/> Massage Therapist (may/may not own business) | 81         | <input type="checkbox"/> Wholesale Sales                           | 42          |

2. The City may convert to e-billing in the future for some business types. Will you opt-in to the e-billing program?

Yes - Business/Billing Email Address: christinec333@gmail.com  No

3. Lee's Summit locations: Who would be able to provide access to your building for City Emergency personnel?

Print names in order of preference to call first:

a. Name CHRISTINE COOPER Tel # 816-377-0996 Alternate Tel # 816-296-9355  
 b. Name BETH COPELAND Tel # 816-935-9651 Alternate Tel # ( ) \_\_\_\_\_  
 c. Name DOUG LUNTZ Tel # 913-951-0292 Alternate Tel # ( ) \_\_\_\_\_

**CONTRACTOR LICENSING INFORMATION**

**\*\*\*Contractors - please complete this section\*\*\***

Please select type of contractor license requested - \$25.00 annual contractor license fee for each Class

- Class A - General Contractor:** construct, remodel, demolish, repair any structure
- Class B - Building Contractor:** construct, remodel, demolish, repair all structures not exceeding 3 stories in height
- Class C - Residential Contractor:** construct, remodel, demolish, repair any single family, duplex or townhouse structure
- Class D - Mechanical Contractor:** perform mechanical (HVAC) services
- Class D - Electrical Contractor:** perform electrical services
- Class D - Plumbing Contractor:** perform plumbing services
- Please provide name of licensed representative (master) to be licensed \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
 Email \_\_\_\_\_ Cell # ( ) \_\_\_\_\_
- If renewal - provide 8 hours of CEU (please provide documentation of completion) or include optional in lieu of CEU fee of \$100.00 per license classification

FEE CALCULATION (please check those that apply):

- \$50 Business License Fee
- \$25 Contractor License Fee (\$25 for each license classification ie: Mechanical & Plumbing = \$50)
- \$100 Contractor fee in lieu of completion of 8 hours of annual continuing education (CEU) for each license classification

\_\_\_\_\_ Penalty for delinquent license is 5% per month not to exceed 25%

\_\_\_\_\_ 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.

Christine Cooper Signature of Owner(s) or Corporation Agent/Owner Title owner Date 03/07/25

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 4/1/25 to 3/31/26 Fee Remitted 5000 License # 62250147